

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date: **Department:**

MOU Name:

MOU Contact: **Contractor Telephone:**

Type of Document: Memorandum of Understanding (MOU), Document No. 2022-751

Goods and/or Services: Not applicable

Background & History:

A payment to Deschutes County from Mosaic Medical, in the amount of \$215,000, will be used for Tenant Improvements for the County-owned facility located at 244 NW Kingwood Avenue in Redmond, Oregon.

Agreement Starting Date:

Ending Date:

Total Payment TO Deschutes County: (Income)

N/A

Insurance Certificate Received (check box)

Insurance Expiration Date:

Check all that apply: NONE

RFP, Solicitation or Bid Process

Informal quotes (<\$150K)

Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? Yes No

If **No**, has budget amendment been submitted? Yes No

Is this a Grant Agreement providing revenue to the County? Yes No

Departmental Contact and Title: Lee Randall, Facilities Department Director
Telephone: (541) 617-4711

Department Director Approval: _____
Signature Date

Distribution of Document: Return by email (scan) executed copy of document to:
Lee.Randall@deschutes.org and Deborah.Cook@deschutes.org

Official Review:

County Signature Required (check one):

- BOCC (if \$150,000 or more) – BOARD AGENDA Item
- County Administrator (if \$25,000 but under \$150,000)
- Department Director - Health (if under \$50,000)
- Department Head/Director (if under \$25,000)

Legal Review _____ Date _____

Document Number **Document No. 2022-751**