

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0708053

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached

Amendment #: 1

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: Community Services Division/ Program: Land Use & Transportation Program Date: 6/29/2010
 Originator: Jon Henrichsen Phone: (503) 988-3757 x 228 Bldg/Room: 446/Bridge Shop
 Contact: Cathey Kramer Phone: (503) 988-5050 x22589 Bldg/Room: 425/Yeon

Description of Contract: Amendment No. 1 to Intergovernmental Agreement with Oregon Dept. of Transportation (ODOT) for Highway Bridge Program (HBP) funding for the Morrison Bridge Rehabilitation Project (ODOT IGA No. 24,715).

RENEWAL: ☐ PREVIOUS CONTRACT #(S) _____ EEO Exhibit 5 required if amount over \$75k _____
 PROCUREMENT _____ ISSUE _____ EFFECTIVE _____ END _____
 EXEMPTION OR _____ DATE: _____ DATE: _____ DATE: _____
 CITATION # _____
 CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# _____ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	Oregon Department of Transportation			Remittance address (If different)	
Address	123 NW Flanders St.				
City/State	Portland, OR			Payment Schedule / Terms:	
ZIP Code	97209-4037			<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
Phone	(503) 743-3157/Fax: (503) 731-8259 (Debbie Burgess)			<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
				<input type="checkbox"/> Other \$ _____	<input checked="" type="checkbox"/> Other
Contract Effective Date	07/01/2008	Term Date	06/30/2018	<input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:	
Amendment Effect Date	07/22/2010	New Term Date	06/30/2018		
Original Contract Amount	\$ 5,652,990.00			Original PA/Requirements Amount	\$ _____
Total Amt of Previous Amendments	\$ 0			Total Amt of Previous Amendments	\$ _____
Amount of Amendment	\$ 3,500,367.00			Amount of Amendment	\$ _____
Total Amount of Agreement \$	\$ 9,153,357.00			Total PA/Requirements Amount	\$ _____

REQUIRED SIGNATURES:

Department Manager _____ DATE _____
 County Attorney /s/ Matthew O. Ryan _____ DATE 06/14/2010
 CPCA Manager _____ DATE _____
 County Chair _____ DATE _____
 Sheriff _____ DATE _____
 Contract Administration _____ DATE _____

COMMENTS: (WBS: 6700RT3028D)