



Agreement #154134

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

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This Fourth 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 and Revenue and Expenditure Reporting form set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

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 Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference.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 3 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Section 2 of Exhibit C entitled "Oregon Health Authority Public Health Division Expenditure and Revenue Report (for all Programs)" of the Agreement is hereby superseded and replaced in its entirety by Attachment B attached hereto and incorporated herein by this reference.
3. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
4. 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.
5. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
7. The parties expressly ratify the Agreement as herein amended.

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

8. 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.
9. 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.

10. Signatures.

By: Lillian Shirley  
Name: /for/ Lillian Shirley, BSN, MPH, MPA  
Title: Public Health Director  
Date: 2-13-18

YAMHILL COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: [Signature]  
Name: SEAN HAWKSON - DEPUTY  
Title: HHS DIRECTOR  
Date: 2/1/18

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: Mai Quach  
Name: Mai Quach (or designee)  
Title: Program Support Manager  
Date: 2-9-18

**Attachment A  
Financial Assistance Award**

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> December 26, 2017	<b>This Action</b> AMENDMENT FY2018	
		<b>3) Award Period</b> From July 1, 2017 Through June 30, 2018	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	125,723	0	125,723
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 27 Oregon Prescription Drug Overdose Prevention	95,500	0	95,500 ( c )
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
<b>5) FOOTNOTES:</b>			
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) \$95,500 is for Oregon State Targeted Response to the Opioid Crisis (OSTR) work for the period of September 1st, 2017 to April 30th, 2018. 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. 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.			
<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.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

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> December 26, 2017	<b>This Action</b> AMENDMENT FY2018
		<b>3) Award Period</b> From July 1, 2017 Through June 30, 2018	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 44 School Based Health Centers FAMILY HEALTH SERVICES	112,000	0	112,000 ( i )
PE 44 School Based Health Centers - Mental Health Expansion FAMILY HEALTH SERVICES	86,600	0	86,600
PE 50 Safe Drinking Water Program	38,599	0	38,599 ( d,j )
<b>TOTAL</b>	798,826	0	798,826
<b>5) FOOTNOTES:</b> 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. i) Change in School Based Health Clinic funding formula for those counties with more than one certified School Based Health Clinic. Increased to \$56,000/year for each certified School Based Health Clinic in the County. j) Funds provided under this Agreement are intended to enable Local Public Health Authorities to assume primary responsibility for the quality and safety of drinking water provided by most of the public water systems located within the Local public Health Authority's jurisdiction, and may only be used in accordance with and subject to the requirements and limitations set forth below, to deliver the Safe Drinking Water services described in the Program Element Description.			
<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.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

**Attachment B**

**OREGON HEALTH AUTHORITY**  
**PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT**  
 EMAIL TO: OHA-PHD.Expend&RevReport@state.or.us

Agency: \_\_\_\_\_

Program: \_\_\_\_\_

Period: July 1, \_\_\_\_\_ to \_\_\_\_\_

Please read instructions carefully.

YEAR TO DATE				
A.	EXPENDITURES	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	TOTAL
1.	Personal Services (Salaries and Benefits)			
2.	Services and Supplies			
3.	Capital Outlay			
4.	<b>TOTAL EXPENDITURES (see Note 1)</b>	\$ -	\$ -	\$ -
5.	Less Total Program Income (see Note 2)			
6.	<b>TOTAL REIMBURSABLE EXPENDITURES</b>		\$ -	

**WIC Program Only:** Enter the Public Health Division Year to Date Expenditures Column breakdown in the following categories:

Client Services	<input type="text"/>	Nutrition Education	<input type="text"/>
Breastfeeding Promotion	<input type="text"/>	General Administration	<input type="text"/>

YEAR TO DATE				
B.	PROGRAM INCOME/REVENUE			
1.	Revenue from Fees			
2.	Donations			
3.	3rd Party Insurance			
4.	Other Program Income			
5.	<b>TOTAL PROGRAM INCOME</b>	\$		-
6.	Other Local Funds (identify)			
	6a.			
	6b.			
7.	Medicaid/OHP/CCare			
8.	Volunteer and In-Kind (estimated value)			
9.	Other (Specify)			
10.	Other (Specify)			
11.	<b>TOTAL REVENUE</b>	\$		-

**C. CERTIFICATE**

I certify that revenues reported were authorized for use by the agency in support of this program and that expenditures and encumbrances reported are true and correct to the best of my knowledge and belief.

