



Agreement #142033

**FIFTH AMENDMENT TO OREGON HEALTH AUTHORITY
2013-2015 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

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This Fifth Amendment to Oregon Health Authority 2013-2015 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2013 (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 Yamhill County Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award and the "Revenue and Expenditure Report for Family Planning Only" as both are 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. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Exhibit 1 attached hereto and incorporated herein by this reference. Exhibit 1 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Section 3 of Exhibit C entitled "Revenue and Expenditure Report for Family Planning Only" of the Agreement is hereby superseded and replaced in its entirety by Exhibit 2 attached hereto and incorporated herein by this reference.
3. 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.

B.O. 14-194

4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
6. The parties affirm and ratify the Agreement as herein amended.
7. 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.
8. This Amendment becomes effective on the date of the last signature below.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

9. Signatures.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: [Signature]
Name: Jayne Bailey
Title: Interim Deputy Public Health Director
Date: 4/17/2014

YAMHILL COUNTY ACTING BY AND THROUGH ITS YAMHILL COUNTY PUBLIC HEALTH (LPHA)

By: [Signature]
Name: Mary P. Stern
Title: Chair, Board of Commissioners
Date: 4/10/14

DEPARTMENT OF JUSTICE - APPROVED FOR LEGAL SUFFICIENCY
Approved by D. Kevin Carlson, Senior Assistant Attorney General on March 31, 2014. Copy of approval on file at OHA, OC&P;

REVIEWED:
OFFICE OF CONTRACTS & PROCUREMENT.

By: [Signature]
Name: Phillip G. McCoy, SPBC, OCAC
Title: Contract Specialist
Date: 04/21/14

Approved To Form
by: [Signature]
Christlan Boonisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on
4/10/14 by Board Order
14-194

Carolee Yam PSM 4/17/14

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

9. Signatures.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: _____
Name: Jayne Bailey
Title: Interim Deputy Public Health Director

Date: _____

YAMHILL COUNTY ACTING BY AND THROUGH ITS YAMHILL COUNTY PUBLIC HEALTH (LPHA)

By: Mary P. Stern
Name: Mary P. Stern
Title: Chair, Board of Commissioners
Date: 4/10/14

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Approved by D. Kevin Carlson, Senior Assistant Attorney General on March 31, 2014. Copy of approval on file at OHA, OC&P.

REVIEWED:
OFFICE OF CONTRACTS & PROCUREMENT

By: _____
Name: Phillip G. McCoy, OPBC, OCAC
Title: Contract Specialist

Date: _____

Approved As To Form
by Christian Boenisch
Christian Boenisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on
4/10/14 by Board Order
14-194

**EXHIBIT 1
FINANCIAL ASSISTANCE AWARD**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2
1) Grantee Name: Yamhill County Public Health Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128	2) Issue Date March 25, 2014	This Action AMENDMENT FY2014	
		3) Award Period From July 1, 2013 Through June 30, 2014	
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	111,358	0	111,358 (a)
PE 03 TB Case Management	1,824	0	1,824
PE 12 Public Health Emergency Preparedness	94,086	0	94,086
PE 12 P.H.E.P Mini – Grants	8,250	0	8,250
PE 13 Tobacco Prevention & Education	107,654	0	107,654
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	45,866	0	45,866 (c)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,919	0	6,919 (b)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	10,958	0	10,958 (b)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	25,570	0	25,570 (b)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,688	0	3,688 (b)
PE 42 Babies First FAMILY HEALTH SERVICES	11,676	0	11,676
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	28,583	0	28,583 (d)
5) FOOTNOTES: a) Based on the certified population estimate of July 1, 2012. Prepared by the Portland State University Population Research center. b) 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). c) Please note that Chlamydia and High Cost Contraceptives funds have been folded into the Title X funds and are no longer a separate line item. d) Immunization Special Payments are funded by State General Fund and matched dollar for dollar with Medicaid. e) Funding formula base increase (\$12,000 per SBHC) for counties with more than one certified SBHC, due to passing of HB2445. f) -\$3,087 Award reduction due to sequestration cuts.			
6) 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

