## **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.

<b>Date:</b> January 12, 2022	Department: Facilities
Contractor/Supplier/Consultant Name: Contractor Contact: Chad Young	Skanska USA Building Inc.  Contractor Phone #: 541-233-6292
Type of Document: Contract Amendmen	t
Goods and/or Services: Background & History:	
Construction Services to include remodele	f's Office Work Center remodel and addition. ed South entrance at Work Center area, second level Parole & Probation and new (2)
Agreement Starting Date: March 12, 20	20 Ending Date: December 30, 2022
Annual Value or Total Payment: \$6,356	,969
Insurance Certificate Received (check Insurance Expiration Date:	•
Check all that apply:  RFP, Solicitation or Bid Process  Informal quotes (<\$150K) Exempt from RFP, Solicitation or Bid I	Process (specify – see DCC §2.37)
Funding Source: (Included in current bud	dget? X Yes
If <i>No</i> , has budget amendment beer	n submitted?
Is this a Grant Agreement providing resolved providing resolved to this grant:  Deadlines for reporting to the grantor: N/  If a new FTE will be hired with grant funds  it is a grant-funded position so that this wi	N/A A s, confirm that Personnel has been notified that

Contact information for the person responsible for grant compile	lance: IN/A
Departmental Contact and Title: Lee Randall, Director P	<b>hone #</b> : 541-617-4711
Department Director Approval:  Signature	
<b>Distribution of Document:</b> Please return all documents to t	he Facilities Department.
Official Review:	
County Signature Required (check one):  X BOCC if >\$150K  □ Administrator (if >\$25K but <\$150K  □ Department Director (if <\$25K)	
Legal Review Date _	

Document Number 2021-999