

Grantor (Prime Sponsor)

Contractor

Contract No.

City of Portland

University of Oregon Health Sciences Center

This agreement for services is entered into by the Prime Sponsor, hereinafter referred to as the City and University of Oregon Health Sciences Center, hereinafter referred as the Contractor. The Contractor shall provide services under the City's Comprehensive Employment and Training Act (CETA) Program in accordance with the provisions of this contract and applicable Federal Regulations. This contract consists of this sheet, Agreement for Services, Narrative, budget and attachments, and required forms.

The Contractor shall perform the functions set forth under the terms and conditions established in this cost-reimbursement contract.

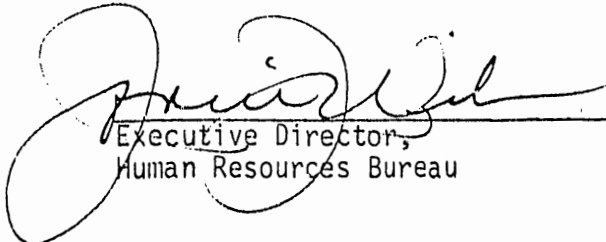
The functions of this contract shall be for 6 months from date of first hire and upon compliance with the general conditions of this contract, not to exceed September 30, 1980 unless extended by City Council action.

In consideration of the foregoing, the City shall pay the Contractor allowable costs incurred in the performance of this contract, in an amount up to, but not to exceed \$ 6,813 to be paid from Federal funds received.

Dated this _____ day of _____, 19____.

Approved:

CONTRACTOR:


Executive Director,
Human Resources Bureau

By: _____

Title: _____

Approved:

CITY OF PORTLAND

Director,
Training & Employment Division

BY: _____
Mayor

Approved as to Form

By: _____
Commissioner of Public Utilities

City Attorney

AGREEMENT FOR SERVICESPARTIES:

CITY OF PORTLAND (City), City Hall, 1220 S.W. Fifth Avenue,
Portland, Oregon 97204.

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER, 3181 SW Sam Jackson Park Rd.
Portland, Oregon 97201

RECITALS:

- A. Upon consideration of a request for proposal, University of Oregon Health Sciences Center, the Contractor, is considered an appropriate agent to fulfill the terms of this contract.
- B. The City has funds to support this agreement derived from the U. S. Department of Labor (DOL) under Title VI of CETA.
- C. It is therefore appropriate for the City to enter into a contract with University of Oregon Sciences Center, the Contractor, to provide the services herein described.

AGREED/CONTRACTOR:

1. Contractor shall be responsible for providing adequate supervision of participants assigned to their particular work site(s).
2. Contractor shall provide a safe work environment for all participants assigned to their work site(s) and adhere to applicable safety standards.
3. Supervisors shall make every effort to deal immediately with participant absences and shall also make every effort to assist the participants in achieving regular attendance. It is intended that subsequent unnecessary absences can be influenced by speedy and early intervention on the part of the supervisor.
4. Contractor shall make necessary staff time available to meet with City personnel on participant matters.
5. Contractor shall make sufficient staff time available to fill out questionnaires and participate in interviews or other research and program monitoring activities.
6. Contractor shall be responsible for orienting every participant hired by the Contractor.
7. Contractor shall keep daily time and attendance records for participants and make such records available upon request.

8. Contractor shall be responsible for adhering to all fiscal requirements of DOL and the City.
9. Participant files and records shall be open to inspection by designated City staff.
10. All fiscal records related to this contract shall be open to inspection by designated staff.
11. Contractor shall notify appropriate City staff at least 24 hours prior to an anticipated termination of a participant.
12. Contractor shall comply with the goals and objectives stated in the agency proposal, herein attached as Project Narrative, Exhibit A.

AGREED/CITY:

1. City shall provide technical assistance in completing required reporting requirements.
2. City shall supply all required reporting forms to the Contractor.
3. City shall provide technical assistance in developing data gathering systems.
4. City shall monitor participant activities based on goals, objectives, productivity indicators and activities found in the project proposal.
5. City shall provide, on a limited basis, funds for approved participant job related training. Requests for such training must be received by the City at least thirty (30) days prior to the beginning of the training and reimbursement for approved training will be made directly to the provider.

GENERAL CONDITIONS:

1. Prior to commencement hereof, the Contractor shall deliver to the City Auditor evidence:
 - a. that all persons handling funds received or disbursed under this contract are covered by a Fidelity Bond in the amount of \$10,000 or 100% of the estimated forty-five (45) day cash flow, whichever is less. If the bonding is unavailable to Contractor, a third party trustee may be appointed;
 - b. of a Standard Liability Insurance Policy in the single limit of \$300,000 and provide the City Auditor with an endorsement thereto naming the City as an additional insured and protecting the City, its agents and employees from claims for damages arising out of the performance of this contract;

- c. that all property and equipment purchased or received by the Contractor or pursuant to this contract, is insured against fire, theft and destruction;
 - d. that the above policies of insurance are in force and will not be cancelled without thirty (30) days prior notice to the City.
2. Contractor shall submit to the City a written Affirmative Action Plan within thirty (30) days after first hire.
 3. In performance hereof, the Contractor shall comply with the provisions of the Civil Rights Compliance Statement (refer to Exhibit B).
 4. In performance hereof, the Contractor shall comply with the provisions of the Oregon Revised Statutes, Chapter 279, relating to public contracts generally.
 5. In performance hereof, the Contractor shall comply with the provisions of the Oregon Safe Employment Act, Chapter 654, relating to places of employment, safety and health.
 6. If applicable, all non-expendable items purchased hereunder shall be purchased in the name of the City; such purchases shall be for cash and not include any credit terms; such purchases shall be reported to the City within ten (10) days, tagged by the City, included in the City's Property Control, and shall be the property of the City. Contractor shall maintain an acceptable and current log of this property and property acquired under previous contracts with the City. Non-expendable is defined as items with a purchase price of \$100 and over.
 7. If applicable, Contractor shall also maintain an acceptable and current log of all non-consumable supplies purchased under this contract.
 8. If applicable, all non-expendable items and non-consumable supplies purchased under the agreement shall be returned to the City within ten (10) days after the close of the contract.
 9. Contractor shall submit the required program reports (refer to Exhibit C) by the fifth working day of each month. Reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the City. Program reports not received by the time specified may result in delayed reimbursements.
 10. Contractor shall maintain all fiscal and program performance records pertaining to this subgrant for a minimum of three (3) years after the close of the contract. In the event of dissolution of the corporation within the specified time, said records shall be turned over to the City Auditor.

