

# 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
<input type="checkbox"/> PCRBR 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"/> PCRBR 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"/> <b>INTER-DEPARTMENTAL AGREEMENT (IDA)</b>

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

**REQUIRED SIGNATURES:**

Department Manager: *Sullivan Shirley* DATE: 12/19/06  
 County Attorney: Not Required DATE: \_\_\_\_\_  
 CPCA Manager: \_\_\_\_\_ DATE: \_\_\_\_\_  
 County Chair: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Sheriff: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Contract Administration: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_