<b>PREPARED BY</b>	<b>PHONE</b>	<b>AUTHORIZED AGENT</b>	<b>DATE</b>
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Note 1: If Section A. Line 4. Expenditures are reimbursed by State Medicaid, State General Funds, State Other Funds, do not report Program Income on Section A. Line 5.

Note 2: 45 CFR 92.25(b). Income directly generated by grant supported activity (Section B. Line 5.).

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**TITLE OF FORM:** OHA Public Health Division Expenditure and Revenue Report      **FORM NUMBER:** 23-152

**WHO MUST COMPLETE THE 23-152:** All agencies receiving funds awarded through Oregon Health Authority Intergovernmental Agreement for Financing Public Health Services must complete this report for each grant-funded program. Agencies are responsible for assuring that each report is completed accurately, signed and submitted in a timely manner.

**WHERE TO SUBMIT: Email to:** [OHA-PHD.Expend&RevReport@state.or.us](mailto:OHA-PHD.Expend&RevReport@state.or.us)

**WHEN TO SUBMIT:** Reports for grants are due **25 days** following the end of the 3-, 6-, and 9-month periods (10/25, 1/25, 4/25) and **50 days** after the 12-month period (8/25) in each fiscal year. **Any** expenditure reports due and not received by the 25th will delay payments for **all** grant programs until reports for **all** programs have been received from the payee for the reporting period.

**INSTRUCTIONS FOR COMPLETION:** Report expenditures of Non-OHA/PHD (Oregon Health Authority/Public Health Division) funds in addition to those for which reimbursement is being claimed. This reporting feature is necessary for programs due to the requirement of matching federal dollars with state and/or local dollars.

- A. YEAR TO DATE expenditures are reported when payment is made or a legal obligation is incurred.
- B. YEAR TO DATE revenue is reported when recognized.

**A. EXPENDITURES**

Enter cumulative expenditures in appropriate column.

- **Non-OHD/PHD Expenditures** are all program expenditures **not** reimbursed by Public Health Division.
- **PHD Expenditures** are reimbursable expenditures **less** program income.

WIC grantees must break down PHD cumulative expenditures into the 4 categories listed on the form. Refer to Policy 315: Fiscal Requirements of the Oregon WIC Program Policy and Procedure Manual for definitions of the categories.

**Line 1. Personal Services:** Report total salaries that apply to the program. Since payroll expenses may vary from month to month, an approximate amount may be listed for each reporting period **except** the final period. **Exact yearly cost must be reported.**

Federal guidelines, 2 CFR 225 Appendix B.8. (OMB Circular A-87), require the maintenance of adequate time-activity reports for individuals paid from grant funds.

**Line 2. Services and Supplies:** Report all services and supplies expenditures for the program.

**Line 3. Capital Outlay:** Capital Outlay is defined as expenditure of a single item costing more than \$5,000 with a life expectancy of more than one year. Itemize all capital outlay expenditures by cost and description. Federal regulations require that capital equipment (desk, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulation (CFR) Part 92.32 and Part 74.34.

**Prior approval must be obtained for any purchase of a single item or special purpose equipment having an acquisition cost of \$5,000 or more (PHS Grants Policy Statement; WIC, see Federal Regulations Section 246.14).**

**B. REVENUES**

Enter revenues that support program on appropriate lines. Identify sources of *Other Local Funds* on lines 6 through 6b.

**Line 7. Medicaid/OHP/CCare:** Medicaid includes CCare, OHP and other Medicaid programs.

**WHEN A BUDGET REVISION IS REQUIRED:** It is understood that the pattern of expenses will follow the estimates set forth in the approved budget application. To facilitate program development, however, transfers between expense categories may be made by the local agency except in the following instances, when a budget revision will be required:

- If a transfer would result in or reflect a significant change in the character or scope of the program.
- If there is a significant expenditure in a budget category for which funds were not initially budgeted in approved application.