11. The City shall provide management support and shall monitor and evaluate the services provided hereunder to assure that the goals and objectives of the contract are being met. The Contractor shall make staff and records available for this purpose. Technical assistance shall be provided to the Contractor upon request. Program progress shall be reported to the City Council upon request but in no case less than once a year.
12. The Contractor shall submit to the City one (1) copy of all formal documents produced under this contract.
13. The term "approval by the City" means written approval by the Commissioner in Charge of the Human Resources Bureau. Unless otherwise specified, documents to be submitted to the City by the Contractor shall be regarded as received when delivered to the Human Resources Bureau.
14. Compensatory time accrued by any employee performing services under this contract shall be taken within thirty (30) days of accrual to be charged as a contract cost. Time not taken within this period shall become the sole risk and expense of the Contractor.

ASSURANCES AND CERTIFICATIONS

General Assurances

1. The prime sponsor assures that it will fully comply with the requirements of the Comprehensive Employment and Training Act, all Federal regulations issued pursuant to the Act, and with its Comprehensive Employment and Training Plan, as approved by the Department of Labor.
2. The prime sponsor, in operating programs funded under the Act, assures that it will administer its programs under the Comprehensive Employment and Training Plan in full compliance with safeguards against fraud and abuse as set forth in CETA and the CETA regulations; that no portion of its CETA program will in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, age, sex, handicap, or political affiliation or belief; that it will target employment and training services to those most in need of them.
3. The prime sponsor, in operating programs for youth funded under Title IV of the Act further assures that:
 - a. Applications will be coordinated to the maximum extent feasible with the plans submitted under Title II, but services to youth under that title shall not be reduced because of the availability of financial assistance under Title IV, per Sec. 436(a)(2).

Additional Assurances

4. In administering programs under CETA, the prime sponsor assures and certifies that:

- a. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352).
- b. It will comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (P.L. 91-646) which requires fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
- c. It will comply with the provisions of the Hatch Act which limit the political activity of certain State and local government employees.
- d. For grants, subgrants, contracts, and subcontracts in excess of \$100,000, or where the grant officer has determined that orders under an indefinite quantity contract or subcontract in any year will exceed \$100,000, or if a facility to be used has been the subject of a conviction under the Clean Air Act (42 U.S.C. 1857c-8(c)(1)) or the Federal Water Pollution Control Act (33 U.S.C. 1319(C)) and is listed by the Environmental Protection Agency (EPA) or is not otherwise exempt, the grantee assures that: (1) no facility to be utilized in the performance of the proposed grant has been listed on the EPA List of Violating Facilities; (2) it will notify the RA, prior to award, of the receipt of any communication from the Director, Office of Federal Activities, U. S. Environmental Protection Agency, indicating that a facility to be utilized for the grant is under consideration to be listed on the EPA List of Violating Facilities; and (3) it will include substantially this assurance, including this third part, in every nonexempt subgrant, contract, or subcontract.

COMPENSATION - METHOD OF PAYMENT:

1. Total compensation shall not exceed \$6,813.
2. An advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of N/A upon receipt of a written request from the Contractor. Any advance request due to contract extension must be approved by the Director of the Training and Employment Division and be supported by cash flow statement.
3. The additional amounts due after the initial advance shall be reimbursed based upon receipt of the required Accounting Report Forms: (Refer to Exhibit C), the original, with the appropriate documentation attached. All reimbursement documents must be received by the fifth working day of each month. Reimbursement documents not received by the time specified may result in payments being held and made the following month. Reimbursement documents not received by the 20th day of the month may result in termination of contract. Advances will be recovered against program expenses based upon schedule to be furnished by HRB Fiscal, depending on the rate of expenditure.
4. All payments made pursuant to this contract are subject to post audit. The City shall perform spot audits, at their discretion, any time during the contract period to provide additional controls.

5. All funds received from the City shall be used by the Contractor as set forth in the budget (refer to Exhibit A). Funds not so used shall be promptly returned to the City at the end of the contract period. Any cost incurred by the Contractor over and above the agreed sums as set out in the Budget shall be at the sole risk and expense of the Contractor.
6. The operating budget may be amended provided the full cost does not exceed the amount stated in the contract. Budget amendments shall not become effective until the Commissioner in Charge has given written approval and filed the approved document with the City Auditor. Line item overruns of 5% or \$1,000, whichever is less, are allowable without a budget amendment. All program income (i.e., sale of books written by project; admissions charged by performers; etc.) must be used to purchase consumable program supplies, with City approval. It may not be used for non-consumable expenditures (items over \$100) or for any other purpose. Income not used for consumable program supplies must be refunded to the City.

TERMINATION:

1. This contract may be terminated by either party at any time by giving a thirty (30) day advance written notice by certified mail for willful failure or refusal of the other to perform faithfully the contract according to its terms.
2. The contract may also be terminated at any time by the City by giving written notice if its Federal, State or local grants are suspended or terminated during the contract period. In the event of termination, the contractor shall be entitled to reimbursement for allowable costs incurred up to the date of termination indicated in the written notice.

ASSIGNMENT:

1. The Contractor has been selected by the City for this work because of its particular experience in this program area. This contract is personal between the parties and the Contractor shall not assign or subgrant in whole or part hereof without prior written consent of the City.
2. In the event the City decides to assign their interest in this contract in whole or part, the City shall give written notice of the assignment to the Contractor ten (10) days prior to the assignment.

