Contract Review Sheet

Marion County OREGON
FINANCE DEPARTMENT

Contract #: _____

Person Sending: **Stephen M. Staten** Department: **Sheriff**

Contact Phone #: **503 589 3258** Date Sent: **Tuesday, October 2, 2018**

☑ Contract ☐ Amendment# ____ ☐ Lease ☐ IGA ☐ MOU ☑ Grant (attach approved grant award transmittal form)

Title: **Comprehensive Opioid Abuse Site-based Program FY 2018 – Category 1 First Responder Partnerships**

Contractor's Name: **US DOJ - BJA**

Term - Date From: **Oct 1, 2018** Expires: **Sep 30, 2020**

Contract Total: **$460,806.00** Amendment Amount: _____ New Contract Total: _____

Source Selection Method:

☐ # _____

Additional Considerations (check all that apply)

☐ Board Order# _____
☑ Incoming Funds
☐ Independent Contractor (LECS) approval date: _____
☐ Insurance Waiver (attach)
☐ CIP# _____ (required for all goods /software greater than $5,000)
☐ Feasibility Determination (attach approved form)
☑ Federal Funds (attach sub-recipient / contractor analysis)
☐ Reinstatement (attach written justification)
☐ Retroactive (attach written justification)

Description of Services or Grant Award:

Marion County is seeking to expand Law Enforcement Assisted Diversion (LEAD) in targeted neighborhoods in Salem, Oregon. This will be completed through a planned and phased approach, which will include partnerships among emergency medical providers and first responders. The collaboration is broadly engaging community partners.

FOR FINANCE USE

Date Finance Received: BOC Planning Date: Date Legal Received:

Comments:

REQUIRED APPROVALS:

Finance - Contracts Date Risk Manager Date

Legal Counsel Date Chief Administrative Officer Date

Date _____ ☐ To be filed ☐ Added to master list

☐ Returned to _____ Department for _____ signatures