

Agreement #154134



**FOURTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Fourteenth Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017, and restated July 1, 2018 (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 Public Health ("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 Fiscal Year 2019 (FY19) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Public Health Division Revenue and Expenditure Report" Forms and Instructions, set forth in Exhibit C of the Agreement; and

WHEREAS, OHA and LPHA wish to e.g. modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200.

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 Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement for FY19 is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C as restated July 1, 2018, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Exhibit C "Public Health Revenue and Expenditure Reporting Forms" and "Public Health Division Revenue and Expenditure Report" Forms and Instructions, are hereby superseded and replaced in their entirety as per Attachment B attached hereto and incorporated herein by this reference.
3. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
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.

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

- 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: 5-29-19

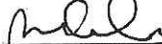
YAMHILL COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: 
Name: SIMAS HALLORAN - STEVER
Title: HHS DIRECTOR
Date: 5/2/19

DEPARTMENT OF JUSTICE - APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 16, 2018, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: 
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: 5/24/19

Accepted by Yamhill County
Board of Commissioners on
5/9/19 by Board Order
19-143

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

State of Oregon Oregon Health Authority Public Health Division		Page 1 of 3	
1) Grantee Name: Yamhill County Street: 412 NE Ford St. City: McMinnville State: OR Zip Code: 97128		2) Issue Date March 12, 2019	This Action AMENDMENT FY 2019
		3) Award Period From July 1, 2018 Through June 30, 2019	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE01 State Support for Public Health	125,301		125,301
PE03 Tuberculosis Case Management	0		0
PE12 Public Health Emergency Preparedness and Response (PHEP)	100,057		100,057
PE13 Tobacco Prevention and Education Program (TPEP)	107,290		107,290
PE27-02 PDOP - Opioid State Targeted Response (OSTR)	114,827	0	114,827
PE27-03 PDOP - Gap Funding (OSTR/PDO)	0	14,248	14,248
PE41 Reproductive Health Program	7,207		7,207
PE42-01 MCAH Title V CAH	11,215		11,215
PE42-02 MCAH Title V Flexible Funds	26,167		26,167
PE42-03 MCAH Perinatal General Funds & Title XIX	3,528		3,528
PE42-04 MCAH Babies First! General Funds	11,275		11,275
PE42-06 MCAH General Funds & Title XIX	6,622		6,622
PE43 Public Health Practice (PHP) - Immunization Services (Vendors)	28,803		28,803
PE44-01 SBHC Base	112,000	28,800	140,800
PE44-02 SBHC - Mental Health Expansion	151,144		151,144
PE46 RH Community Participation & Assurance of Access	15,905		15,905
PE50 Safe Drinking Water (SDW) Program (Vendors)	38,600	0	38,600
	859,941	43,048	902,989
5) Foot Notes: PE03 1 Tuberculosis funding has been changed to a fee for service model.			

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 March 12, 2019	This Action AMENDMENT FY 2019	
		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program			Award Balance	Increase/ (Decrease)
PE12	1	02/2019 Footnote: Funding being added to all LPHAs for the purpose of sending staff to Oregon Prepared Workshop in March, 2019 and OR-EPI in April 2019.		
PE41	1	Funding Period is for two month - 7/1/18 - 8/31/18 - Funds must be expended by August 31, 2018		
PE42-01	1	For all MCH funds: 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).		
PE42-01	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-02	1	For all MCH funds: 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).		
PE42-02	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-03	1	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).		
PE42-04	1	For all MCH funds: 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).		
PE42-06	1	For all MCH funds: 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).		
PE43	1	All Award Must be Spent by the End of June 30, 2019		
PE43	2	Immunization Special Payments is Funded by State General Fund and Matched dollar for Dollar with Federal Medicaid Match.		
6) Comments:				
PE03		\$672 must be spent by 12/31/18		
PE27-02		\$79,583 in FY19 is balance of OSTR Year 2 Funding available 7/1/18-4/30/19 only.		
PE27-02		\$35,243.59 Carryover from FY18 to FY19. Needs to be spent by 4/30/19.		
PE27-02		3/2019: All prior comments are no longer valid. \$79,583 in FY19 is balance of OSTR Year 2 Funding available 7/1/18-4/30/19 only. \$35,244 in FY19 is carryover from FY18 of OSTR Year 2 Funding (Available 10/1/18-4/30/19 ONLY).		
PE27-03		\$14,248.42 in FY19 is available 5/1/19-6/30/19 ONLY. This is Gap Funding from PDO Year 4 for OSTR funded LPHA's. Balance of \$14,248.41 will be awarded in FY20.		
PE42-01		\$2,804 must be spent from 7/1/18 to 9/30/18. \$8,411 must be spent from 10/1/18 to 6/30/19.		
PE42-02		\$6,542 must be spent from 7/1/18 to 9/30/18. \$19,625 must be spent from 10/1/18 to 6/30/19.		
PE44-01		PE44-01 Additional Funding Award 03-2019		
PE44-02		Dec 2018 PE44-02 Roll over of unspent FY18 award		
PE46		PE46 7 Month award 9/1/18 to 3/31/19		
PE50		\$3,474 must be spent from 7/1/18 to 9/30/18. \$10,422 must be spent from 10/1/18 to 6/30/19. (for portion of award with federal funding source CFDA 66.432)		