149363

EXHIBIT A

Code	Object Title	Services			
110	Full-Time Employees				
120	Part-Time Employees				
130	Federal Program Enrollees	5,450			
140	Overtime				
150	Premium Pay				
170	Benefits	1,363			
190	Less-Labor Turnover				
100	Total Personal Services	6,813			
210	Professional Services				
270	Utilities				
230	Equipment Rental				
240	Repair & Maintenance				
260	Miscellaneous Services				
310	Office Supplies				
320	Operating Supplies				
330	Repair & Maint. Supplies				
340	Minor Equipment & Tools				
350	Clothing & Uniforms				
380	Other Commodities-External				
410	Education				
420	Local Travel				
430	Out-of-Town Travel				
440	Space Rental				
450	Interest				
460	Refunds				
470	Retirement System Payments				
490	Miscellaneous				
510	Fleet Services				
520	Printing Services				
530	Distribution Services				
540	Electronic Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services				
580	Intra-Fund Services				
590	Other Services-Internal				
200-500	Total Materials & Services				
610	Land				
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600	Total Capital Outlay				
700	Other				
	TOTAL	6,813			

BUDGET JUSTIFICATION

149363

PERSONNEL

DATE March 11, 1980

PROJECT NO. _____

PROJECT TITLE Malformation, Epidemiology and Control Project - UOHSC

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time)	(D) Percent of time on Project	(E) No. of Months on Project	(F) Cost (AxCxDxE)
1	Research Asst.	908	100	6	5,450
SUBTOTAL, PERSONNEL					5,450
25% * % FRINGE BENEFITS					1,363
TOTAL, PERSONNEL					6,813

*Indicate fringe benefits as a percentage of "Subtotal, Personnel"

DOCUMENTATION CHECKLIST

The following checklist should be used to insure required documentation is attached to the proposal. Documentation is required for all project applicants unless otherwise indicated. If a document is not required for your agency, write N/A in the blank.

- | | <u>Check</u> |
|--|--------------|
| 1. Articles of Incorporation (All Private Non-profit Organizations only) | <u>N/A</u> |
| 2. Organization Chart | <u>✓</u> |
| 3. Organization wage and salary schedule | <u>✓</u> |
| 4. Personnel policies and procedures, including EEO/AA plan if not included in application form | <u>✓</u> |
| 5. Documentation of need for public service to be provided by the project | <u>✓</u> |
| 6. Job descriptions and qualifications for all PSE positions requested | <u>✓</u> |
| 7. Fidelity Bond for all applicable employees - see Bonding requirements in the general conditions (due to time constraints this may be turned in following submission of proposal, but must be received prior to contracting) | <u>N/A</u> |
| 8. Liability Insurance, if project requires use of vehicles | <u>✓</u> |
| 9. Exemption letter from the Social Security Administration (all agencies exempt from Social Security only) | <u>N/A</u> |
| 10. Documentation on salary comparability used for determining PSE wage levels. | <u>✓</u> |
| 11. If a pro-rated share of space and other costs are charged to the project, space allocation study on which these costs are based must be attached to proposal. | <u>N/A</u> |

TRAINING AND EMPLOYMENT DIVISION
TITLE YID PROJECT PROPOSAL APPLICATION FORM

149363

RFP # _____

ORGANIZATION: Name Dept Public Health and Preventive Medicine, UOHSC, School of Medicine
(As listed on Articles of Incorporation)

Address 3181 SW Sam Jackson Pk Rd

Portland, OR 97201

Phone: 225-8311

TYPE OF ORGANIZATION: If private, non-profit, must include Articles of Incorporation

County Government

Other Government

City Government

Incorporated private non-profit

State Government

Other (Specify)

PROJECT TITLE: Malformation, Epidemiology and Control Project

(Select a name for project using no more than eight (8) words)

Number of PSE participants to be employed on the project: One

Funding request: \$11,200 per year

(Total amount requested to operate the project, round to nearest \$)

Time Period: October 1979 to October 1981

(Expected start and completion dates of project)

LIST AREA OF THE CITY OF PORTLAND Entire city, county, to some degree state: Research studies of
TO BE SERVED AND TYPE OF PUBLIC Congenital Malformations and Relation to Chemicals (Ex. 2-4-D)

SERVICE TO BE PROVIDED: Assist in screening SE Asian refugees, Work in diagnostic, R & Contact
Investigation in Venereal Disease.

EXECUTIVE DIRECTOR OF ORGANIZATION: Dr. Leonard Laster

225-8252

CONTACT PERSON FOR THE PROJECT: Dr. Harold Osterud

Phone: 225-8257

CERTIFICATION AND ASSURANCES:

In making this request, the offeror certifies:

- (1) That all regulations and policies of the Comprehensive Employment and Training Act, U. S. Dept. of Labor, and the Prime Sponsor will be adhered to;
- (2) That all information is complete and correct;
- (3) That the signer of this request is authorized by the requesting agency to submit and certify this request.

CERTIFICATION:

I hereby certify that the information I have provided in this application is accurate to the best of my knowledge, and that I am duly authorized/empowered to sign contracts on behalf of this agency.

Harold T. Osterud, MD
Signature

Harold T. Osterud, MD, MPH
Typed Name

Professor and Chairman of Dept.
Position

November 1, 1979
Date

A. Agency Description - This section is provided to give the Training and Employment Division information on your agency and its ongoing programs. The following points should be addressed in this section:

1. Provide a brief history of the agency. Include here types of services offered; specific groups of individuals traditionally served; and previous experience in operating employment and training related programs.

The Dept of Public Health and Preventive Medicine is one of 19 such depts in UOHSC, School of Medicine. The dept was established as a full time clinical dept in 1939. Services include: Teaching medical & nursing students, Directing Public Health Residency training for physicians, Assist in professional staffing of clinics and other public health activities such as epidemiologic studies of disease, and environmental studies. Service responsibilities in selected health dept clinics (J. K. Gill, Multi-Service Center, Columbia Villa, Low income housing for elderly (Under Housing Auth. or Portland), etc. Research Studies in medical and health areas, i.e. Congenital malformations, stroke, etc.

2. Describe your organizational structure. Include an organization chart and salary schedule which details all current positions and proposed PSE positions.

(Organizational Chart - attached)

Proposed Position - Research Assistant \$11,200.⁰⁰/year

ORGANIZATION CHART

LEONARD LASTER, MD, President
University of Oregon Health Sciences Center

R. ARTHUR, MD, Chairman
Medical Board

Dr. D. Kassebaum (8204)
Vice-President
For Hospital Affairs

Mr. I. Keller, Chairman
Advisory Council

Dr. W. Clark (8652)
Associate Medical Director

Dr. M. Baird (8652)
Medical Services Director

House Staff
Affairs
Contracts
Programs
Schedules

Medical/Legal Contracts
Agencies
Accreditation
Standards
Audits

S. Urban (8744)
Administrator,
University Hospital

D. Witter (8548)
Director,
Fiscal Services

J. Hutchins (8204)
Administrator,
University Clinics

Clinical Laboratory -- Radiology: Diagnostic/Therapeutic

R. Mockmore (4552) Admitting -- Outpatient Nursing, S. Rich (7638)

(8744)
Admin.
Clinics

J. Long (8744)
Assoc. Admin.
Hosp. & Clinics

G. Rankin (8105)
Director
Nursing Service

G. Erice (8525)
Asst. Admin.
Hosp. & Clinics

G. Mount (8760)
Asst. Admin.
Hosp. & Clinics

Admitting/Quality
Control+
Medical Records
Pharmacy
Infection Control

-Surgery/OP/PAR
-Emerg Dept
-Anesthesia
-Renal Transplant/
Dialysis
-Specialty Labs
Cardiology
Pulmonary
GI
EEG/EMG
ECG
CRD

L. Rodier (8733)
Patient
Accounts

-Inquiry
-Billing
-Collections
-Cashier

R. Schumacher (8376)
Hospital
Systems

-Industrial Engineering
-Systems*
-Planning
-Evaluation

Vacant (8535)
Budget and
Rates

-Budget
-Rates
-Accounting
-Statistics

A. Anani (8549)
Reimbursements &
Accounting

-Accounting
-Reimbursements

-Social Service
-Transportation
-Anatomical
Pathology
-Brace Shop
-Ophthalmic
Services
-Cytogenetics
-Volunteer
Services

-Laundry/Linen
-Housekeeping
-Stores
-Central Supply
-Resp. Therapy
-Phys. Therapy
-Occup. Therapy

* CORE-C. Carter (8559)

+ Quality Control, H. Kleffner (5501)

PROPOSED CLASSIFICATIONS, QUALIFICATIONS, AND SALARY LEVELS
FOR RESEARCH ASSISTANTS AND RESEARCH ASSOCIATES

	<u>Research Assistant I</u>	<u>Research Assistant II</u>	<u>Research Associate I</u>	<u>Research Associate II</u>
Level of Research Responsibility and Supervision	Receives close supervision. Performs standardized routine tests, collects and analyzes data, and prepares work reports. Some innovation and problem solving required.	Receives general supervision. Performs tests, collects and analyzes data, and prepares work reports. Innovation and problem solving required. Some design of experiments to achieve project objectives. May have responsibility for the conduct of one or more phases of a research project.	Receives occasional supervision. Exercises judgment in taking independent action and seeks advice as necessary. Assists in planning experimental design. Assumes responsibility for specific phases of research project. Demonstrates creativity and problem solving ability. Capable of supervising and training junior staff.	Research Associate I qualifications plus ability to write grant applications to major funding agencies, such as NIH. Capable of serving as co-principal investigator. Must have two or more publications as senior author.
Education	Bachelor's degree.	*Master's degree with major courses in field of research.	*Doctor's degree with major courses in field of research.	*Doctor's degree in field of research.
Research Experience	None.	**Three years.	**Five years.	**Five years.
Annual Salary Range	\$8,000 - \$13,000 [#]	\$10,000 - \$16,000 [#]	\$14,000 - \$23,000 [#]	\$18,000 - \$28,000 [#]

* This is a general guideline which may be waived if the individual has special qualifications or additional experience for the particular position.

* Including appropriate experience as part of research project during graduate degree work. This experience criterion is not additive to the education criterion but may be substituted for formal educational attainments in certain cases.

Salary ranges specified are subject to annual review. Payment of salary rates above or below the ranges specified must be approved by the Dean's Office and the President's Office.

NOTE: The title of "Fellow" should be used to identify those persons who occupy research positions with faculty investigators for 1, 2, or 3 years for the purpose of further training during their immediate postdoctoral years. Salaries of Fellows are usually derived from fellowship or research grants.

3. Describe your agency's personnel system. Include selection process, personnel policies and procedures, EEO/AA plan, and grievance procedure. Explain how PSE project positions would be integrated into this system.

Member of State Personnel Dept which is and Equal Employment Opportunity Employer. Adhere to policies and procedures of EEO, i.e. advertise all job opportunities and selections made after considering all applicants during reasonable time period. Personnel files include only those which are directly addressed to and reviewed by that employee. Governed by OSEA Bargaining Unit.

This PSE position is available only by CETA support and does adhere to standards and description of a Research Assistant.

4. Describe agency's accounting and management procedures. Include agency's payroll and check distribution system, method of handling accounts, and attendance recordkeeping system.

The department follows all rules (Administrative) of the State System of Higher Education applicable to all state colleges. We have an administrative assistant who keeps records of all expenditures including payroll, correlating them with computerized statements from State System of Higher Education (Corvallis).

5. Other Funding Sources - If your agency is applying for or receiving other public or private funding, please specify the source, amount, and duration of this funding.

Funding Source	Amount	Duration
<u>State Budget for Department</u>	<u>\$136,915.</u>	<u>Fiscal Year 79-80</u>
<u>Public Health Residency Training Grant</u>	<u>\$59,200</u>	<u>Fiscal Year 79-80</u>
<u> </u>	<u> </u>	<u> </u>

Will any of the above listed funds be used to support the project? If yes, specify:

None,

Also, will this project be used to support any of the other programs currently operated by the agency? If yes, please specify:

None.

B. Project Description - This section should explain clearly and concisely the major components of your project. Address the following points in your description.

1. Public Service Need

Describe the public service need to be met by your proposed project. Indicate on what basis it was determined that there is a need for this service. (Provide documentation in the form of a needs survey or letters of support indicating the need for such a service).

There is a current epidemic of congenital malformations in Lincoln County, Oregon, allegedly related to 2-4-D herbicides sprayed on National Forest Land. The cause is undetermined and in dispute. Investigation is urgently needed.

Other needs exist for epidemiologic investigation of communicable disease incidence in the Portland-Metropolitan area.

2. Expansion of Agency's Current Service Capacity

Describe how the proposed project will differ from the services offered presently within your agency. i.e., will the proposed project:

- a. Provide a new service that your agency is currently unable to provide; Yes
- b. Provide existing services to a new target group or geographic area that you are currently unable to serve; Yes
- c. Provide existing services to an expanded number of individuals who would otherwise not be served with existing funds? N/A

3. Project Goals, Objectives, and Outcomes

Indicate the specific product(s) or accomplishment(s) that will result from the proposed project. List the goals of the project, the objectives, measurable tasks, and completion dates using the attached table.

- a. The department will be able to reactivate its research program in the field of congenital malformations. Identification of causes is extremely important for prevention of malformations and reduction of disability from this type of disease.
- b. The department will be able to offer a much needed service to the residents of Lincoln County, who are at this point, extremely upset about the environmental exposure to which they are subject.
- c. As a result of this supervised experience, the occupant of this position will be prepared to work as an epidemiologist.

TABLE: Project Goals, Objectives, and Outcomes

<u>GOALS</u>	<u>OBJECTIVES</u>	<u>TASKS</u>	<u>COMPLETION DATES</u>
<p>Provide employment and training services to handicapped persons.</p>	<ol style="list-style-type: none"> 1. Outreach handicapped individuals 2. Assess employment and training needs 3. Make appropriate job referrals 4. Secure permanent employment 	<ol style="list-style-type: none"> 1. Receive 12 referrals per month from ES or Voc Rehab 2. Provide vocational assessment for 80% of all out-reached individuals 3. Make 25 employer contacts per month 4. Place 8 individuals per month in permanent employment 	<p>12 per month, Jan through Sept.</p> <p>10 per month, Jan through Sept.</p> <p>25 per month, Jan through Sept.</p> <p>8 per month, Jan through Sept.</p>
<p>Provide training & employment to a recent immigrant physician.</p>	<ol style="list-style-type: none"> 1. Involve immigrant physician in major disease control program. 2. Assess additional skills needed for subsequent pursuit of this type of work - independently. 3. Introduction to job opportunities. 4. Secure permanent employment. 	<ol style="list-style-type: none"> 1. To develop accurate spatial & temporal description of the Lincoln County malformation epidemic. 2. Complete search for common factors in the family situation of the Lincoln County malformation cases. 3. Development of a control program and/or hypotheses for further investigation of malformations in Lincoln County. 4. Provide experience in investigations and control of communicable disease in Mult.Co. 5. Participate in screening of SE Asian refugees. 6. Experience in assessing health effects of occupational chemical exposure. 	<p>- 6 months</p> <p>- 1 month</p> <p>- 2 months</p> <p>- 6 months</p> <p>- 3 months</p> <p>- 6 months</p>

4. Project Methodology

Describe the method by which you intend to accomplish the proposed task(s) described in Section 3.

1. The malformation risks in the census divisions of Lincoln County will be estimated by allocation of live births, known serious malformations, fetal deaths, and infant deaths, for a nine-year period, 1970 thru 1978.
2. The malformation cases will be identified and an Interview Form will be developed. The Index Households will be visited.
3. A report will be prepared which will summarize the results of the investigations.
4. Assignment will be made to the Multnomah County Division of Public Health Access Clinics and contact investigation teams.
5. Assignment will be made to the Refugee Screening clinics.
6. Assignment will be made to the Industrial Clinic.

5. Project Positions

Provide a list of the numbers and types of PSE positions requested for the project. Include a complete job description and the qualifications needed for each position type.

Position - Research Assistant.

1. Epidemiologic studies of incidence of congenital malformations in relationship to teratogens (chemicals that cause malformations or are suspected of possibly causing them - such as neural tube closure defects and 2-4-D use in spraying forests).
2. Assist in screening SE Asian refugees for communicable disease including Rx as necessary.
3. Assist in diagnosis, Rx and contact investigation in venereal disease and other clinics.

QUALIFICATIONS:

1. Graduate degree in one of the health sciences.
2. Knowledge of and application of the epidemiologic method and research design of study of disease in communities.
3. Knowledge of the principles applicable to the control and prevention of both communicable and non-communicable disease.

6. Participant Transition

Describe the procedures that will be used to secure permanent employment for at least 50 percent of the PSE participants on the proposed project (i.e., job development and placement). Include any training or upgrading of skills that will be provided to enhance the PSE participant's employability. Transition of PSE participants can be within or outside your agency. Indicate the specific staff person (not PSE participant) who will be responsible for job development and placement.

Upon completion of two years this physician-research assistant will be fully qualified to continue work as a public health physician in city or county health departments. As a clinician, researcher, or as health officer, this will upgrade skills obtained in Russia and will meet licensing requirements of the Oregon State Board of Medical Examiners.

Harold T. Osterud, MD, responsible for job development and placement.

7. Other CETA Funding

Has your agency received CETA Title VI project funding in the past or are you presently receiving any CETA funding?

Yes No Indirectly thru Multnomah County for Luan Nyugen, MD

Name of Project	Duration Dates	Funded by
<u>Vietnames Physician, Dr Luan</u>	<u>7/77 to 7/79</u>	<u>CETA, Multnomah County</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

8. Maintenance of Effort

This information is used to determine if the proposed project will create an infringement upon the maintenance of effort requirements of the CETA regulations. Please make a mark in the appropriate slot.

- a. Has any layoff occurred in your agency/department within six (6) months prior to submission of the project proposal? Yes No
- b. Does your agency/department anticipate any layoffs of regular staff during the proposal project period? Yes No
- c. Will the hiring of PSE participants affect the staffing pattern of regular employees? Yes No
- d. Will the hiring of PSE participants affect any plans to hire seasonal or temporary agency/department staff? Yes No

If your agency has answered "yes" to any of the above questions, please explain:

C. Budget

One of the criteria for project selection is your administrative capability to operate the grant. Your budget should reflect this. Make it responsible and clear to the best of your abilities. Technical assistance will be available to assist you in completing this section.

The Budget Section is composed of the following forms:

- Form A: Budget Summary
- Form B: Salary Schedule for Proposed Public Service Employment Positions
- Form C: Fringe Benefit costs for PSE positions
- Form D: Administrative Costs
- Form E: Training and Service Costs
- Form F: Monthly Expenditures

It is imperative that each of the items on these forms be completed. If a particular item is not applicable to the project, "N/A" should be placed in that section of the budget.

The totals on Forms B through E should correspond to the respective category totals as listed on the Form A (Budget Summary).

The Form F (Monthly Expenditures) must reflect the planned accrued expenditures by month. The total for each cost category of the project must equal the monthly cost totals on each respective form.

Please make sure that all mathematical computations are correct.

NOTE: Applicant agency should specify on an attachment sheet any costs to be paid by the agency (i.e., rent, supplies, utilities, etc.).

