

Agreement #159833



**THIRD AMENDMENT TO OREGON HEALTH AUTHORITY
2019-2021 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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This Third Amendment to Oregon Health Authority 2019-2021 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2019, (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County ("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 Program Element Table as set forth in Exhibit A of the Agreement;

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2020 (FY20) 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. Exhibit A "Definitions", Section 16 "Program Element" is amended to add Program Element titles and funding source identifiers as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
PE 51 Public Health Modernization: Leadership, Governance & Program Implementation	GF	N/A	N/A	N	N

2. Exhibit B Program Element #51 "Public Health Modernization: Leadership, Governance and Program Implementation" is hereby added by Attachment A attached hereto and incorporated herein by this reference.
3. Exhibit C entitled "Financial Assistance Award" of the Agreement for FY20 is hereby superseded and replaced in its entirety by Attachment B attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.

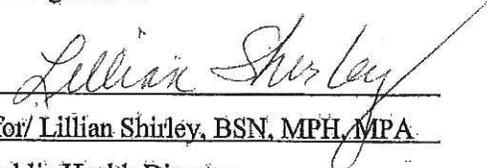
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OHA - 2019-2021 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

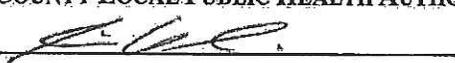
4. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
5. Capitalized words and phrases used but not defined herein shall have 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.
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: 
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: 10/28/19

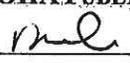
YAMHILL COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: 
Name: SPLAS MALLONAN-STEINER
Title: HHS DIRECTOR
Date: 10/17/19

DEPARTMENT OF JUSTICE - APPROVED FOR LEGAL SUFFICIENCY

Approved by Steven Marlowe, Senior Assistant Attorney General on July 26, 2019. Copy of emailed approval on file at OHA, OC&P.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: 
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: 10-25-19

Accepted by Yamhill County
Board of Commissioners on
10/24/19 by Board Order
19-437

Attachment A
Program Element Description

Program Element #51: Public Health Modernization: Leadership, Governance and Program Implementation

Program Responsible for Program Element Content: Policy and Partnerships Unit, Office of the State Public Health Director, Public Health Division

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Public Health Modernization: Leadership, Governance and Program Implementation.

Section 1: LPHA Leadership, Governance and Program Implementation

- a. **Establish leadership and governance to plan for full implementation of public health modernization.** Develop business models for the effective and efficient delivery of public health services, develop and/or enhance partnerships to build a sustainable public health system, and implement workforce and leadership development initiatives.
- b. **Implement strategies to improve local infrastructure to control communicable disease and reduce health disparities.** Implement local strategies to control communicable disease. Place emphasis on reducing communicable disease-related disparities.

Section 2: Regional Partnership Implementation

- a. **Establish and maintain a Regional Partnership of local public health authorities (LPHAs) and other stakeholders.** Develop and sustain Regional Infrastructure through a Regional Partnership of LPHAs and other stakeholders.
- b. **Implement regional strategies to control communicable disease and reduce health disparities.** Implement regional strategies to control communicable disease within the region. Place emphasis on reducing communicable disease-related disparities.
- c. **Demonstrate Regional approaches for providing public health services.** Plan and develop business models that support regional infrastructure, share emerging practices and demonstrate how these practices can be applied across the public health system.

The 2016 public health modernization assessment¹ showed that health equity and cultural responsiveness is the least implemented foundational capability across Oregon's public health system, and that one in four people live in an area in which communicable disease control programs are limited or minimal.

Each LPHA is eligible to receive funding under two sections. LPHAs funded under **Section 1: LPHA Leadership, Governance, and Program Implementation** must use funds provided through this Program Element to plan for full implementation of public health modernization and to implement strategies to improve local infrastructure to control communicable disease and reduce health disparities.

LPHAs funded as Fiscal Agents for Regional Partnerships under **Section 2: Regional Partnership Implementation** must use funds provided through this Program Element to establish and maintain a regional approach for communicable disease control that is tailored to a specific communicable disease risk within the region. LPHA must place emphasis on identifying and reducing communicable disease-related disparities. LPHA must demonstrate models for Regional Infrastructure that are scalable in other areas of the state or for other public health programs.

¹ 2016. Oregon Health Authority. State of Oregon Public Health Modernization Assessment Report. Available at www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationFullDetailedReport.pdf.

