

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0607003

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

Amendment #: 4

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
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	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: Sheriff's Office Division/ Program: Enforcement Date: 05/18/10
 Originator: Captain Jason Gates Phone: 503-255-3600 Bldg/Room: 313
 Contact: Brad Lynch Phone: 503-988-4336 Bldg/Room: 503/350

Description of Contract: Amendment to extend the term of an intergovernmental agreement for patrol services of Forest Service lands.

RENEWAL: PREVIOUS CONTRACT #(S) _____ EEO Exhibit 5 required if amount over \$75k

PROCUREMENT EXEMPTION OR CITATION # 46-0430(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	USDA, Forest Service		Remittance address (If different)		
Address	16400 Champion Way		Payment Schedule / Terms:		
City/State	Sandy, OR		<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt	
ZIP Code	97055		<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30	
Phone	503-668-1789		<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other	
Contract Effective Date	<u>06/01/06</u>	Term Date	<u>02/28/10</u>	<input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:	
Amendment Effect Date	<u>03/01/10</u>	New Term Date	<u>02/28/11</u>		
Original Contract Amount	\$ 30,000.00	Original PA/Requirements Amount	\$		
Total Amt of Previous Amendments	\$ 99,000.00	Total Amt of Previous Amendments	\$		
Amount of Amendment	\$ 36,750.00	Amount of Amendment	\$		
Total Amount of Agreement \$	\$ 165,750.00	Total PA/Requirements Amount	\$		

REQUIRED SIGNATURES:

Department Manager _____ DATE _____
 County Attorney _____ DATE _____
 CPCA Manager _____ DATE _____
 County Chair _____ DATE _____
 Sheriff _____ DATE _____
 Contract Administration _____ DATE _____

COMMENTS:

