

AMENDMENT NUMBER 1CONTRACT NUMBER 31000971

FOR

PPB SERVICE COORDINATION TEAM

Pursuant to Ordinance Number _____

This Contract was made and entered by and between Central City Concern, hereinafter called Consultant, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

1. Additional work is necessary as described as follows: increase the number of mental health stabilization beds available by an additional six and adjust the support materials and services accordingly in order to serve targeted populations through the program's supportive housing function.
2. Additional compensation is necessary and shall not exceed \$375,742 for new contract total amount of \$4,952,834, bringing the available contract compensation for Fiscal Year 2018/19 to \$2,092,152. The additional compensation includes \$300,000 for the increase in available beds and \$75,742 in personnel/materials/services to support the additional client levels, as well as inflationary adjustments for current services rendered.
3. All other terms and conditions shall remain unchanged and in full force and effect.

CONSULTANT SIGNATURE

This Contract amendment may be signed in two (2) or more counterparts, each of which shall be deemed an original, and which, when taken together, shall constitute one and the same Contract amendment.

The parties agree the City and Consultant may conduct this transaction by electronic means, including the use of electronic signatures.

Consultant Name: Central City Concern, Inc.Address: 232 NW 6th AvenuePortland OR 97209Telephone: Please include telephone number

Signature: _____ Date: _____

Name: _____

Title: _____

EXHIBIT AContract Number: 31000971Amendment Number: 1

Contract Title:
PPB SERVICE COORDINATION TEAM

CITY OF PORTLAND SIGNATURES

By: _____ Date: _____
Chief Procurement Officer

By: _____ Date: _____
Elected Official

By: _____ Date: _____
Chief of Police

By: _____ Date: _____
Project Manager

Approved:

By: _____ Date: _____
Office of City Auditor

Approved as to Form:

By: _____ Date: _____
Office of City Attorney