

Agreement #154134



**FIRST AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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 or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This First Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017 (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 Public Health ("LPHA"), the entity designated, pursuant to ORS 431.003, 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.

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

AGREEMENT

1. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. 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.
3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. The parties expressly ratify the Agreement as herein amended.
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.

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

8. Signatures.

By: _____
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: _____

YAMHILL COUNTY

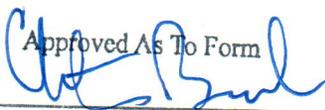
By: 
Name: Silas Halloran-Steiner
Title: HHS Director
Date: 10/5/17

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on July 25, 2017, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: _____
Name: Mai Quach (or designee)
Title: Program Support Manager
Date: _____

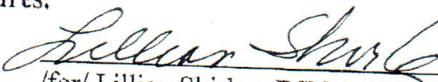
Approved As To Form
by 
Christian Boenisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on
10-12-17 by Board Order
17-409

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

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

8. Signatures.

By: 
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 11-3-17

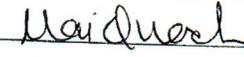
YAMHILL COUNTY

By: 
Name: Silas Halloran-Steiner
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REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: 
Name: Mai Quach (or designee)
Title: Program Support Manager
Date: 11-1-17

Approved As To Form
by 
Christian Boenisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on
10-12-17 by Board Order
17-409

**Attachment A
Financial Assistance Award**

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 2	
1) Grantee Name: Yamhill County Public Health		2) Issue Date August 24, 2017	This Action AMENDMENT FY2018
Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		3) Award Period From July 1, 2017 Through June 30, 2018	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	28,668	0	28,668 (c)
PE 03 TB Case Management	4,343	0	4,343 (e,f)
PE 12 Public Health Emergency Preparedness	90,237	0	90,237 (b)
PE 13 Tobacco Prevention & Education	107,781	0	107,781
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	50,432	0	50,432 (a)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,730	0	6,730 (g)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	11,382	0	11,382 (g,h)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	26,557	0	26,557 (g,h)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,587	0	3,587 (g)
PE 42 Babies First FAMILY HEALTH SERVICES	11,486	0	11,486
PE 43 Immunization Special Payments	27,869	0	27,869
PE 44 School Based Health Centers FAMILY HEALTH SERVICES	110,478	0	110,478
5) FOOTNOTES:			
a) \$50,432 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Grant Award for the title X funding. Adjustment might be needed once the Notice of Award is received. b) \$90,237 Award amount is estimated for FY2018. OHA/PHD has not received the Notice of Award for funding. Adjustments might be needed once Notice of Award has been received by OHA/PHD. c) \$28,668 Award amount is estimated for the period from 7/1/17-9/30/17. OHA/PHD has not yet received the funding amount for Fiscal Year 2018. Adjustments might be needed once the funding is received by OHA/PHD. d) \$38,599 Award amount is estimated for Fiscal Year 2018. OHA/PHD has not yet received the Notice of Award for the funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD. e) \$850 Award amount for the period 7/1/2017 - 12/31/17 must be spent by 12/31/2017.			
6) Capital Outlay Requested in This Action:			
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

State of Oregon Oregon Health Authority Public Health Division				Page 2 of 2
1) Grantee Name: Yamhill County Public Health Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128		2) Issue Date August 24, 2017	This Action AMENDMENT FY2018	
		3) Award Period From July 1, 2017 Through June 30, 2018		
4) OHA Public Health Funds Approved				
Program	Previous Award	Increase/ (Decrease)	Grant Award	
PE 44 School Based Health Centers - Mental Health Expansio FAMILY HEALTH SERVICES	0	86,600	86,600	
PE 50 Safe Drinking Water Program	38,599	0	38,599 (d)	
TOTAL	518,149	86,600	604,749	
5) FOOTNOTES:				
f) \$850 Award amount for period from 1/1/2018 - 6/30/2018 is estimated. OHA/PHD has not yet received the Notice of Award for that period's funding. Adjustments might be needed once the Notice of Award is received by OHA/PHD.				
g) 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).				
h) Funds for the MCH Title V programs for the period of 7/1/17-9/30/17 must be spent by 9/30/17.				
6) Capital Outlay Requested in This Action:				
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	