

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>5600000041</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: _____
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>11913</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>06/29/12</u>
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

New Contract
 Renewal
 Date Change
 Funding Change
 Service Change

Department: <u>Sheriff's Office</u>	Division/Program: <u>Enforcement/Investigations</u>
Originator: <u>Lt. Ned Walls</u>	Phone: <u>503-255-3600</u> Mail Stop: <u>313</u>
Contact: <u>Brad Lynch</u>	Phone: <u>503-988-4336</u> Mail Stop: <u>503/350</u>

Contract/Amendment Procurement Details

Procurement No.(s): _____	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): <u>46-0130(1)(f)</u>	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 type="checkbox"/> N/A		
Contractor: <u>City of Gresham</u>	Payment Schedule/Terms:	
Address: <u>1333 NW Eastman Parkway</u>	<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Gresham, OR 97030</u>	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503-661-3000</u>	<input type="checkbox"/> Quarterly \$ _____	<input type="checkbox"/> Other
	<input type="checkbox"/> Other \$ _____	
Contract Effect Date: <u>07/01/12</u>	Term Date: <u>perpetual</u>	
Amend Effect Date: _____	New Term Date: _____	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ _____	Original PA/Requirements Amt: \$ _____	
Total Amount Previous Amend: \$ _____	Total Amount Previous Amend: \$ _____	
Amount of Amendment: \$ _____	Requirements Amount Amend: \$ _____	
Total Amount of Agreement: \$ _____	Total Amount of PA/Requirements: \$ _____	

Required Signatures

Sheriff:  Date: 7-9-12

County Chair: _____ Date: _____

Vendor Contact Information

Changed from Previous CAF

Name: <u>Ashley Berman</u>	Title: <u>Assistant City Attorney</u>	email: <u>Ashley.Berman@greshamo regon.gov</u>
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

Contract/Amendment Description Or Comments

Agreement providing for the dispersal of civil forfeiture proceeds between the Sheriff's Office and the City of Gresham police department as required by ORS 131A.360.