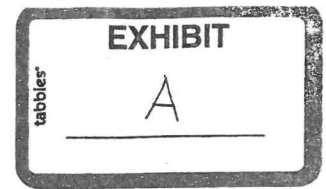


189499



AMENDMENT NUMBER 5

CONTRACT NUMBER 30003831

FOR

Project Respond

Pursuant to Ordinance Number

This Contract was made and entered by and between Cascadia Behavioral Healthcare, Inc., 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.

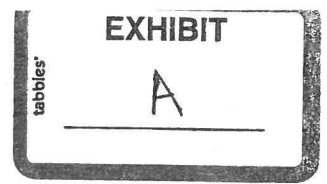
1. This Contract is hereby extended through June 30, 2022.
2. Additional compensation is necessary and shall not exceed \$1,609,853 for new contract total amount of \$3,223,577. The new contract amount was calculated as follows:

\$ 265,054.00	(Original Contract Amount)
+ \$ 265,054.00	(Amendment 1)
+ \$ 5,000.00	(Amendment 2)
+ \$ 552,968.00	(Amendment 3)
+ \$ 525,648.00	(Amendment 4)
+ \$1,609,853.00	(Amendment 5)
= \$3,223,577.00	(Total Not to Exceed Amount)

3. Change Scope of Work to reflect the addition of 2.0 FTE Qualified Mental Health Professionals (QMHP) in Fiscal Year 2018-19, increasing the total to 5.0 FTE QMHPs assigned under this contract.
4. The Project Manager for this Agreement is Lieutenant Casey Hettman, Central Precinct - Behavioral Health Unit, 503-823-0813, or such other person as may be designated by City in writing.
5. All other terms and conditions shall remain unchanged and in full force and effect.

Contract Number: 30003831

Amendment Number: 5



Contract Title: Project Respond

189499

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: Cascadia Behavioral Healthcare, Inc.
ATTN: Risk Management/contracts@cascadiabhc.org

Address: PO Box 8459
Portland OR 97207

Telephone: 503-238-0769

Signature: _____ Date: _____

Name: DERALD WALKER, PhD
Title: President - CEO

CITY OF PORTLAND SIGNATURES

By: _____ Date: _____
Chief Procurement Officer

By: _____ Date: _____
Elected Official

Approved:

By: _____ Date: _____
Office of City Auditor

Approved as to Form:

By: _____ Date: _____
Office of City Attorney