

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

**Check all that apply**

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>0607002</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: <u>6</u>
<input type="checkbox"/> Proof of insurance attached	Vendor Number: _____
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>05/17/12</u>
<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

**CAF Purpose**

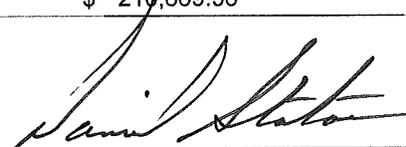
New Contract   
 Renewal   
 Date Change   
 Funding Change   
 Service Change

Department: <u>Sheriff's Office</u>	Division/Program: <u>Enforcement/Patrol</u>
Originator: <u>Chief Deputy Jason Gates</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 Maywood Park</u>	Payment Schedule/Terms:	
Address: <u>10100 NE Prescott Street, Suite 147</u>	<input type="checkbox"/> Lump Sum    \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Maywood Park, Oregon 97220</u>	<input type="checkbox"/> Monthly    \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503-255-9805</u>	<input type="checkbox"/> Quarterly    \$ _____	<input type="checkbox"/> Other
	<input type="checkbox"/> Other    \$ _____	
Contract Effect Date: <u>07/01/06</u> Term Date: <u>06/30/12</u>		
Amend Effect Date: <u>07/01/12</u> New Term Date: <u>06/30/13</u>	<input type="checkbox"/> Price Agreement or Requirements Funding Information:	
Original Contract Amount:    \$ <u>27,252.16</u>	Original PA/Requirements Amt:    \$ _____	
Total Amount Previous Amend:    \$ <u>150,880.80</u>	Total Amount Previous Amend:    \$ _____	
Amount of Amendment:    \$ <u>32,537.00</u>	Requirements Amount Amend:    \$ _____	
Total Amount of Agreement:    \$ <u>210,669.96</u>	Total Amount of PA/Requirements:    \$ _____	

**Required Signatures**

Sheriff:       Date: 6-6-12

County Chair: \_\_\_\_\_      Date: \_\_\_\_\_

**Vendor Contact Information**

**Changed from Previous CAF**

Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

**Contract/Amendment Description Or Comments**

IGA amendment to set the FY13 contract amount for law enforcement services.