

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Counsel signature)  Attached  Not Attached Contract #: 4600003426  
 Amendment #: 3

<p style="text-align: center;"><b>CLASS I</b></p> <input type="checkbox"/> Professional Services not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Revenue not to exceed \$50,000 (and not awarded by RFP or Exemption) <input type="checkbox"/> Intergovernmental Agreement (IGA) not to exceed \$50,000 <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Architectural & Engineering not to exceed \$10,000 (for tracking purposes only)	<p style="text-align: center;"><b>CLASS II</b></p> <input type="checkbox"/> Professional Services that exceed \$50,000 or awarded by RFP or Exemption (regardless of amount) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue that exceeds \$50,000 or awarded by RFP or Exemption (regardless of amount)	<p style="text-align: center;"><b>CLASS III</b></p> <input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue
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Department: Business & Community Services Division: Land Use & Transportation Date: 5/11/05  
 : Planning  
 Originator: Karen Schilling Phone: 988-3043 Bldg/Rm: 455/116  
 Contact: Stuart Farmer Phone: 988-5276 Bldg/Rm: 455/116

Description of Contract: Fee subsidy and transfer of Urban Unincorporated Planning authority

RENEWAL:  PREVIOUS CONTRACT #(S): 4600002792

RFP/BID: \_\_\_\_\_ RFP/BID DATE: \_\_\_\_\_

EXEMPTION #/DATE: IGA 51712 EXEMPTION EXPIRATION DATE: \_\_\_\_\_ ORS/AR #: \_\_\_\_\_

CONTRACTOR IS:  MBE  WBE  ESB  QRF  N/A  NONE (Check all boxes that apply)

Contractor <u>City of Portland Office of Planning &amp; Development</u>		Remittance address <u>Same</u>	
Review		<i>(If different)</i> _____	
Address <u>1900 SW 4th Ave., Suite 5000</u>		_____	
Portland		_____	
Oregon <u>97201-5350</u>		_____	
Phone <u>503-823-7300</u>		Payment Schedule / Terms	
Employer ID# or SS# _____		<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt	
Effective Date <u>January 1, 2002</u>		<input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30	
Termination Date <u>June 30, 2015</u>		<input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other	
Original Contract Amount \$ <u>37,000</u>		_____	
Total Amt of Previous Amendments \$ <u>25,000</u>		<input checked="" type="checkbox"/> Requirements Not to Exceed \$ <u>\$30,000 over 10 years</u>	
Amount of Amendment \$ <u>30,000</u>		_____	
Total Amount of Agreement \$ <u>92,000</u>		Encumber <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**REQUIRED SIGNATURES:**

Department Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 Purchasing Manager \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class II Contracts Only)  
 County Counsel \_\_\_\_\_ DATE \_\_\_\_\_  
 County Chair \_\_\_\_\_ DATE \_\_\_\_\_  
 Sheriff \_\_\_\_\_ DATE \_\_\_\_\_  
 Contract Administration \_\_\_\_\_ DATE \_\_\_\_\_  
 (Class I, Class II Contracts only)

LGFS VENDOR CODE <u>40847</u>						DEPT REFERENCE					
LINE #	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	OBJ/REV	SUB OBJ	REP CAT	LGFS DESCRIPTION	AMOUNT	INC DEC
01	1000					60160			Cost Center 901000	30,000	inc
02											
03											