Position - Research Assistant	\$11,200
Fringe Benefits	2,800
TOTAL	<u>\$14,000</u>

Contract # _____

Name: _____

Form A: BUDGET SUMMARY

Provide a total dollar figure for each category listed. Enter total dollar figure requested from CETA on line marked "Grand Total". This form should be completed after all other budget pages are finished.

I. Salaries for Proposed PSE positions (Form B) TOTAL \$11,200

II. Fringe Benefits (Form C)

Please List:

Fringe Benefits at 25%	\$ 2,800

TOTAL \$14,000

III. Administrative Costs (Form D)* TOTAL _____

IV. Training and Services (Form E)* TOTAL _____

GRAND TOTAL \$14,000

* Note: Administration, training and services costs are not to exceed 7% of wages and fringe benefits. This percentage shall be calculated as follows:

$$\text{PSE Salaries} + \text{Fringe Benefits} = \text{Total} \times .05 = \text{Allowable administration, training and services costs at 5\%}$$

Form B: SALARY SCHEDULE FOR PROPOSED PSE POSITIONS

This form is to be used to list all the proposed Public Service Employment positions and the corresponding salaries, including any cost of living increases or merit pay increases. Include agency supplemented and unsupplemented PSE positions. The following instructions will serve as a guide for correct completion of each category on Form B.

Column 1: Title

Please list the title of the requested PSE position(s). If more than one of the same position is requested, please list each position separately.

Column 2: Position Number

If your agency has a number for the position, indicate here. If position numbers are not used, please leave blank.

Column 3: Position Type

(Applicable to City or State agencies only) Designate status of PSE positions. (i.e., temporary, permanent)

Columns 4 and 5: Pay Grade/Step

If applicable, list pay grade/step at which position will begin. If not applicable, leave blank.

Columns 6 - 11: Monthly Expenses

Please show salary rate for each position for each month. No position can begin before 10/1/79. If your agency plans to give an increase in salary, indicate that salary change in the appropriate month.

Column 12: PSE Total

Please give the total salary paid by PSE for each position for the months indicated. (Total of Columns 6 - 11)

Column 13: Agency Total

If your agency supplements a portion of the PSE participant's salary, please indicate here the agency share. (Salaries can only be supplemented up to \$994 per month.)

Column 14: Combined Total

List here the total salary paid for each position for the contract period. (Total of columns 12 and 13). To arrive at grant total, sum all amounts and list in bottom right corner.

"Total" Line: Indicate total expenditures per month. (Sum of each column 6 - 11)

Form B: SALARY SCHEDULE FOR PROPOSED PUBLIC SERVICE EMPLOYMENT POSITIONS

Contract #: _____

Name: _____

Title (1)	Pos. # (2)	Pos. Type (3)	Pay		Est. Monthly Expenses						PSE Total (12)	Agency Total (13)	Combined Total (14)	
			Grade (4)	Step (5)	APR (6)	MAY (7)	JUN (8)	JUL (9)	AUG (10)	SEP (11)				
Research Assistant			Special	I										\$14,000.
														Sal&Fringe)
														Benefits)
TOTAL:														

Form C: FRINGE BENEFIT COSTS

On this form, list all fringe benefits PSE participants will be receiving and the dollar cost of these benefits. PSE employees must receive the same fringe benefits as other regular permanent employees of your agency with the exception of retirement benefits (optional). PSE employees may be exempted from private retirement plans, other than Social Security. If your agency is exempt from the Social Security payment do not contribute to Social Security for the PSE employee. A copy of exemption letter from the Social Security Administration must be attached to the proposal application.

Fringe benefits include life insurance, retirement plan contribution, health insurance, and social security contribution. The minimum fringe benefits you must provide the PSE participants are Unemployment Insurance and Worker's Compensation.

Certain personal items normally purchased by the employer for the employee may be counted as participant fringe benefits. For example, if an employer normally supplies the employee with work boots or gloves, the grant may purchase this and it should be listed as a fringe benefit for the participant.

The following instructions will serve as a guide for correct completion of each category on Form C. Show calculations for each estimated expenditure.

Column 1: Description

List type of fringe benefit and rate used for computation.

Columns 2 - 7: Monthly Expenses.

List by month dollar figure for each fringe benefit.

Column 8: Total Column

List total expenditures for each benefit. To arrive at the grand total, sum all amounts and list in bottom right corner.

"Total" Line: Indicate total expenditures per month. (Sum of each column 2 - 7)

Contract #: _____

Form C: FRINGE BENEFIT COSTS

Name: _____

Line#	Description (1)	ESTIMATED MONTHLY EXPENSES						TOTAL (8)
		APRIL (2)	MAY (3)	JUNE (4)	JULY (5)	AUGUST (6)	SEPTEMBER (7)	
1	UOHC Fringe Benefits 25% of Salary							\$2800/year
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL:								\$2800/year

SALARY 11200

Total Fring Ben & Sal= \$14,000/year

GRAND TOTAL: \$28,000/2yrs

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Form D: ADMINISTRATIVE COSTS

Allowable administrative cost items to be budgeted under this category are: Postage, telephone, liability insurance, publishing, utilities, and travel (for administrative functions). Additional cost categories that could be included under the agency's administrative allocation are overhead, miscellaneous, rent of equipment and supplies with a value in excess of \$50.00, and lease of office space.

Explanation of Allowable Administrative Cost Items:

1. Space Costs

If you are charging any space costs to the project, list all the facilities you will be using, both those on which you pay rent and those which are being donated for your use. (Rent you pay, or the valuation of donated facilities must be comparable to prevailing rents in Portland. A Space Allocation Study must be used to determine the pro-rated rent for the PSE project (please attach). If utilities and/or maintenance services are essential to your project, a pro-rated share of these costs should also be listed here.

2. Rental, Lease or Purchase of Equipment

List all the equipment, donated or to be leased, that will be used in the proposed project. This includes office equipment, typewriters, etc. All equipment will be approved only if they can be shown necessary for the operation of the project or in support of project staff.

3. Travel

The cost of participant travel and staff travel necessary for the operation or administration of the project.

4. Telephone: Installation and/or Monthly Cost

Put in the number of instruments you will need times the cost per instrument. Attach documentation on how determination of need for additional instruments was made, or study showing pro-rated share of present instruments.