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Exhibit 'A'
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All changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Modernization

- a. Foundational Capabilities. The knowledge, skills and abilities needed to successfully implement Foundational Programs.
- b. Foundational Programs. The public health system's core work for communicable disease control, prevention and health promotion, environmental health, and assuring access to clinical preventive services.
- c. Public Health Accountability Outcome Metrics. A set of data used to monitor statewide progress toward population health goals.
- d. Public health accountability process measures. A set of data used to monitor local progress toward implementing public health strategies that are necessary for meeting Public Health Accountability Outcome Metrics.
- e. Public Health Modernization Manual (PHMM): A document that provides detailed definitions for each Foundational Capability and program for governmental public health, as identified in ORS 431.131-431.145. The Public Health Modernization Manual is available at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.
- f. Regional Partnership. A group of two or more LPHAs and at least one other organization that is not an LPHA that is convened for the purpose of implementing strategies for communicable disease control and reducing health disparities.
- g. Regional Infrastructure. The formal relationships established between LPHAs and other organizations to implement strategies under this funding.
- h. Regional Governance. The processes and tools put in place for decision-making, resource allocation, communication and monitoring of the Regional Partnership.

- 3. Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with Public Health Accountability Outcome Metrics and Process Measures (if applicable) as follows:

a. Foundational Programs and Capabilities (As specified in the Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health Direct services	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
Use Leadership and Governance to plan for full implementation of public health modernization (Section 1)	*					X	X	X	X	X	X	X
Implement strategies for local communicable disease and health equity infrastructure (Section 1)	*						X	X	X		X	X
Establish and maintain a Regional Partnership (Section 2)	*					X		X		X		
Implement communicable disease control strategies (Section 2)	*						X	X	X	X	X	X
Demonstrate new approaches for providing public health services (Section 2)	*					X		X		X		X

b. Public Health Accountability Outcome Metrics:

The 2017-2019 public health accountability metrics adopted by the Public Health Advisory Board for communicable disease control are:

- Two year old immunization rates
- Gonorrhea rates

LPHA is not required to select two-year old immunization rates or gonorrhea rates as areas of focus for funds made available through this Program Element. LPHA is not precluded from

using funds to address other high priority communicable disease risks based on local epidemiology and need.

c. Public Health Accountability Process Measure:

The 2017-19 public health accountability process measures adopted by the Public Health Advisory Board for communicable disease control are listed below. LPHA must select a high priority communicable disease risk based on local epidemiology and need, the following process measures may not be relevant to all LPHAs.

- Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program
- Percent of gonorrhea cases that had at least one contact that received treatment
- Percent of gonorrhea case reports with complete “priority” fields

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

Requirements that apply to Section 1 and Section 2 funding:

- a. Implement activities in accordance with this Program Element.
- b. Engage in activities as described in its Section 1 and/or Section 2 work plan, once approved by OHA and incorporated herein with this reference. See Attachment 1 for work plan requirements for Section 1.
- c. Use funds for this Program Element in accordance with its Section 1 and/or Section 2 Program Budget, once approved by OHA and incorporated herein with this reference. Modification to the Section 1 and/or Section 2 Program Budget of 10% or more for any line item may only be made with OHA approval.
- d. Ensure the LPHA and/or Regional Partnership is staffed at the appropriate level to address all requirements in this Program Element and to fulfill Section 1 and/or Section 2 work plan objectives, strategies and activities.
- e. Implement and use a performance management system to monitor achievement of Section 1 and/or Section 2 work plan objectives, strategies, activities, deliverables and outcomes.
- f. Participate in calls with OHA to discuss progress toward work plan activities, deliverables and milestones.
 - (1) Section 1: Calls scheduled on an as needed basis.
 - (2) Section 2: Calls scheduled quarterly.
- g. Ensure LPHA administrator, LPHA staff, and/or other partner participation in shared learning opportunities or communities of practice focused on governance and public health system-wide planning and change initiatives, in the manner prescribed by OHA. This includes sharing work products with OHA and other LPHAs and may include public posting.
- h. Participate in evaluation of public health modernization implementation in the manner prescribed by OHA.

Requirements that apply to Section 1: LPHA Leadership, Governance and Program Implementation

- i. Implement strategies for Leadership and Governance, Health Equity and Cultural Responsiveness, and Communicable Disease Control, as described in Attachment 1 of this Program Element.

