



Grant Agreement Number 166964

**REINSTATEMENT AND AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT**

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This is amendment number **1** to Grant Agreement Number **166964** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA” and

**Yamhill County
412 NE Ford St.
McMinnville, OR 97128
Attention: Christina Malae
Telephone: (503) 434-7523 ext. 4714
E-mail address: malaec@co.yamhill.or.us**

hereinafter referred to as “Recipient”.

RECITALS

WHEREAS, OHA and Recipient entered into that certain Grant Agreement number 166964 effective on December 7, 2020, incorporated herein by this reference (the Agreement);

WHEREAS, OHA and Recipient intended to amend the Agreement to extend its effectiveness through September 29, 2022;

WHEREAS, the proposed amendment number 01 to extend the effectiveness of the Agreement and otherwise modify it was not executed by the parties prior to the Agreement’s expiration date;

WHEREAS, the Agreement expired on September 29, 2021, in accordance with its terms; and

WHEREAS, OHA and Recipient desire to reinstate the Agreement in its entirety as of September 29, 2021, and to amend the Agreement (once reinstated) to extend its effectiveness through September 29, 2022, as set forth herein.

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 to the following:

REINSTATEMENT AND AMENDMENT

1. This Reinstatement and Amendment shall become effective on the later date of (i) September 29, 2021, or (ii) the date this Agreement has been fully executed by every party and, when required, approved by Department of Justice.
2. **Reinstatement.** OHA and Recipient hereby reinstate the Agreement in its entirety as of **September 29, 2021** and agree that the Agreement was and is in full force and effect from its effective date through the date of this Reinstatement and Amendment. OHA and Recipient further agree that, upon the amendment of **Section 1. “Effective Date and Duration”** of the Agreement pursuant to Paragraph 3.a. below, the Agreement was, is and will be in full force and effect from the effective date through the expiration date set forth in **Section 1. “Effective Date and Duration”**, as amended, subject to the termination provisions otherwise set forth in the Agreement.
3. **Amendment.** The Agreement is hereby amended as follows:
 - a. Section 1. “Effective Date and Duration” to change the current expiration date of the Agreement from “September 29, 2021” to “September 29, 2022”.
 - b. Section 3. “Grant Disbursement Generally” to increase by \$170,778.00 the current maximum not-to-exceed compensation amount of “\$165,788.00” for a new not-to-exceed amount of “\$336,566.00”.
 - c. Exhibit A, Part 1 “Program Description”, Section 1. “Program Description and Purpose” is amended as follows; language to be deleted is struck through, new language is underlined and bold:

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program is authorized by the Social Security Act, Title V, §511(c) (42 USC § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123). The purpose of this Program is to support the delivery of coordinated and comprehensive, high-quality and voluntary early childhood home visiting services to eligible families. The OHA's Maternal & Child Health section (MCH) is the Awardee of these federal home visiting funds and administers the MIECHV Program activities for Oregon.

The purpose of this Agreement is to support the delivery of ~~50 family slots of~~ Nurse-Family Partnership (NFP) **services**, an evidence-based home visiting program, using federal home visiting grant funds.
 - d. Exhibit A, Part 2 “Payment and Financial Reporting”, Section 3 is amended as follows; language to be deleted is struck through, new language is underlined and bold.

3. Funds are allocated as follows:

Budget Period: 9/30/2021 to 9/29/2022:

<u>County</u>	<u>Model</u>	<u>Org</u>	<u>Total</u>
Yamhill	NFP	Yamhill Co Public Health	\$170,778

Budget Period: 10/01/2020 to 9/29/2021:

<u>County</u>	<u>Model</u>	<u>Org</u>	<u>Total</u>
Yamhill	NFP	Yamhill Co Public Health	\$165,788

Unobligated funds from the budget period ending 9/29/21 cannot be carried forward into the budget period of 9/30/21 to 9/29/22.

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.

4. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

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

Street address: 535 NE 5th Street

City, state, zip code: McMinnville, OR 97128

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

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

Recipient Proof of Insurance. Recipient 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: 7/2/2022

