

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0910073

Pre-approved Contract Boilerplate (with County Attorney signature) Attached Not Attached Amendment #: _____

CLASS I Based on Informal / Intermediate Procurement	CLASS II Based on Formal Procurement	CLASS III Intergovernmental Contract (IGA)
<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Expenditure Contract
<input type="checkbox"/> PCR B Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input type="checkbox"/> PCR B Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input checked="" type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement
<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: Sheriff's Office Division/ Program: Corrections Date: 04/16/10
 Originator: Chief Deputy Carol Hasler Phone: 503-988-4300 Bldg/Room: 503/350
 Contact: Brad Lynch Phone: 503-988-4336 Bldg/Room: 503/350

Description of Contract: Provide inmate work crews for illegal dumpsite clean-up.

RENEWAL: PREVIOUS CONTRACT #(S) 0910063, 0809074, 0708053 EEO Exhibit 5 required if amount over \$75k

PROCUREMENT EXEMPTION OR CITATION # 46-0130(1)(f) ISSUE DATE: _____ EFFECTIVE DATE: _____ END DATE: _____

CONTRACTOR IS: MBE WBE ESB QRF State Cert# _____ or Self Cert Non-Profit N/A (Check all boxes that apply)

Contractor	Metro Solid Waste & Recycling	Remittance address (if different)	
Address	600 NE Grand	Payment Schedule / Terms:	
City/State	Portland, Oregon	<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
ZIP Code	97232	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Phone	503-797-1700	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other
Contract Effective Date	<u>07/01/10</u>	Term Date	<u>06/30/11</u>
Amendment Effect Date		New Term Date	
Original Contract Amount	\$ 223,135.00	Original PA/Requirements Amount	\$ _____
Total Amt of Previous Amendments	\$ _____	Total Amt of Previous Amendments	\$ _____
Amount of Amendment	\$ _____	Amount of Amendment	\$ _____
Total Amount of Agreement \$	\$ 223,135.00	Total PA/Requirements Amount	\$ _____

REQUIRED SIGNATURES:

Department Manager _____ DATE _____
 County Attorney _____ DATE _____
 CPCA Manager DANIEL STATON, SHERIFF _____ DATE _____
 County Chair _____ DATE _____
 Sheriff **By:** [Signature] _____ DATE _____
 Contract Administration **Date:** 5/17/10 _____ DATE _____

COMMENTS: