

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

- ☐ County Attorney email approval attached
- ☐ Retro Memo attached
- ☐ Proof of insurance attached
- ☐ EEO Exhibit 5 attached (contracts over \$75,000)

☒ Expenditure ☐ Revenue ☐ Non-Financial Agreement ☐ Inter-Departmental

Contract Number: 4600007218

Amendment Number: 4

Vendor Number: 24226

Date: 11.17.10

CAF Purpose

☐ New Contract ☐ Renewal ☐ Date Change ☒ Funding Change ☐ Service Change

Department: County Human Services

Division/Program: Community Services

Originator: Tiffany Kingery

Phone: 22728

Mail Stop: 167/2/200

Contact: Sydney B. Roberts

Phone: 22701

Mail Stop: 167/2/240

Contract/Amendment Procurement Details

Procurement No.(s): IGA

Effective Date:

End Date:

Exemption or Citation No.(s):

Effective Date:

End Date:

Check all that apply to contractor:

☐ MBE ☐ WBE ☐ ESB

☐ QRF State Cert No.:

☐ Non-Profit ☒ N/A

Contractor: Housing Authority of Portland

Payment Schedule/Terms:

Address: 1605 NE 45th Avenue

☐ Lump Sum

\$

☐ Due on Receipt

City/State/Zip: Portland, OR 97213

☐ Monthly

\$

☐ Net 30

Telephone: 503.335.6810

☐ Quarterly

\$

☐ Other

☐ Other

\$

Contract Effect Date: 7.1.08

Term Date: 6.30.11

Amend Effect Date: 10.1.10

New Term Date: 6.30.11

☐ Price Agreement or Requirements Funding Information:

Original Contract Amount: \$ 0

Original PA/Requirements Amt: \$ 1,188,888.00

Total Amount Previous Amend: \$ 354,017.00

Total Amount Previous Amend: \$ (46,231.00)

Amount of Amendment: \$ 177,767.00

Requirements Amount Amend: \$ 0

Total Amount of Agreement: \$ 531,784.00

Total Amount of PA/Requirements: \$ 1,142,657.00

Required Signatures

Dept Director or Designee: _____ Date: _____

County Chair: _____ Date: _____

Vendor Contact Information

☐ Changed from Previous CAF

Name: Ian Slingerland Title: Rent Assistance Program Manager email: ians@hapdx.org

Name: _____ Title: _____ email: _____

Name: _____ Title: _____ email: _____

Contract/Amendment Description Or Comments

This amendment will allow for the addition of HSP funds to the STRA (Short-Term Rent Assistance) system for rental assistance and auxillary services and Attachment G. Program Instructions.

This amendment is retroactive due to late notification from the State of funding commitments.

MULTNOMAH COUNTY SERVICES CONTRACT AMENDMENT
(Amendment to Change Contract Provisions During Contract Term)

CONTRACT NO. 4600007218 - AMENDMENT NO. 4

This is an amendment effective October 1, 2010 to Multnomah County Contract No. 4600007218 between Multnomah County, hereinafter referred to as County, and Housing Authority of Portland hereinafter referred to as Contractor.

The parties agree that the contract is amended as follows:

1. Funding in the amount of **\$177,767** has been added for FY 10/11 to the Short-Term Rental Assistance (STRA) for rental assistance and auxiliary services. Effective October 1, 2010 through June 30, 2011.
2. Add Attachment G Multnomah County Department of County Human Services, Community Services Division, Program Instructions for Short-Term Rental Assistance Services (STRA). Effective July 1, 2010 - June 30, 2011 are attached and hereby incorporated by this reference.
3. The maximum payment under this contract is \$1,674,441 including \$1,142,657 in requirements funding.
4. All other terms and conditions of the contract shall remain the same.

CONTRACTOR DATA AND SIGNATURE

Contractor Name	<u>Housing Authority of Portland</u>		
	<u>1605 NE 45th Avenue, Portland OR 97213</u>		
Phone No.	<u>503.335.6810</u>		
Email:	<u>ians@hapdx.org</u>		
Is Contractor a Nonresident alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business Designation (check one):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation-for profit	<input type="checkbox"/> Corporation-Non-profit	
	<input type="checkbox"/> Other, describe here: _____		

Federal tax ID numbers or Social Security numbers are required pursuant to ORS 305.385 and will be used for the administration of state, federal and local laws. Payment information will be reported to the Internal Revenue Service under the name and Federal tax ID number or, if none, the Social Security number previously provided.

I have read this Contract Amendment. I understand the Contract Amendment and agree to be bound by its terms.

<hr/> Signature	<hr/> Title
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<hr/> Name (please print)	<hr/> Date
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MULTNOMAH COUNTY SIGNATURE

(This contract is not binding on the County until signed by the Chair or the Chair's designee)

<hr/> County Chair or Designee	<hr/> Date
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Department and County Counsel Approval and Review

Approved: _____	_____
Department Manager or Designee	Date

Reviewed: _____	_____
Assistant County Counsel	Date