

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>560000560</u>
<input type="checkbox"/> Retro Statement included below in comments	Amendment Number: <u>0</u>
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>59934</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>5.6.15</u>
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

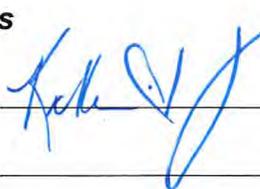
New Contract Renewal Date Change Funding Change Service Change

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

Contract/Amendment Procurement Details

Procurement No.(s): <u>460130F1</u>	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): _____	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 Lake Oswego</u>	Payment Schedule/Terms:	
Address: <u>PO Box 369</u>	<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Lake Oswego, OR</u>	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503.675.3984</u>	<input type="checkbox"/> Quarterly \$ _____	<input type="checkbox"/> Other
<input type="checkbox"/> Other \$ _____		
Contract Effect Date: <u>7.1.16</u>	Term Date: <u>6.30.19</u>	
Amend Effect Date: _____	New Term Date: _____	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ <u>0</u>	Original PA/Requirements Amt: \$ <u>0</u>	
Total Amount Previous Amend: \$ _____	Reqs Changes Non Amend: \$ _____	
Amount of Amendment: \$ _____	Total Amount Previous Amend: \$ _____	
Total Amount of Agreement: \$ <u>0</u>	Requirements Amount Amend: \$ _____	
	Total Amount of PA/Requirements: \$ <u>0</u>	

Required Signatures

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

County Chair: _____ Date: _____

Vendor Contact Information

Name: Anne Marie Simpson Title: _____ email: asimpson@ci.oswego.or.us

Changed from Previous CAF

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.