



Agreement Number 180909

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found on page one of the original Agreement, as amended. We accept all relay calls.

This is amendment number **01** to Agreement Number **180909** between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “ODHS,” and

**Yamhill County Health and Human Services
627 NE Evans St.
McMinnville, OR 97128
Attention: Emily Frey
Telephone: 503-474-3984
E-mail address: freye@co.yamhill.or.us**

hereinafter referred to as “**County.**”

1. This amendment shall become effective on the last date all required signatures below have been obtained.
2. The Agreement is hereby amended as follows: Language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.
 - a. Section 1., “Effective Date and Duration”, is hereby amended as follows:
 1. **Effective Date and Duration.** This Agreement, when fully executed by every party, shall become effective on July 1, 2023. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on ~~June 30, 2025~~ **June 30, 2026**. Agreement termination shall not extinguish or prejudice ODHS’ right to enforce this Agreement with respect to any default by the other party that has not been cured.

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 amendment, the undersigned hereby certifies under penalty of perjury that:
 - a. 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) County and that pertains to this Agreement or to the project for which the Agreement work is being performed. 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. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against County, in addition to any remedies that may be available to ODHS under the Agreement;
 - b. The information shown in Section 5.a. “County Information” of the original Agreement, as amended is County’s true, accurate and correct information;
 - c. 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;
 - d. 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>;
 - e. County is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
 - f. 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.
 - g. County’s Federal Employer Identification Number (FEIN) provided to ODHS is true and accurate. If this information changes, County shall provide ODHS with the new FEIN within 10 days.

5. **County Information.** 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: _____

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

Proof of Insurance. County shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein must be in effect prior to amendment execution.

Workers' Compensation Insurance Company: SAIF

Policy #: 871736 Expiration Date: 7/1/2025

6. Signatures.

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

Yamhill County Health and Human Services

By: DocuSigned by:


9E58DDAC84AB478...

Kit Johnston

Authorized Signature

Printed Name

Chair, Board of Commissioners

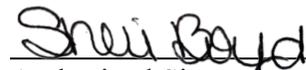
6/10/2025

Title

Date

State of Oregon, acting by and through its Oregon Department of Human Services

By:


Authorized Signature

Sheri Boyd

Printed Name

VR Workforce Manager

06/12/2025

Title

Date

Approved for Legal Sufficiency:

Not required per OAR 137-045-0030(1)(b)

Oregon Department of Justice

Date

Approved by the BOC on: 06/05/2025
via Board Order No.: 25-149