Requirements that apply to Section 2: Regional Partnership Implementation

- j. Develop Regional Infrastructure through formation and maintenance of a Regional Partnership of LPHA and other partners.
 - (1) Use a formal Regional Governance structure that includes the Fiscal Agent, other participating LPHAs and non-LPHA partners for decision-making, resource allocation and implementation of OHA-approved regional work plan.
 - (2) Ensure funding is used to support Regional Partnership goals as well as meet the needs of all participating LPHA and partners.
 - (3) Engage with appropriate governing entities to develop business models that support regional infrastructure.
- k. Implement regional strategies to address a specific communicable disease risk for the region with an emphasis on reducing communicable disease-related health disparities.
 - (1) Engage local and/or regional organizations as strategic partners to control communicable disease transmission.
 - (2) Develop and implement a regional system for identification and control of communicable disease with strategic partners.
 - (3) Use established best practices whenever possible.
 - (4) Develop and/or enhance partnerships with Regional Health Equity Coalitions, Federally recognized Tribes, local and regional community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.
 - (5) Work directly with communities to co-create strategies to control communicable disease transmission. Ensure that health interventions are culturally responsive.
 - (6) Communicate to the general public and/or at risk populations about communicable disease risks.
 - (7) Provide regional training to health care and other strategic partners about communicable disease risks and methods of control. Provide technical assistance to health care and other strategic partners to implement best and emerging practices.
 - (8) Develop and implement a regional system for communications with strategic partners about disease transmission.
 - (9) Demonstrate capacity to routinely evaluate regional communicable disease control systems through the response to disease reports and make changes to practice based on evaluation findings.
 - (10) Work with the state and other local and tribal authorities to plan for and develop regional systems for responding to environmental health threats.
 - (11) Complete an assessment of the region's capacity to apply a health equity lens to programs and services and to provide culturally responsive programs and services within the last five years.

- (12) Complete and implement an action plan that addresses key findings from the regional health equity assessment.

5. **General Budget and Expense Reporting.** LPHAs funded under Section 1 and Section 2 must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

- a. Have on file with OHA an approved Section 1 and/or Section 2 Work Plan and Budget using the format prescribed by OHA no later than 60 days after OHA notifies LPHA of anticipated funding allocation for the biennium.
- b. Submit Section 1 and Section 2 Work Plan progress reports using the timeline and format prescribed by OHA.
- c. Submit to OHA the following deliverables, in the timeframe specified:
 - (1) For Section 2, A minimum of one new policy (e.g., Memorandum of Understanding, Joint Agreement, County Resolution) describing the Regional Partnership by June 30, 2020
 - (2) If Regional Health Equity assessment and Action Plan have not been submitted to OHA within the past five year, must submit regional health equity assessment and action plan by December 31, 2020
 - (3) For Section 2, At least two additional products (e.g., regional policies for implementation of a best or emerging practice, data sharing agreements, or communication materials) by June 30, 2021

7. **Performance Measures.**

If LPHA funded as Fiscal Agents for Regional Partnerships complete and submit to OHA fewer than 75% of the planned deliverables in its approved Section 1 and/or Section 2 work plan for the funding period, LPHA or Fiscal Agent shall not be eligible to receive funding under this Program Element during the next funding period. The deliverables will be mutually agreed upon as part of the work plan approval process.

Attachment 1

**Work Plan Menu Options for all LPHAs Receiving funding through
Section 1: LPHA Leadership, Governance and Program Implementation**

An OHA-approved 2019-21 work plan for Program Element 51 Section 1 requires each LPHA to include Objectives and Strategies under Subsections 1.1 through 1.3 as described in the following tables.

Subsection 1.1: Leadership and Governance
<p><i>Instructions:</i></p> <ul style="list-style-type: none"> - Each LPHA must include Objective 1.1.1 in the PE51 work plan. - Each LPHA must include at least one additional Objective (1.1.2 through 1.1.5) in the PE51 work plan.
<p>1. Participate in shared learning opportunities or communities of practice focused on governance and public health system-wide planning. (Required)</p> <p>Strategies will include:</p> <ul style="list-style-type: none"> a. Participation in in-person and remote learning communities. b. Project or work plan implementation in between learning community meetings. c. Engagement of leadership, staff and/or partners in learning community activities, as appropriate.
<p>2. Plan for full implementation of public health modernization across foundational capabilities and programs. Assess and develop models for effective and efficient delivery of public health services</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Engage with appropriate governing entities to develop business models that support partnership infrastructure. b. Ensure the effective management of organizational change. c. Support the performance of public health functions with strong operational infrastructure, including standardized written policies and procedures that are regularly reviewed and revised. d. Collect, analyze and report data for data-driven decision-making to manage organizational and system activities. e. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
<p>3. Develop and/or enhance partnerships to build sustainable public health system (e.g., tribes, regional health equity coalitions, CCOs, health systems, early learning hubs)</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Ensure participation of community partners in local public health planning efforts. b. Work with the state and other local and tribal authorities to improve the health of the community. c. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

