

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0708053

Pre-approved Contract Boilerplate (with County Attorney signature) ☒ Attached ☐ Not Attached

Amendment #: _____

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
PCRB 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	PCRB 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"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: Community Services

Division/
Program: Bridge Division

Date: 11/12/10

Originator: Jon Henrichsen

Phone: (503) 988-3757 x 228

Bldg/Room: 446

Contact: Cathey Kramer

Phone: (503) 988-5050 x22589

Bldg/Room: 425/Yeon

Description of Contract:

RENEWAL: ☐ PREVIOUS CONTRACT #(S) _____

EEO Exhibit 5 required if amount over \$75k _____

PROCUREMENT _____
 EXEMPTION OR _____
 CITATION # _____

ISSUE _____
 DATE: _____

EFFECTIVE _____
 DATE: _____

END _____
 DATE: _____

CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# _____ or ☐ Self Cert ☐ Non-Profit ☐ N/A (Check all boxes that apply)

Contractor	Oregon Department of Transportation			Remittance address (If different)	
Address	123 NW Flanders St.				
City/State	Portland, OR			Payment Schedule / Terms:	
ZIP Code	97209-4037			<input type="checkbox"/> Lump Sum \$	<input type="checkbox"/> Due on Receipt
Phone	(503) 743-3157/Fax: (503) 731-8259 (Debbie Burgess)			<input type="checkbox"/> Monthly \$	<input type="checkbox"/> Net 30
				<input type="checkbox"/> Other \$	<input type="checkbox"/> Other
Contract Effective Date	07/01/2008	Term Date	06/30/2018	<input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:	
Amendment Effect Date	12/15/2010	New Term Date			
Original Contract Amount	\$ 9,153,357.00			Original PA/Requirements Amount	\$
Total Amt of Previous Amendments	\$			Total Amt of Previous Amendments	\$
Amount of Amendment	\$			Amount of Amendment	\$
Total Amount of Agreement \$	\$ 9,153,357.00			Total PA/Requirements Amount	\$

REQUIRED SIGNATURES:

Department Manager _____ DATE _____

County Attorney _____ DATE _____

CPCA Manager _____ DATE _____

County Chair _____ DATE _____

Sheriff _____ DATE _____

Contract Administration _____ DATE _____

COMMENTS: This IGA 27032 (supplement to Master Certification Agreement 26226) replaces IGA 24715 and its supplements in their entirety.

