

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>201436</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: _____
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>12052</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>August 1, 2013</u>
<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

<input checked="" type="checkbox"/> New Contract	<input type="checkbox"/> Renewal	<input type="checkbox"/> Date Change	<input type="checkbox"/> Funding Change	<input type="checkbox"/> Service Change
Department: <u>Community Services</u>	Division/Program: <u>Land Use and Transportation</u>			
Originator: <u>Jon Henrichsen</u>	Phone: <u>(503) 481-1662</u>	Mail Stop: <u>246/Sellwood Office</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): <u>461301F</u>	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 Dept. of Transportation</u>	Payment Schedule/Terms:	
Address: <u>123 NW Flanders Street</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) 731-8238 (Thomas Weatherford)</u>	<input type="checkbox"/> Quarterly \$ _____	<input checked="" type="checkbox"/> Other - REVENUE
<input type="checkbox"/> Other \$ _____		
Contract Effect Date: <u>08/30/2013</u>	Term Date: <u>08/29/2018</u>	
Amend Effect Date: _____	New Term Date: _____	
Original Contract Amount: \$ _____	Original PA/Requirements Amt: \$ _____	
Total Amount Previous Amend: \$ _____	Total Amount Previous Amend: \$ _____	
Amount of Amendment: \$ _____	Requirements Amount Amend: \$ _____	
Total Amount of Agreement: \$ <u>10,000,000 *</u>	Total Amount of PA/Requirements: \$ _____	

* **Revenue IGA**

Required Signatures

Dept Director or Designee: _____ Date: _____

County Chair: _____ Date: _____

Vendor Contact Information

Name: <u>Tom Weatherford</u>	Title: <u>Local Agency Liaison</u>	email: <u>Thomas.l.weatherford@odot.state.or.us</u>	<input type="checkbox"/> Changed from Previous CAF
Name: _____	Title: _____	email: _____	
Name: _____	Title: _____	email: _____	

Contract/Amendment Description Or Comments:

ODOT IGA No. 29379 for repair of the Broadway Bridge rail wheels which are failing. The rail wheels have lost integrity, are shedding material, and allow excessive movement out of direction. The rail wheel tracks are also worn and in need of replacement, which may require replacement of the support structure beneath them. These issues ultimately will contribute to opening malfunctions. This is a revenue contract.