

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

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

Contract #: 0410533 (110052)

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: Health

Division/

Program: Director's Office

Date: 12/13/06

Originator: Kathryn Richer/Christine Bersten

Phone: x24223 / x28751

Bldg/Room: 160/8

Contact: LaRisha Baker

Phone: x27499

Bldg/Room: 167/210

Description of Contract: County will continue to serve as Regional lead Agency to provide leadership and staffing for hospital and health system emergency preparedness in the six-county NW OR region.

RENEWAL: ☒ PREVIOUS CONTRACT #(S) _____

EEO CERTIFICATION EXPIRES _____

PROCUREMENT, _____ ISSUE _____ EFFECTIVE _____ END _____
EXEMPTION OR _____ DATE: _____ DATE: _____ DATE: _____
CITATION # _____

CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# _____ or ☐ Self Cert ☐ Non-Profit ☒ N/A (Check all boxes that apply)

Contractor	State of OR - Department of Human Services		Remittance address (If different)	Susan Gilbert, Contract Specialist Connie Thies, Contracts and Procurement	
Address	500 Summer St NE, E-03				
City/State	Salem, OR		Payment Schedule / Terms:		
ZIP Code	97301-1080		<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Due on Receipt	
Phone	(971) 673-1313 Fax (503) 378-4324		<input type="checkbox"/> Monthly	<input type="checkbox"/> Net 30	
Employer ID# or SS#			<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Contract Effective Date	08/15/04	Term Date	11/30/06		
Amendment Effect Date	Execution	New Term Date	01/31/07		
Original Contract Amount	\$ 260,000		Original PA/Requirements Amount	\$	
Total Amt of Previous Amendments	\$ 334,999		Total Amt of Previous Amendments	\$	
Amount of Amendment	\$ 50,335		Amount of Amendment	\$	
Total Amount of Agreement \$	\$ 645,334		Total PA/Requirements Amount	\$	

REQUIRED SIGNATURES:

Department Manager

Sullivan Shirley

DATE 12/19/06

County Attorney **Not Required**

DATE

PCPA Manager

DATE

County Chair

DATE

Sheriff

DATE

Contract Administration

DATE

COMMENTS: