

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>4710000352</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: _____
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>55216</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>8/12/2010</u>
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

New Contract
 Renewal
 Date Change
 Funding Change
 Service Change

Department: <u>Community Services</u>	Division/Program: <u>Land Use & Transportation Program</u>
Originator: <u>Brian Vincent</u>	Phone: <u>x29642</u> Mail Stop: <u>425/2</u>
Contact: <u>Cathey Kramer</u>	Phone: <u>x22589</u> Mail Stop: <u>425/2</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 Dep't of Transportation</u> Address: <u>123 NW Flanders St</u> City/State/Zip: <u>Portland OR 97209-4012</u> Telephone: <u>503-731-8288</u>	Payment Schedule/Terms: <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30 <input type="checkbox"/> Quarterly \$ _____ <input type="checkbox"/> Other <input type="checkbox"/> Other \$ _____
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Contract Effect Date: <u>10/1/10</u>	Term Date: <u>n/a</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: \$ _____	Total Amount of PA/Requirements: \$ _____

Price Agreement or Requirements Funding Information:

Required Signatures

Dept Director or Designee: _____ Date: _____

County Chair: _____ Date: _____

Vendor Contact Information

Changed from Previous CAF

Name: <u>Mark Foster</u>	Title: _____	email: _____
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

Contract/Amendment Description Or Comments

Local Agency Certification Program Agreement

roadeg520