

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

**Check all that apply**

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>1011120</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: _____
<input type="checkbox"/> Proof of insurance attached	Vendor Number: _____
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>03/01/2011</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>Sheriff's Office</u>	Division/Program: <u>Enforcement/Alarms Unit</u>
Originator: <u>Rebecca Child</u>	Phone: <u>503-251-2520</u> Mail Stop: <u>313</u>
Contact: <u>Brad Lynch</u>	Phone: <u>503-988-4336</u> Mail Stop: <u>503-350</u>

**Contract/Amendment Procurement Details**

Procurement No.(s): _____	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): <u>46-0130(1)(f)</u>	Effective Date: _____	End Date: _____
<i>Check all that apply to contractor:</i> <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 type="checkbox"/> N/A		

Contractor: <u>City of Troutdale</u>	Payment Schedule/Terms:
Address: <u>141 SE Dora Avenue</u>	<input type="checkbox"/> Lump Sum    \$ _____ <input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Troutdale, Oregon 97060</u>	<input type="checkbox"/> Monthly    \$ _____ <input type="checkbox"/> Net 30
Telephone: <u>503-665-6129</u>	<input type="checkbox"/> Quarterly    \$ _____ <input type="checkbox"/> Other
	<input type="checkbox"/> Other    \$ _____

Contract Effect Date: <u>when signed</u>	Term Date: <u>perpetual</u>	
Amend Effect Date: _____	New Term Date: _____	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
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: \$ _____	

**Required Signatures**

Dept Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

County Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Vendor Contact Information**

**Changed from Previous CAF**

Name: <u>Melody Thompson</u>	Title: <u>Administrative Assistant</u>	email: _____
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

**Contract/Amendment Description Or Comments**

Agreement to allow County to administer the City of Troutdale's alarm program.