**REIMBURSEMENT FROM THE STATE:** Transfer document will be forwarded to the county treasurer (where appropriate) with a copy to the local agency when Public Health Division makes reimbursement.

**Attachment C**  
**Information required by CFR Subtitle B with guidance at 2 CFR Part 200**

<b>PE 12: Public Health Emergency Preparedness Program</b>		
<b>Federal Award Identification Number(FAIN):</b>	1 NU90TP921916-01	
<b>Federal Award Date:</b>	07/17/17	
<b>Performance Period:</b>	07/01/17-06/30/18	
<b>Federal Awarding Agency:</b>	CDC	
<b>CFDA Number:</b>	93.069	
<b>CFDA Name:</b>	Public Health Emergency Preparedness	
<b>Total Federal Award:</b>	\$8,012,510	
<b>Project Description:</b>	Public Health Emergency Preparedness	
<b>Awarding Official:</b>	CDC	
<b>Indirect Cost Rate:</b>	17.45%	
<b>Research And Development(Y/N):</b>	N	
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>
YAMHILL	962184128	\$ 90,237

<b>PE 41: Reproductive Health</b>		
<b>Federal Award Identification Number(FAIN):</b>	1 FPHPA106296-01-00	
<b>Federal Award Date:</b>	N/A	
<b>Performance Period:</b>	07/01/17-06/30/18	
<b>Federal Awarding Agency:</b>	DHHS/PHS/PA	
<b>CFDA Number:</b>	93.217	
<b>CFDA Name:</b>	Family Planning Services	
<b>Total Federal Award:</b>	\$3,076,000	
<b>Project Description:</b>	Oregon Reproductive Health Program	
<b>Awarding Official:</b>	Robin Fuller, robin.fuller@hhs.gov	
<b>Indirect Cost Rate:</b>	17.45%	
<b>Research And Development(Y/N):</b>	N	
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Initial Award</b>
YAMHILL	962184128	\$50,432

<b>PE 42 Maternal And Child Health Programs - Title V Flexible</b>				
<b>Federal Award Identification Number(FAIN):</b>	6B04MC30636	1B04MC31511		
<b>Federal Award Date:</b>	1/5/2017	10/20/2017		
<b>Performance Period:</b>	10/01/16-09/30/18	10/01/17-9/30/19		
<b>Federal Awarding Agency:</b>	DHS/HRSA	DHS/HRSA		
<b>CFDA Number:</b>	93.994	93.994		
<b>CFDA Name:</b>	MCH Block Grant	MCH Block Grant		
<b>Total Federal Award:</b>	\$3,113,086	\$1,073,224		
<b>Project Description:</b>	Maternal and Child Health Services	Maternal and Child Health Services		
<b>Awarding Official:</b>	Mary Worrell mworrell@hrsa.gov	Mary Worrell mworrell@hrsa.gov		
<b>Indirect Cost Rate:</b>	10%	10%		
<b>Research And Development(Y/N):</b>	N	N		
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total Award</b>
YAMHILL	962184128	\$ 6,639	\$ 19,918	\$ 26,557

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PE 42 Maternal And Child Health Programs - Title V CAH				
<b>Federal Award Identification Number(FAIN):</b>	6B04MC30636		1B04MC31511	
<b>Federal Award Date:</b>	1/5/2017		10/20/2017	
<b>Performance Period:</b>	10/01/16-09/30/18		10/01/17-9/30/19	
<b>Federal Awarding Agency:</b>	DHS/HRSA		DHS/HRSA	
<b>CFDA Number:</b>	93.994		93.994	
<b>CFDA Name:</b>	MCH Block Grant		MCH Block Grant	
<b>Total Federal Award:</b>	\$3,113,086		\$1,073,224	
<b>Project Description:</b>	Maternal and Child Health Services		Maternal and Child Health Services	
<b>Awarding Official:</b>	Mary Worrell mworrell@hrsa.gov		Mary Worrell mworrell@hrsa.gov	
<b>Indirect Cost Rate:</b>	10%		10%	
<b>Research And Development(Y/N):</b>	N		N	
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total Award</b>
YAMHILL	962184128	\$ 2,846	\$ 8,537	\$ 11,382

Accepted by Yamhill County  
 Board of Commissioners on  
3/1/18 by Board Order  
 # 18-69