EXHIBIT 2



OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
REVENUE AND EXPENDITURE REPORT
FOR FAMILY PLANNING ONLY

Agency : _____
Please specify County (if applicable)

Period : _____

A	Expenditures	Fiscal Year-to-Date		
		All OTHER Family Planning	PE 41 Grant ONLY	Total
1	Personal Services (Salaries & Benefits)			\$ -
2	Services & Supplies			\$ -
3	Capital Outlay			\$ -
4	Total Expenditures (lines 1-3)	\$ -	\$ -	\$ -
5	Less Program Income (line 11)			\$ -
6	TOTAL REIMBURSABLE EXPENDITURES			\$ -

B	Program Income/Revenue	Fiscal Year-to-Date
		Total
7	PE 41 Grant Payments	\$ -
8	Client Fees - Self-Pay	\$ -
9	Donations	\$ -
10	Third Party Reimbursements	\$ -
11	TOTAL PROGRAM INCOME (lines 8-10)	\$ -
12	Medicaid/OHP	\$ -
13	CCare	\$ -
14	County General Funds	\$ -
15	In-Kind	\$ -
16	Other (please identify)	
16a		\$ -
16b		\$ -
16c		\$ -
16d		\$ -
16e		\$ -
17	TOTAL REVENUE (lines 12-16e)	\$ -

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.

PREPARED BY (Please print name)

EMAIL

AUTHORIZED AGENT (Signature)

DATE



Instructions for Completing the Family Planning Revenue and Expenditure Report

You must use this form to report on your Oregon Health Authority Title X Family Planning Grant. If reporting on a Family Planning special project or directed supplement funds, you must submit an additional separate Revenue and Expenditure Report for Family Planning.

When to Submit

Expenditure reports are due **25 days** following the end of each 3, 6 and 9-month quarter (10/25, 1/25, 4/25) and **50 days** after the fiscal year (8/25). If expenditure reports are not received by the 25th payments will be delayed until correctly completed reports have been received.

Where to Submit

Submit **Original** to:

Contracts Payable, Department of Human Services, 500 Summer Street NE E-91, Salem, OR 97301

FAX (503) 947-2313, OFS-Contract.Invoices@dhsosha.state.or.us

Submit **Copy** to:

OHA Reproductive Health Program, 800 NE Oregon St. #370, Portland, OR 97232

FAX (971) 673-0371, judith.andreasen@state.or.us

Instructions

A. EXPENDITURES: Please enter cumulative expenditures in the appropriate column. Use a second separate form to report expenditures against special project funds.

- **All OTHER Family Planning:** All program expenditures not reimbursable by PE41 grant funds.
- **PE 41 Grant ONLY:** All program expenditures reimbursable by PE41 grant funds (less program income).

Personal Services : Salaries are to be reported in total. Since payroll expenses may vary from month to month, an approximate amount may be listed for each reporting period except the final period, which must show exact yearly expense. Federal guidelines (OMB Circular A-87) require the maintenance of adequate time/activity reports if an individual is paid from grant funds.

Services and Supplies : Total all services and supplies expenditures purchased with the grant funds.

Capital Outlay : Capital outlay is defined as an expenditure for an item with a purchase price in excess of \$5,000 and a life expectancy greater than one year. It is necessary to itemize all capital outlay by cost and description. If additional space is needed for capital outlay, record the total outlay on Line 4 and attach an addendum to the report.

Federal regulations require that capital equipment (i.e., desks, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property acquired with grant funds shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulations (CFR) Part 92.32 and Part 74.34.

B. PE 41 FAMILY PLANNING REVENUE: Report revenues that support this program on the appropriate lines.

PE41 Grant Payments : PE41 grant payments received from the state Reproductive Health Program.

Program Income (45CFR Post-Award Requirement): Program income means gross income received by the grantee directly generated by a grant supported activity. Be sure that you are reporting on the cumulative year-to-date.

Lines 12-16: The Office of Population Affairs requires grantees to report **all** Family Planning program revenue. If your program receives monies from Medicaid/OHP, CCare, County General Funds, and/or In Kind you **must** complete those sections.

CERTIFICATE: The signature of the authorized agent is required to indicate his/her approval of the report.