4. Implement workforce and leadership development initiatives

Strategies may include:

- a. Establish workforce development strategies that promote the skills and experience needed to perform public health duties and to carry out governmental public health's mission.
- b. Commit to the recruitment and hiring of a diverse workforce. Develop an ongoing plan for workforce diversity with goals and metrics to track progress.
- c. Assess staff competencies; provide training and professional development opportunities.
- d. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

5. Develop and implement technology improvements that support effectiveness and efficiency of public health operations.

Strategies may include:

- a. Access local and statewide information and surveillance systems to evaluate the effectiveness of public health policies, strategies and interventions.
- b. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

Section 1.2: Health Equity and Cultural Responsiveness: Engage public health staff, community members and stakeholders in the implementation of health equity plans.

Instructions:

- *Each LPHA must include Objectives 1.2.1 and 1.2.2 in the PE51 work plan.*
- *LPHAs that have completed a health equity assessment and developed and implemented a health equity action plan (regionally or as an individual LPHA) must select at least two additional Objectives (#1.2.3 through 1.2.7) to include in the PE51 work plan:*
 - o *One Objective must reflect work internal to the health department (#1.2.3 through 1.2.4);*
 - o *One Objective must reflect work with partners or community members (#1.2.5 through 1.2.7)*

1. Complete an assessment of the LPHA’s capacity to apply a health equity lens to programs and services and to provide culturally responsive programs and services within the last five years. Participation in a health equity assessment (e.g., with 2017-19 public health modernization funding) within the past five years fulfills this requirement. **(Required)**
2. Complete and implement an action plan that addresses key findings from health equity assessment. **(Required)**
3. Develop an ongoing process of continuous learning, training and structured dialogue for all staff.
4. Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity. Establish parity goals and create specific metrics with benchmarks to track progress.
5. Develop and/or enhance partnerships with Regional Health Equity Coalitions, federally recognized tribes, community-based organizations and other entities in order to develop meaningful relationships with populations experiencing a disproportionate burden of communicable disease and poor health outcomes.
6. Work directly with communities to co-create policies, programs and strategies. Ensure that health interventions are culturally responsive.
7. Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.

<p>Subsection 1.3: Communicable Disease Control: Implement strategies to improve infrastructure to prevent and control communicable disease</p>
<p><i>Instructions:</i></p> <ul style="list-style-type: none"> - <i>Each LPHA must include Objective 1.3.1 in the PE51 work plan.</i> - <i>Each LPHA must select at least one additional Objective (1.3.2 through 1.3.4) to include in the PE51 work plan.</i>
<p>1. Conduct jurisdiction-specific communicable disease control and prevention for communicable diseases. (Required)</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Demonstrate infrastructure for achieving public health accountability metrics, local public health process measures for communicable disease control. b. Communicate to the general public and/or at-risk populations about communicable disease risks. c. Provide training to health care and other strategic partners about communicable disease risks and methods of control. Provide technical assistance to health care and other strategic partners to implement best and emerging practices. d. Demonstrate capacity to routinely evaluate communicable disease control systems through the response to disease reports and make changes to practice based on evaluation findings. e. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
<p>2. Work with partners within a specific jurisdiction to implement communicable disease prevention initiatives.</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Engage local organizations as strategic partners to control communicable disease transmission. b. Develop and implement a system for identification and control of communicable disease with strategic partners. c. Develop and implement a system for communications with strategic partners about disease transmission. d. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
<p>3. Implement workforce development initiatives.</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Training for providers to implement communicable disease prevention initiatives. b. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.
<p>4. Utilize local communicable disease investigation and response and emergency preparedness systems to begin planning for environmental health threats.</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> a. Collect and/or utilize local data to assess potential for environmental health threats. b. Work with the state and other local and tribal authorities to plan for and develop regional systems for responding to environmental health threats, including all hazards surge response. c. LPHAs may propose other strategies consistent with Public Health Modernization Manual roles and deliverables.

