

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:

Contractor/Supplier/Consultant Name:

Contractor Contact: **Contractor Phone #:**

Type of Document: Memorandum of Understanding

Goods and/or Services: Not applicable

Background & History: This MOU document will memorialize the agency partners, districts and other stakeholders and reserve +/- 300-acres of County-owned property located in east Redmond known as Map and Tax Lot 1513000000103 (a portion thereof) for the CORE3 project.

Agreement Starting Date: **Ending Date:**

Annual Value or Total Payment:

N/A Insurance Certificate Received (check box)
Insurance Expiration Date:

Check all that apply:

- 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? N/A Yes No

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

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

Departmental Contact and Title:

Phone #:

Department Director Approval:


Signature

2/23/22
Date

Distribution of Document: Property Management

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

Memorandum of Understanding: CORE3 2022-217