



Agreement Number 159384

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

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This is amendment number **01** to Agreement Number **159384** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Yamhill County Health & Human Services
627 NE Evan Street
Mcminnville, Oregon 97128
Attention: Christina Malae
Telephone: (503) 434-7523
E-mail address: malaec@co.yamhill..or.us**

hereinafter referred to as "County."

1. This amendment shall become effective on the date this amendment has been fully
2. The Agreement is hereby amended as follows:
 - a. Exhibit E "Financial Pages" and service information in the Financial Assistance Award are hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference.
3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.

4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the County hereby certifies under penalty of perjury that:
- a. The County is in compliance with all insurance requirements of Exhibit C of the original Agreement and notwithstanding any provision to the contrary, County shall deliver to the OHA Agreement Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Agreement, within 30 days of execution of the original Agreement Amendment. By certifying compliance with all insurance as required by this Agreement, County acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. County may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;
 - b. The County acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any “claim” (as defined by ORS 180.750) that is made by (or caused by) the County and that pertains to this Agreement or to the project for which the Agreement work is being performed. The County certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. County further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the County;
 - c. The information shown in County Data and Certification, of original Agreement or as amended is County’s true, accurate and correct information;
 - d. To the best of the undersigned’s knowledge, County has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
 - e. County and County’s employees and agents are not included on the list titled “Specially Designated Nationals” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
 - f. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Nonprocurement Programs” found at: <https://www.sam.gov/portal/public/SAM/>;
 - g. County is not subject to backup withholding because:
 - (1) County is exempt from backup withholding;
 - (2) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or

- (3) The IRS has notified County that County is no longer subject to backup withholding.
- h. County Federal Identification Number (FEIN) provided to OHA is true and accurate. If this information changes, County is also required to provide OHA with the new FEIN within 10 days.

4. **County Data.** This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

County Name (exactly as filed with the IRS): Yamhill County

Street address: 535 NE Fifth Street

City, state, zip code: McMinnville, OR 97128

Email address: morenom@co.yamhill.or.us

Telephone: (503) 474-4911 Facsimile: (503) 434-7553

Proof of Insurance: County shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers' Compensation Insurance Company: SAIF

Policy #: 871736 Expiration Date: 07/01/21

5. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Yamhill County Health & Human Services

By:

Casey Kulla
Authorized Signature
Chair, Board of Commissioners
Title

Casey Kulla
Printed Name
11/12/2020
Date

State of Oregon acting by and through its Oregon Health Authority

By:

DocuSigned by:
Kyleen Zimber
Authorized Signature
BH Operations Director
Title

Kyleen Zimber
Printed Name
11/18/2020
Date

Approved by: Director, OHA Health Systems Division

By:

DocuSigned by:
Margie Stanton
Authorized Signature
9852DA932315422...

Margie Stanton
Printed Name

HSD Director
Title

11/18/2020
Date

Approved for Legal Sufficiency:

Not Required per OAR 137-045-0030(1)(a)
Department of Justice Date

OHA Program Review

Approved by Theresa Naegeli via email on October 27, 2020; email in agreement file.

Accepted by Yamhill County
Board of Commissioners on
11/12/2020 by Board Order
20-403

MODIFICATION INPUT REVIEW REPORT

MOD#: M0237

CONTRACT#: 159384

CONTRACTOR: YAMHILL COUNTY HEALTH & HUMAN SERVICES

INPUT CHECKED BY: _____ DATE CHECKED: _____

SE# FUND CODE CEMS PROVIDER PRD# EFFECTIVE DATES DATE CHECKED: _____ SLOT CHANGE/TYPE RATE OPERATING DOLLARS STARTUP PART IV CD BASE CLIENT CODE SP#

FISCAL YEAR: 2020-2021

BASE VETERANS PEER DELIVE

SE#	FUND CODE	CEMS PROVIDER	PRD#	EFFECTIVE DATES	DATE CHECKED	SLOT CHANGE/TYPE	RATE	OPERATING DOLLARS	STARTUP PART IV CD	BASE	CLIENT CODE	SP#	
16	406	VEDS		10/15/2020 - 6/30/2021		0 /NA	\$0.00	\$16,376.01	A	1	Y	1	
TOTAL FOR SE# 16								\$16,376.01					
TOTAL FOR 2020-2021								\$16,376.01					
TOTAL FOR M0237								\$16,376.01					

B.O. 20-403
Exhibit "A"

OREGON HEALTH AUTHORITY
Direct Contract

CONTRACTOR: YAMHILL COUNTY HEALTH & HUMAN SERVICES
DATE: 10/22/2020

CONTRACT#: 159384
AMENDMENT#: 001

REASON FOR CONTRACT/AMENDMENT:

Veterans Peer Delivered Services (MHS 16A), payments are added.

SPECIAL CONDITIONS:

- 1 A) These payments are for MHS 16 Peer Delivered Services B) These payments are for MHS 16A Veterans Peer Delivered Services.
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