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 March 12, 2019	This Action AMENDMENT FY 2019	
	3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE50	2/15/19: Remove prior comments regarding funding limitations and dates.		
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

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

Attachment B

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT
EMAIL TO: OHA-PHD.ExpendReport@dhsosha.state.or.us

Agency: [Enter your agency name]
Program: [Enter the Program Element Number / Sub Element and Title]
Fiscal Year: [start year] to [end year]

REVENUE	BREAKDOWN BY FISCAL YEAR QUARTER												
	Q1: Jul, Aug, Sep	Q2: Oct, Nov, Dec	Q3: Jan, Feb, Mar	Q4: Apr, May, Jun	Fiscal Year To Date	Non-OHA/PHD Revenue	LPHA Revenue						
A. PROGRAM INCOME/REVENUE													
1. Revenue from Fees													
2. Donations													
3. 3rd Party Insurance													
4. Other Program Revenue													
TOTAL PROGRAM INCOME													
5. Other Local Funds (Identify)													
5a.													
5b.													
6. Medical/OHP/Ccare													
7. Volunteer and In-Kind (estimate value)													
8. Other (Specify)													
9. Other (Specify)													
10 Other (Specify)													
TOTAL REVENUE \$													
EXPENDITURES													
B. EXPENDITURES													
1. Personal Services (Salaries and Benefits)													
2. Services and Supplies (Total)													
2a. Professional Services/Contracts													
2b. Travel & Training													
2c. General Supplies													
2d. Medical Supplies													
2e. Other (enter total from the "Other Services & Supplies Expenditures" Form)													
3. Capital Outlay													
4. Indirect Cost (\$)													
4a. Indirect Rate (%)													
TOTAL EXPENDITURES \$													
Less Total Program Income													
TOTAL REIMBURSABLE EXPENDITURES													

Check Box if amounts have been revised since report, previously submitted

C. CATEGORY	WIC PROGRAM ONLY: Enter the Public Health Division Expenditures breakdown in the following categories for each quarter.												
	Q1: Jul, Aug, Sep	Q2: Oct, Nov, Dec	Q3: Jan, Feb, Mar	Q4: Apr, May, Jun	Fiscal Year To Date	Non-OHA/PHD Expenditures	LPHA Revenue						
1. Client Services													
2. Nutrition Education													
3. Breastfeeding Promotion													
4. General Administration													
TOTAL WIC PROGRAM \$													

I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)

PREPARED BY: _____ PHONE: _____ AUTHORIZED AGENT SIGNATURE: _____ DATE: _____
Revised Mar. 2019

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

OREGON HEALTH AUTHORITY

PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT

EMAIL TO: OHA-PHD-ExpendRevReport@dhsoha.state.or.us

Agency: [Enter your agency name]

Program: [Enter the Program Element Number / Sub Element and Title]

Fiscal Year: July 1, [start year] to June 30, [end year]

OTHER SERVICES & SUPPLIES EXPENDITURES FORM

OTHER SERVICES & SUPPLIES EXPENDITURES		BREAKDOWN BY FISCAL YEAR QUARTER											
		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date			
2e. OTHER SERVICES & SUPPLIES*		Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
Enter Other S&S Category													
TOTAL OTHER S&S EXPENDITURES**	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Form Number 23-152 Other S&S Expenditures

*Note: For each line under 2e. OTHER SERVICES & SUPPLIES, enter the type of other expenditures and the amount for both the Non-OHA/PHD Expenditures column and OHA/PHD Expenditures Column.

**Note: The Total Other S&S Expenditures for each quarter here needs to be entered into the corresponding cells in Line 2e. Other under the Expenditure Section of the Expenditure and Revenue Report.

Revised Mar. 2019

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

TITLE OF FORM: OHA Public Health Division Expenditure and Revenue Report
FORM NUMBER: 23-152 (Instructions)

WHO MUST COMPLETE THE FORM 23-152:	All agencies receiving funds awarded through Oregon Health Authority Intergovernmental Agreement for Financing Public Health Services must complete this report for each grant-funded program. Agencies are responsible for assuring that each report is completed accurately, signed and submitted in a timely manner.
WHERE TO SUBMIT REPORT:	<u>OHA-PHD.ExpendRevReport@dhsoha.state.or.us</u>
WHEN TO SUBMIT:	Reports for grants are due 25 days following the end of the 3-, 6-, and 9-month periods (10/25, 1/25, 4/25) and 50 days after the 12-month period (8/25) in each fiscal year. Any expenditure reports due and not received by the 25th could delay payments until reports have been received from the payee for the reporting period.
WHAT TO SUBMIT:	Submit both the main Expenditure and Revenue Report and the Other Services & Supplies Expenditures (Other S&S) Form.

