

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0910072

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"/> PCRB 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"/> PCRB 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: <u>Sheriff's Office</u>	Division/ Program: <u>Enforcement</u>	Date: <u>04/16/10</u>
Originator: <u>Captain Monte Reiser</u>	Phone: <u>503-988-4300</u>	Bldg/Room: <u>503/350</u>
Contact: <u>Brad Lynch</u>	Phone: <u>503-988-4336</u>	Bldg/Room: <u>503/350</u>

Description of Contract: Investigative and enforcement services for solid waste ordinances.

RENEWAL: PREVIOUS CONTRACT #(S) 0910064, 0809073, 0708052 EEO Exhibit 5 required if amount over \$75k

PROCUREMENT EXEMPTION OR CITATION # <u>46-0130(1)(f)</u>	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: <u>Metro Solid Waste & Recycling</u> Address: <u>600 NE Grand</u> City/State: <u>Portland, Oregon</u> ZIP Code: <u>97232</u> Phone: <u>503-797-1700</u>	Remittance address (if different): _____ Payment Schedule / Terms: <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other <input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info: _____
Contract Effective Date: <u>07/01/10</u> Term Date: <u>06/30/11</u> Amendment Effect Date: _____ New Term Date: _____	
Original Contract Amount: \$ <u>128,785.00</u> Total Amt of Previous Amendments: \$ _____ Amount of Amendment: \$ _____ Total Amount of Agreement: \$ <u>128,785.00</u>	Original PA/Requirements Amount: \$ _____ Total Amt of Previous Amendments: \$ _____ Amount of Amendment: \$ _____ Total PA/Requirements Amount: \$ _____

REQUIRED SIGNATURES:

Department Manager _____	DATE _____
County Attorney _____	DATE _____
CPCA Manager _____	DATE _____
County Chair _____	DATE _____
Sheriff DANIEL STATON, SHERIFF _____	DATE _____
Contract Administration By: [Signature] _____	DATE _____

COMMENTS:

Sheriff Designee
Date: 05/17/10