**Attachment B
Financial Assistance Award (FY19)**

State of Oregon Oregon Health Authority Public Health Division				Page 1 of 3
1) Grantee Name: Yamhill County		2) Issue Date September 05, 2019	This Action AMENDMENT FY 2020	
Street: 412 NE Ford St. City: McMinnville State: OR Zip Code: 97128		3) Award Period From July 1, 2019 Through June 30, 2020		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
PE01-01	State Support for Public Health	129,729	0	129,729
PE02	Cities Readiness Initiative	33,140	0	33,140
PE12	Public Health Emergency Preparedness and Response (PHEP)	91,508	0	91,508
PE13-01	Tobacco Prevention and Education Program (TPEP)	44,705	0	44,705
PE27-03	PDOP - Gap Funding (OSTR/PDO)	14,248	0	14,248
PE27-05	PDOP Bridge (PDO/SOR)	41,665	0	41,665
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	100,626	0	100,626
PE42-03	MCAH Perinatal General Funds & Title XIX	3,639	0	3,639
PE42-04	MCAH Babies First! General Funds	11,631	0	11,631
PE42-06	MCAH General Funds & Title XIX	6,828	0	6,828
PE42-07	MCAH Title V (July-Sept)	9,653	0	9,653
PE42-08	MCAH Title V (Oct-June)	28,960	0	28,960
PE43	Public Health Practice (PHP) - Immunization Services (Vendors)	28,707	0	28,707
PE44-01	SBHC Base	120,000	0	120,000
PE44-02	SBHC - Mental Health Expansion	125,000	0	125,000
PE46-02	RH Community Participation & Assurance of Access (July - Mar)	0	0	0
PE46-03	RH Community Participation & Access (State Funds)	23,238	0	23,238
PE46-04	RH Community Participation & Access Federal Funds (July-Mar)	909	0	909

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 3	
1) Grantee Name: Yamhill County Street: 412 NE Ford St. City: McMinnville State: OR Zip Code: 97128		2) Issue Date September 05, 2019	This Action AMENDMENT FY 2020	
		3) Award Period From July 1, 2019 Through June 30, 2020		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
PE50	Safe Drinking Water (SDW) Program (Vendors)	38,600	0	38,600
PE51-01	LPHA Leadership, Governance and Program Implementation	0	83,883	83,883
		852,786	83,883	936,669
5) Foot Notes:				
PE01-01	1	Initial SFY20: Award is estimated for July 1-September 30, 2019 and will be paid out at 1/3rd. Awards will be amended pending approval of the State budget.		
PE01-01	2	8/2019: SFY20 Award amended for increase for July 1, 2019-June 30, 2020. Previous footnotes are void and replaced by this one.		
PE13-01	1	Initial SFY20: Award is 3 months (July-September 2019) of bridge TPEP funding and will be paid out at 1/3rd		
PE13-01	2	8/2019: Award is 5 months (July-November 2019) of bridge TPEP funding and will be paid out at 1/5th, all previous footnotes are void and replaced by this one.		
PE42-07	1	Initial SFY20: LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. See PE42 language under 4. a. (3) Funding Limitations for details.		
PE42-08	1	Initial SFY20: LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. See PE42 language under 4. a. (3) Funding Limitations for details.		
PE46-03	1	7/2019: Funding is for July 15, 2019 - June 30, 2020		
PE46-04	1	7/2019: Funding for July 1-14, 2019		
PE51-01	1	9/2019: Funding is for period of October 1, 2019-June 30, 2020		
6) Comments:				
PE02	7/2019: Adding program element as result of Washington County relinquishing CRI lead agency status			
PE13-01	8/2019: Amending to add 2 months of funding (total award is now for July-November 2019)			
PE27-03	Initial SFY20: \$14,248.41 in FY20 is available 7/1/19-8/31/19 ONLY. This is the balance of Gap Funding from PDO Year 4 for OSTR funded LPHA's.			
PE27-05	8/2019: \$41,665 in FY20 Available 9/1/19-1/31/20.			
PE44-02	7/2019: MH Expansion funding increase			
PE46-02	7/2019: Reducing award to \$0 and re-allocating award to PE46-03 and PE46-04			
PE46-03	7/2019: State Funding for July 15, 2019 – June 30, 2020			
PE46-04	7/2019: Federal Funding for July 1 – July 14, 2019 only			

State of Oregon Oregon Health Authority Public Health Division		Page 3 of 3	
1) Grantee Name: Yamhill County Street: 412 NE Ford St. City: McMinnville State: OR Zip Code: 97128		2) Issue Date September 05, 2019	This Action AMENDMENT FY 2020
		3) Award Period From July 1, 2019 Through June 30, 2020	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
7) 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

B.D. 19-437
 Exhibit "A"
 Pg 13 of 15