5. Other Costs -- May Include the Following:

- Postage
- Liability Insurance: whenever the work covered by the contract shall involve the use of vehicular equipment, the contractor shall maintain during the life of the contract Automotive Bodily Injury and Property Damage Insurance for business use.
- Publications (Printing, Typesetting, and Mailing)
- Fidelity Bonding

The following instructions will serve as a guide for correct completion of each category on Form D.

Column 1: Description

List the name of the expenditure and the name of the company quoting the price.

Column 2-7: Monthly Expenses

List the cost of each item per month for the months indicated.

Column 8: Total Column

Indicate the total expenditures for each item described for contract period. (Total of Columns 2 - 7)

"Total" Line: Indicate total expenditures per month (sum of each Column 2-9).

Contract #: _____

FORM D: ADMINISTRATIVE COSTS

Page: _____

Name: _____

		ESTIMATED MONTHLY EXPENSES						
Line#	Description (1)	APRIL (2)	MAY (3)	JUNE (4)	JULY (5)	AUGUST (6)	SEPTEMBER (7)	TOTAL (8)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL:								

GRAND TOTAL: _____

149363

Contract #: _____

Form E: TRAINING AND SERVICE COSTS

Name: _____

All training and service costs should be identified below by month.

Column 1: Description - list type of training or service to be offered.

Column 2 - 7: List training or service cost per month.

Column 8: List total expenditures for each activity budgeted for training and services.

Training Costs: This includes the cost of any training provided to the PSE participants for which funding is being requested, such as: tuition fees, cost of training supplies, instructor salaries, etc.

Line#	Description (1)	ESTIMATED MONTHLY EXPENSES						TOTAL (8)
		APRIL (2)	MAY (3)	JUNE (4)	JULY (5)	AUGUST (6)	SEPTEMBER (7)	
1								
2								
3								
4								
5								

TOTAL: _____

Service Costs: This includes the cost of services provided to PSE participants for which funding is being requested, such as: counseling, job development services, etc.

Line#	Description (1)	ESTIMATED MONTHLY EXPENSES						TOTAL (8)
		APRIL (2)	MAY (3)	JUNE (4)	JULY (5)	AUGUST (6)	SEPTEMBER (7)	
1								
2								
3								
4								
5								

TOTAL: _____

GRAND TOTAL: _____

149163

Contract #: _____

149363

Name: _____

Form F: MONTHLY EXPENDITURES

Columns 1 - 4: List dollar amount requested per month per month for each of the cost categories. These figures should equate to "Total" lines on Forms B, C, D & E)

Column 5: Combined Total. List the combined total for each month (sum of Columns 1 - 4).

	TOTAL PSE SALARIES (Positions) (1)	TOTAL FRINGE BENEFITS (2)	TOTAL ADMINISTRATIVE COSTS (3)	TOTAL TRNG. & SERVICES COSTS (4)	TOTAL COMBINED PER MONTH (5)
APR 79					
MAY 79					
JUN 79					
JUL 79					
AUG 79					
SEP 79					
TOTAL					

V. EVALUATION PROCESS AND CRITERIA TO BE USED

The Training and Employment Division Program Development Unit staff shall assess proposals as to compliance with the RFP requirements and adherence to proposal format. All proposals passing this initial review shall then be evaluated by a committee of TED Council members, TED staff and Executive Revue Committee. Technical consultants, as appropriate, may also be represented on the review panel. During the review process, applicants may be required to provide additional information to the reviewers.

The acceptable proposals will be ranked by review teams (unacceptable proposals will be rejected). Please remember that even though your proposal may be ranked very high, this does not guarantee the project will be funded. Project rankings will be submitted to the Office of the Mayor by the Training and Employment Division for review. City Council makes the final funding decision.

Following approval of the project application, a formal contract will be negotiated between the applicant and the Training and Employment Division. This contract will specify in detail the financial and other requirements to be met by the applicant. No project expenses will be allowed until the contract has been formally approved.

Since the U. S. Department of Labor is placing a strong emphasis on funding projects which evidence the planning and support of community organizations, project applications from community organizations of demonstrated local effectiveness will be given priority.

AREAS TO BE EVALUATED:

- A. Background of Agency
(Maximum of Points - 10)
- B. Proposed Project
(Maximum of Points - 50)
- C. Participant Transition
(Maximum of Points - 15)
- D. Project Administration
(Maximum of Points - 15)
- E. Budget
(Maximum of Points - 10)

TOTAL SCORE = 100 Points

ASSURANCE OF COMPLIANCE WITH
CITY OF PORTLAND AFFIRMATIVE ACTION PLAN

University of Oregon Health Sciences Center (hereinafter called the "Contractor")
HEREBY AGREES THAT it will comply with the City of Portland Affirmative Action Plan as stated in City Ordinance 144724, dated November 10, 1977, and the Federal Guidelines contained in Revised Code 4 of the U. S. Department of Labor, to the end that no person who applies for employment shall, on the ground of race, color, religion, age, sex, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Contractor receives City of Portland financial assistance; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

The "equal employment opportunity doctrine" is more than a directive prohibiting discriminatory practices; rather, it is a doctrine that requires positive measures to assure an equal opportunity for meaningful employment of those persons who have been victims of discrimination. This doctrine extends to all areas of employment and to all relations with employees, including recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotions, layoffs and terminations, testing and training, daily working conditions, awards and benefits, and all other terms and conditions of employment. The Affirmative Action Plan calls for:

1. An improvement of employment opportunities for minority group persons and women in all employee classifications.
2. An improvement of career opportunities for minority groups and women employees.
3. An increased awareness of "institutional" biases through education and training to achieve its eradication.
4. An explanation to minority group organizations of the programs, employment and training opportunities, and the qualifications required for positions in the Contractor's organization.
5. An active education program which will keep management, supervisors and employees informed of their social and civil rights and responsibilities.

The Contractor hereby recognizes and agrees that an Assurance of Compliance with the City of Portland's Affirmative Action Plan is given in consideration of and for the purpose of obtaining any and all City contracts or other financial assistance extended after the date hereof to the Contractor by the City, including installment payments after such date on account of applications for City financial assistance which were approved before such date. The Contractor recognizes and agrees that such City financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the City of Portland shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Contractor, its successors, transferees, and assignees, and the person whose signature appears below is authorized to sign this Assurance on behalf of the Contractor.

