

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

## Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: 5600000563
<input type="checkbox"/> Retro Statement included	Amendment Number: 0
<input type="checkbox"/> Proof of insurance attached	Vendor Number: 11917
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: 5.6.15
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

## CAF Purpose

<input type="checkbox"/> New Contract	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Date Change	<input type="checkbox"/> Funding Change	<input type="checkbox"/> Service Change
Department: County Human Services	Division/Program: Community Services			
Originator: Regena Warren	Phone: 84777	Mail Stop: 167/2/200		
Contact: Sydney B Roberts	Phone: 87432	Mail Stop: 167/1/240		

## Contract/Amendment Procurement Details

Procurement No.(s): 460130F1	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): _____	Effective Date: _____	End Date: _____
Check all that apply to contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF State Cert No.: _____	<input type="checkbox"/> Non-Profit	<input checked="" type="checkbox"/> N/A
Contractor: City of Wood Village	Payment Schedule/Terms:	
Address: 2055 NE 238 <sup>th</sup> Drive	<input type="checkbox"/> Lump Sum    \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: Wood Village, OR 97060-1095	<input type="checkbox"/> Monthly    \$ _____	<input type="checkbox"/> Net 30
Telephone: 503.667.6211	<input type="checkbox"/> Quarterly    \$ _____	<input type="checkbox"/> Other
	<input type="checkbox"/> Other    \$ _____	
Contract Effect Date: 7.1.16	Term Date: 6.30.19	
Amend Effect Date: _____	New Term Date: _____	
Original Contract Amount: \$ 0	Original PA/Requirements Amt: \$ 0	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Total Amount Previous Amend: \$ _____	Reqs Change Non Amend: \$ _____	
Amount of Amendment: \$ _____	Total Amount Previous Amend: \$ _____	
Total Amount of Agreement: \$ 0	Requirements Amount Amend: \$ _____	
	Total Amount of PA/Requirements: \$ 0	

## Required Signatures

Dept Director or Designee: 	Date: 5-7-2015
County Chair: _____	Date: _____

## Vendor Contact Information

Name: Scott Sloan	Title: Engineering Technician	email: scotts@ci.wood-village.or.us	<input checked="" type="checkbox"/> Changed from Previous CAF
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## Contract/Amendment Description Or Comments

This agreement is concerning the cooperative participation in the Urban County Requalification for the Community Development Block Grant Program (CDBG) and the Home Investment Partnership Program (HOME) FYs 2016-2019.