

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

C-3
6-3-2010

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

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:
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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	06/01/06	Term Date	02/28/10
Amendment Effect Date	03/01/10	New Term Date	02/28/11
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 <u>06/10/10</u>
CPCA Manager _____	DATE _____
County Chair _____	DATE _____
Sheriff By:	DATE _____
Contract Administration _____	DATE _____

Sheriff Designee
Date: 5/29/10

COMMENTS: