

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

Agreement #142033

**EIGHTH AMENDMENT TO OREGON HEALTH AUTHORITY  
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF PUBLIC HEALTH SERVICES**

This Eighth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2013 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County, acting by and through its Yamhill County Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

**RECITALS**

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement; and,

**AGREEMENT**

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Section 1 of Exhibit C entitled "Financial Assistance Award", "Financial Assistance Award for the period July 1, 2014 to June 30, 2015" only of the Agreement is hereby superseded and replaced in its entirety by Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. The current total award amount as of this Amendment is: \$1,558,765.00.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.

Accepted by Yamhill County  
Board of Commissioners on  
9.4.14 by Board Order  
# 14-543

6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
7. This Amendment becomes effective on the date of the last signature below.

*THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK*

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

**APPROVED:**

**STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)**

By: [Signature]  
Name: Priscilla Lewis  
Title: Deputy Public Health Director  
Date: 9/5/2014

**YAMHILL COUNTY ACTING BY AND THROUGH ITS YAMHILL COUNTY PUBLIC HEALTH (LPHA)**

By: [Signature]  
Name: Allen Springer  
Title: Chair, Board of Commissioners  
Date: 9-4-14

DEPARTMENT OF JUSTICE - APPROVED FOR LEGAL SUFFICIENCY  
*Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 24, 2014. A copy of the emailed approval is on file at OCP.*

**OFFICE OF CONTRACTS & PROCUREMENT (OCP)**

By: [Signature]  
Name: Phillip G. McCoy, ORBC, OCAC  
Title: Contract Specialist  
Date: 09/11/14

Approved As To Form  
by [Signature]  
Christian Boensch  
County Counsel  
Yamhill County

Accepted by Yamhill County  
Board of Commissioners on  
9.4.14 by Board Order  
# 14-543

Carrie Yum 9/11/14

**Attachment 1 to Amendment #8 to Agreement #142033  
Financial Assistance Award for the period July 1, 2014 to June 30, 2015**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 2	
<b>1) Grantee</b> Name: Yamhill County Public Health  Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		<b>2) Issue Date</b> July 18, 2014	<b>This Action</b> AMENDMENT FY2015
		<b>3) Award Period</b> From July 1, 2014 Through June 30, 2015	
<b>4) OHA Public Health Funds Approved</b>			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	111,288	0	111,288
PE 03 TB Case Management	3,460	0	3,460
PE 12 Public Health Emergency Preparedness	0	94,086	94,086
PE 13 Tobacco Prevention & Education	202,494	0	202,494
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	53,884	0	53,884 ( a )
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,919	0	6,919 ( b )
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,177	0	6,177 ( b )
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	14,413	0	14,413 ( b )
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,688	0	3,688 ( b )
PE 42 Babies First FAMILY HEALTH SERVICES	11,380	0	11,380
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	27,945	0	27,945
PE 44 School Based Health Centers FAMILY HEALTH SERVICES	166,000	0	166,000
<b>5) FOOTNOTES:</b> a) \$37,284 is Title X funds for FY2015; \$16,600 is Title V funds for FY2015. b) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, Federal funds may not be used as match for other Federal funds ( such as Medicaid ).			
<b>6) Capital Outlay Requested in This Action:</b> Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

B.O. 14-543

State of Oregon Oregon Health Authority Public Health Division		Page 2 of 2	
<b>1) Grantee</b> Name: Yamhill County Public Health  Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		<b>2) Issue Date</b> July 18, 2014	<b>This Action</b> AMENDMENT FY2015
		<b>3) Award Period</b> From July 1, 2014 Through June 30, 2015	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 50 Safe Drinking Water Program	38,599	0	38,599
TOTAL	646,247	94,086	740,333
<b>5) FOOTNOTES:</b>			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

B.O. 14-543