Dated _____

By _____

(Contractor's Mailing Address) _____

Title _____

EXHIBIT C

PUBLIC SERVICE EMPLOYMENT PROGRAM
MONTHLY INVOICE

SPONSOR
CITY OF PORTLAND
HUMAN RESOURCES BUREAU
TRAINING & EMPLOYMENT DIVISION
522 S. W. 5th, Rm. 612
Portland, Oregon 97204
248-4710

CURRENT DATE: _____

AGENCY NAME AND MAILING ADDRESS: _____

PERIOD COVERED

FROM: _____

TO: _____

CONTRACT NUMBER: _____

ZIP CODE _____

TELEPHONE NUMBER _____

PREPARED BY _____

FOR OFFICE USE ONLY
P/O # _____
EUC # _____
F/B RATE _____
ACTUAL TO CONTRACTUAL RATE _____
CONTRACTUALLY OBLIGATED AMOUNT _____
CONTROL # _____

PARTICIPANT NAME	BASE PAY	For Office Use Only	FICA	SAIF	HOSP.	LIFE INS.	RETIREMENT	DENTAL	OTHER (SPECIFY)	TOTAL F/B	TOTAL PAY
1)											
2)											
3)											
4)											
5)											
6)											
7)											
PAGE TOTALS											

CONTRACT SIGNATOR OR DESIGNEE _____ TITLE _____ DATE _____

11/22/76

149363

APPROPRIATION UNIT NO.

RESPONSIBILITY UNIT NO.

CITY OF PORTLAND, OREGON AUTOMOBILE MILEAGE REPORT FOR COMPENSATION FOR USE OF PRIVATE AUTO

ONLY FOR THOSE CONTRACTS

INCLUDING TRAVEL AS A FRINGE BENEFIT

EMPLOYEE NAME (PRINT)

SOCIAL SECURITY NO.

PLEASE DO NOT FILL IN THIS SPACE

BASIC PAYMENT _____ PLUS

_____ MILES _____ PER MILE \$ _____

PARKING COSTS \$ _____

TOTAL PAYMENT \$ _____

HOME ADDRESS

ACCOUNTING PERIOD

BEGINNING _____ ENDING _____ COMPENSATION CATEGORY _____

DATE	ODOMETER READING		DAY'S MILEAGE	DAY'S PARKING	DATE	ODOMETER READING		DAY'S MILEAGE	DAY'S PARKING
	START	LAST CALL				START	LAST CALL		

I HEREBY AFFIRM THAT THE FOREGOING STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EMPLOYEE'S SIGNATURE _____

TOTAL MILES _____

TOTAL PARKING _____

NOTE: This report must be submitted to Finance Accounting Division by the fifth (5th) day following end of accounting period in order that payment can be made by the tenth (10th) day.

Authority for 5405-050 City Code

149363

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PUBLIC SERVICE EMPLOYMENT TIME SHEET

Agency Name _____

Agency Address _____

Phone Number _____

Participant's Name _____

Participant's Social Security Number _____

For Month and Year: _____

Base Pay for the Month: _____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours Worked																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Hours Worked																

I CERTIFY TO THE ACCURACY OF THIS TIME SHEET:

Participant's Signature _____

Supervisor's Signature _____

149363

ORDINANCE NO. **149363**

An Ordinance authorizing one (1) contract with the University of Oregon Health Sciences Center under Human Resources Bureau creating a Public Service Employment Special Project position under CETA Title VI for a contract period not to exceed September 30, 1980; transferring appropriations in the amount of \$6,813 within the CETA Fund; and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. The City of Portland has been designated by the U. S. Department of Labor as Prime Sponsor for administering funds under the Comprehensive Employment and Training Act (CETA) to provide employment for unemployed, economically disadvantaged persons.
2. A request for contract from the University of Oregon Health Sciences Center has been reviewed and determined appropriate for funding creating one (1) Public Service Employment Special Project position of Research Assistant under CETA Title VI, Human Resources Bureau.
3. Funds have been budgeted and are available for Fiscal Year 1979-80 under Title VI of CETA from the Department of Labor.
4. The Mayor and Commissioner of Public Utilities should therefore execute, on behalf of the City, one (1) contract under CETA Title VI, Human Resources Bureau, as set out in Exhibit "A".

NOW, THEREFORE, the Council directs:

- a. That the Mayor and Commissioner of Public Utilities execute, on behalf of the City, one (1) contract under CETA Title VI, Human Resources Bureau, for a period not to exceed September 30, 1980, as set out in Exhibit "A".

ORDINANCE No.

- b. The Finance Officer is hereby authorized to amend the 79-80 City Budget with transfer of appropriations as follows:

<u>CETA FUND</u> <u>Requirements</u>	<u>TRANSFERS</u>	
	<u>From</u>	<u>To</u>
Title VI Unobligated Holdings BUC No. 66900037.260	\$ 6,813	
Title VI Contracts BUC No. 67000030.280 .281		\$ 5,450 1,363
Total Requirements	\$ 6,813	\$ 6,813

Section 2. The Council declares that an emergency exists because delay in enactment of this Ordinance will result in unnecessary problems in the administration of the CETA program; therefore, this Ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, APR 3 1980

Commissioner Francis Ivancie
JPG:pj
3/24/80

Attest:

James M. Brady
Mayor of the City of Portland

George Johnson
Auditor of the City of Portland

Calendar No. 1123

ORDINANCE No. 149363

Title

An Ordinance authorizing one (1) contract with the University of Oregon Health Sciences Center under Human Resources Bureau creating a Public Service Employment Special Project position under CETA Title VI for a contract period not to exceed September 30, 1980; transferring appropriations in the amount of \$6,813 within the CETA Fund; and declaring an emergency.

THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
Ivancie	1	
Jordan	1	
Lindberg	1	
Schwab		1
McCready	1	

FOUR-FIFTHS CALENDAR	
Ivancie	
Jordan	
Lindberg	
Schwab	
McCready	

Filed MAR 28 1980

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

By *George Yerovich*
Deputy

INTRODUCED BY
Commissioner Francis Ivancie

NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities FJI MK
Works

BUREAU APPROVAL	
Bureau: Human Resources	
Prepared By: JB Joseph P. Gonzales	Date: 3/24/80
Budget Impact Review: <input type="checkbox"/> Completed <input type="checkbox"/> Not required	
Bureau Head: <i>Janice J. Wilson</i> Janice J. Wilson	

NOTED BY
City Attorney
City Auditor
City Engineer <i>[Signature]</i>