

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input type="checkbox"/> County Attorney email approval attached	Contract Number: <u>4600007218</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: <u>4</u>
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>24226</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>11.17.10</u>
<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

New Contract Renewal Date Change Funding Change Service Change

Department: <u>County Human Services</u>	Division/Program: <u>Community Services</u>
Originator: <u>Tiffany Kingery</u>	Phone: <u>22728</u> Mail Stop: <u>167/2/200</u>
Contact: <u>Sydney B. Roberts</u>	Phone: <u>22701</u> Mail Stop: <u>167/2/240</u>

Contract/Amendment Procurement Details

Procurement No.(s): <u>IGA</u>	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>Housing Authority of Portland</u>	Payment Schedule/Terms:	
Address: <u>1605 NE 45th Avenue</u>	<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Portland, OR 97213</u>	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503.335.6810</u>	<input type="checkbox"/> Quarterly \$ _____	<input type="checkbox"/> Other
<input type="checkbox"/> Other \$ _____		
Contract Effect Date: <u>7.1.08</u>	Term Date: <u>6.30.11</u>	
Amend Effect Date: <u>10.1.10</u>	New Term Date: <u>6.30.11</u>	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ <u>0</u>	Original PA/Requirements Amt: \$ <u>1,188,888.00</u>	
Total Amount Previous Amend: \$ <u>354,017.00</u>	Total Amount Previous Amend: \$ <u>(46,231.00)</u>	
Amount of Amendment: \$ <u>177,767.00</u>	Requirements Amount Amend: \$ <u>0</u>	
Total Amount of Agreement: \$ <u>531,784.00</u>	Total Amount of PA/Requirements: \$ <u>1,142,657.00</u>	

Required Signatures

Dept Director or Designee: _____ Date: _____

County Chair: _____ Date: _____

Vendor Contact Information

Changed from Previous CAF

Name: <u>Ian Slingerland</u>	Title: <u>Rent Assistance Program Manager</u>	email: <u>ians@hapdx.org</u>
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

Contract/Amendment Description Or Comments

This amendment will allow for the addition of HSP funds to the STRA (Short-Term Rent Assistance) system for rental assistance and auxillary services and Attachment G. Program Instructions.

This amendment is retroactive due to late notification from the State of funding commitments.

MULTNOMAH COUNTY SERVICES CONTRACT AMENDMENT
(Amendment to Change Contract Provisions During Contract Term)

CONTRACT NO. 460007218 - AMENDMENT NO. 4

This is an amendment effective October 1, 2010 to Multnomah County Contract No. 460007218 between Multnomah County, hereinafter referred to as County, and Housing Authority of Portland hereinafter referred to as Contractor.

The parties agree that the contract is amended as follows:

1. Funding in the amount of **\$177,767** has been added for FY 10/11 to the Short-Term Rental Assistance (STRA) for rental assistance and auxiliary services. Effective October 1, 2010 through June 30, 2011.
2. Add Attachment G Multnomah County Department of County Human Services, Community Services Division, Program Instructions for Short-Term Rental Assistance Services (STRA). Effective July 1, 2010 - June 30, 2011 are attached and hereby incorporated by this reference.
3. The maximum payment under this contract is \$1,674,441 including \$1,142,657 in requirements funding.
4. All other terms and conditions of the contract shall remain the same.

CONTRACTOR DATA AND SIGNATURE

Contractor Name Housing Authority of Portland

1605 NE 45th Avenue, Portland OR 97213

Phone No. 503.335.6810

Email: ians@hapdx.org

Is Contractor a Nonresident alien? Yes No

Business Designation (check one): Sole Proprietorship Partnership

Corporation-for profit Corporation-Non-profit

Other, describe here: _____

Federal tax ID numbers or Social Security numbers are required pursuant to ORS 305.385 and will be used for the administration of state, federal and local laws. Payment information will be reported to the Internal Revenue Service under the name and Federal tax ID number or, if none, the Social Security number previously provided.

I have read this Contract Amendment. I understand the Contract Amendment and agree to be bound by its terms.

Signature

Title

Name (please print)

Date

MULTNOMAH COUNTY SIGNATURE

(This contract is not binding on the County until signed by the Chair or the Chair's designee)

County Chair or Designee

Date

Department and County Counsel Approval and Review

Approved: _____
Department Manager or Designee

Date

Reviewed: _____
Assistant County Counsel

Date