

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply		Contract Number: <u>471000017</u>
<input checked="" type="checkbox"/> County Attorney email approval attached		Amendment Number: <u>2</u>
<input type="checkbox"/> Retro Memo attached		Vendor Number: <u>12052</u>
<input type="checkbox"/> Proof of Insurance attached		Date: <u>11-02-2010</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)		
<input type="checkbox"/> Expenditure	<input checked="" type="checkbox"/> Revenue	<input type="checkbox"/> Non-Financial Agreement
		<input type="checkbox"/> Inter-Departmental

CAF Purpose	
<input type="checkbox"/> New Contract	<input type="checkbox"/> Renewal
<input type="checkbox"/> Date Change	<input checked="" type="checkbox"/> Funding Change
	<input type="checkbox"/> Service Change
Department: <u>Community Services</u>	Division/Program: <u>Land Use and Transportation</u>
Originator: <u>Ian Cannon</u>	Phone: <u>988-3757 x223</u> Mail Stop: <u>#446</u>
Contact: <u>Cathy Kramer</u>	Phone: <u>988-5050 x22589</u> Mail Stop: <u>#425/2nd</u>

Contract/Amendment Procurement Details	
Procurement No.(s): _____	Effective Date: _____ End Date: _____
Exemption or Citation No.(s): _____	Effective Date: _____ End Date: _____
Check all that apply to contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF State Cert No.: _____ <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> N/A	
Contractor: <u>Oregon Department of Transportation</u>	Payment Schedule/Terms:
Address: <u>123 NW Flanders St.</u>	<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Portland OR 97209-4037</u>	<input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30
Telephone: <u>(503) 731-8288</u>	<input type="checkbox"/> Quarterly \$ _____ <input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Other \$ _____
Contract Effect Date: <u>12/1/2005</u> Term Date: <u>11/30/2015</u>	
Amend Effect Date: <u>11/18/10</u> New Term Date: <u>11/30/2015</u>	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ <u>16,300,000.00</u>	Original PA/Requirements Amt: \$ _____
Total Amount Previous Amend: \$ <u>10,184,753.00</u>	Total Amount Previous Amend: \$ _____
Amount of Amendment: \$ <u>31,507,711.00</u>	Requirements Amount Amend: \$ _____
Total Amount of Agreement: \$ <u>57,992,464.00</u>	Total Amount of PA/Requirements: \$ _____

Required Signatures

Dept Director or Designee:  Date: 11/3/2010

County Chair: _____ Date: _____

Vendor Contact Information Changed from Previous CAF

Name: Mark A. Foster Title: ODOT Liaison email: Mark.a.foster@odot.or.us

Name: _____ Title: _____ email: _____

Name: _____ Title: _____ email: _____

Contract/Amendment Description Or Comments
Amendment No. 2 to Oregon Dept. of Transportation Intergovernmental Agreement No. 22585 to increase funding for the Sellwood Bridge Rehabilitation/Replacement Project.
(WBS: 6700RT1015P600)