

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

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

CLASS I	CLASS II	CLASS III
<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)	<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)	<input checked="" type="checkbox"/> Intergovernmental Agreement (IGA) that exceeds \$50,000 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue

Department: Business & Community Services Division: Land Use & Transportation Date: 5/11/05
 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 IGA 51712 EXEMPTION EXPIRATION ORS/AR #/DATE: DATE: #:

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

Contractor City of Portland Office of Planning & Development Review	
Address 1900 SW 4th Ave., Suite 5000 Portland Oregon 97201-5350	Remittance address Same (If different)
Phone 503-823-7300	Payment Schedule / Terms
Employer ID# or SS#	<input type="checkbox"/> Lump Sum \$ <input type="checkbox"/> Due on Receipt
Effective Date January 1, 2002	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Net 30
Termination Date June 30, 2015	<input type="checkbox"/> Other \$ <input type="checkbox"/> Other
Original Contract Amount \$ 37,000	<input checked="" type="checkbox"/> Requirements Not to Exceed \$ 30,000 over 10 years
Total Amt of Previous Amendments \$ 25,000	
Amount of Amendment \$ 30,000	
Total Amount of Agreement \$ 92,000	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 40847						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											

Exhibit A, Rev. 3/25/98 DIST: Originator, Accts Payable, Contract Admin - Original If additional space is needed, attach separate page. Write contract # on top of page.