

**Agreement Number 110052-5**

**Amendment to State of Oregon  
Intergovernmental Agreement**

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This is amendment number 5 to Agreement Number 110052 between the State of Oregon, acting by and through its Department of Human Services, hereinafter referred to as "DHS" and

**Multnomah County Health Department  
Lillian Shirley, Public Health Director, or delegate  
1120 SW Fifth Avenue – 14th Floor  
Portland, OR 97204  
Phone: (503) 988-3674  
Facsimile: (503) 988-4117  
Email: [lillian.m.shirley@co.multnomah.or.us](mailto:lillian.m.shirley@co.multnomah.or.us)**

hereinafter referred to as **Agency**.

1. This Amendment shall become effective, after the Amendment has been fully executed by every party and, when required, approved by Department of Administrative Services, Department of Justice and any other necessary approvals.
2. The Agreement is hereby amended as follows:

**"I. EFFECTIVE DATE AND DURATION** This Contract shall become effective on the date this Contract has been fully executed by every party and, when required, approved by Department of Administrative Services and Department of Justice. Unless extended or terminated earlier in accordance with its terms, this Contract shall terminate when DHS accepts Contractor's completed performance or on **March 31, 2007**. Contract termination shall not extinguish or prejudice DHS' right to enforce this Contract with respect to any default by Contractor that has not been cured."

3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. Agency certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this amendment.

**SIGNATURES**

**Approved By Agency**

<u>Lillian Shirley/Wd</u>	<u>Director</u>	<u>1/23/07</u>
Authorized Signature	Title	Date

**Approved By DHS**

_____	_____	_____
Authorized Signature	Title	Date

**DHS Program Support Manager:**

_____	_____	_____
Signature	Name/Title (printed)	Date

**Approved for Legal Sufficiency:**

Not required pursuant to OAR 137-045-0050(2)(b)(B)

**Office of Contracts and Procurement:**

_____	_____	_____
Review Signature	Name/Title (printed)	Date