

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

☒ County Attorney email approval attached
☐ Retro Statement included below in comments
☐ Proof of insurance attached
☐ EEO Exhibit 5 attached (contracts over \$75,000)
☐ Expenditure ☐ Revenue ☒ Non-Financial Agreement ☐ Inter-Departmental

Contract Number: 560000560
Amendment Number: 0
Vendor Number: 59934
Date: 5.6.15

CAF Purpose

☐ New Contract ☒ Renewal ☐ Date Change ☐ Funding Change ☐ Service Change

Department: County Human Services Division/Program: Community Services Division
Originator: Regena Warren Phone: 84777 Mail Stop: 167/2/200
Contact: Sydney B. Roberts Phone: 87432 Mail Stop: 167/1/240

Contract/Amendment Procurement Details

Procurement No.(s): 460130F1 Effective Date: End Date:
Exemption or Citation No.(s): Effective Date: End Date:
Check all that apply to contractor: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert No.: ☐ Non-Profit ☐ N/A

Contractor: City of Lake Oswego
Address: PO Box 369
City/State/Zip: Lake Oswego, OR
Telephone: 503.675.3984

Payment Schedule/Terms:
☐ Lump Sum \$ ☐ Due on Receipt
☐ Monthly \$ ☐ Net 30
☐ Quarterly \$ ☐ Other
☐ Other \$

Contract Effect Date: 7.1.16 Term Date: 6.30.19
Amend Effect Date: New Term Date:
Original Contract Amount: \$ 0
Total Amount Previous Amend: \$
Amount of Amendment: \$
Total Amount of Agreement: \$ 0

Price Agreement or Requirements Funding Information:
Original PA/Requirements Amt: \$ 0
Reqs Changes Non Amend: \$
Total Amount Previous Amend: \$
Requirements Amount Amend: \$
Total Amount of PA/Requirements: \$ 0

Required Signatures

Dept Director or Designee:  Date: 5-7-2015
County Chair: Date:

Vendor Contact Information

Name: Anne Marie Simpson Title: ☒ Changed from Previous CAF email: asimpson@ci.oswego.or.us

Contract/Amendment Description Or Comments

This agreement is concerning the cooperative participation in the Urban County Requalification for the Community Development Block Grant Program (CDBG) and the Home Investment Partnership Program (HOME) FYs 2016-2019.