INSTRUCTIONS FOR COMPLETING THE FORM

Report expenditures for both Non-OHA/PHD and OHA/PHD funds for which reimbursement is being claimed. This reporting feature is necessary for programs due to the requirement of matching federal dollars with state and/or local dollars.

- YEAR TO DATE expenditures are reported when payment is made or a legal obligation is incurred.
- YEAR TO DATE revenue is reported when recognized.

OHA/PHD: Oregon Health Authority/Public Health Division

Enter your **Agency name, Program Element Number and Title, and Fiscal Year** start and end dates.

Gray shaded areas do not need to be filled out.

A. REVENUE	Revenues that support program are to be entered for each quarter of the state fiscal year as either Program Revenue or Non-OHA/PHD Revenue.
Program Revenue	Report this income in Section A. PROGRAM INCOME/REVENUE, Program Revenue column, Lines 1 through 4, for each quarter. Program income will be deducted from total OHA/PHD expenditures.
TOTAL PROGRAM INCOME	The total Program Revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Non-OHA/PHD Revenue	Report this revenue in Section A. PROGRAM INCOME/REVENUE, Non-OHA/PHD Revenue column Lines 5 to 10, for each quarter. If applicable, identify sources of Line 5. Other Local Funds and specify type of Other for Lines 8 - 10. Non-OHA revenue are not subtracted from OHA/PHD expenditures.
TOTAL REVENUE	The total of Program and Non-OHA/PHD revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Fiscal Year To Date	The YTD total Program or Non-OHA/PHD revenue for each line for the fiscal year. On the Excel report template, this is an auto sum field.
B. EXPENDITURES	Expenditures are to be entered for each quarter of the state fiscal year as either Non-OHA/PHD Expenditures or OHA/PHD Expenditures.
Non-OHA/PHD Expenditures	Program expenditures not reimbursed by the OHA Public Health Division.
OHA/PHD Expenditures	Reimbursable expenditures less program income.
Line 1. Personal Services	Report total salaries and benefits that apply to the program for each quarter. Payroll expenses may vary from month to month. Federal guidelines, 2 CFR 225 Appendix B.8. (OMB Circular A-87), require the maintenance of adequate time activity reports for individuals paid from grant funds.
Line 2. Services and Supplies (Total)	The total from the four subcategories (Lines 2a. through 2e.) below this category. On the Excel report template, this is an auto sum field.
Line 2a. Professional Services/Contracts	Report contract and other professional services expenditures for each quarter.
Line 2b. Travel & Training	Report travel and training expenditures for each quarter.
Line 2c. General Supplies	Report expenditures for materials & supplies costing less than \$5,000 per unit for each quarter.

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

Line 2d. Medical Supplies	Report expenditures for medical supplies for each quarter.
Line 2e. Other	Report the Total Other S&S Expenditures from the Other S&S Expenditures Form. Data entry is done in the 'Other S&S Expenditures' Form by entering the type and amount of other services and supplies expenses.
Line 3. Capital Outlay	Report capital outlay expenditures for each quarter. Capital Outlay is defined as expenditure of a single item costing more than \$5,000 with a life expectancy of more than one year. Itemize all capital outlay expenditures by cost and description. Federal regulations require that capital equipment (desk, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulation (CFR) Part 92.32 and Part 74.34. <i>Prior approval must be obtained for any purchase of a single item or special purpose equipment having an acquisition cost of \$5,000 or more (PHS Grants Policy Statement; WIC, see Federal Regulations Section 246.14).</i>
Line 4. Indirect Cost (\$)	Report indirect costs for each quarter.
Line 4a. Indirect Rate (%)	Report the approved indirect rate percent within the (____%) area, in front of the % symbol. If no indirect rate or if you have a cost allocation plan, enter "N/A".
TOTAL EXPENDITURES	The total of OHA/PHD and Non-OHA/PHD expenditures for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Less Total Program Income	Take from the Program Revenue, TOTAL PROGRAM INCOME line in the Revenue section for each quarter and fiscal year to date. This is the OHA/PHD income that gets deducted from OHA/PHD total expenditures. On the Excel report template, this is an auto fill field.
TOTAL REIMBURSABLE EXPENDITURES	The total OHA/PHD expenditures less total program income for each quarter and fiscal YTD. The amount reimbursed by OHA-PHD. On the Excel report template, this is an auto calculate field.
Fiscal Year To Date	The YTD total of each expenditure category/subcategory of both OHA/PHD and Non-OHA/PHD for the fiscal year. On the Excel report template, this is an auto sum field.
C. WIC PROGRAM ONLY	Report the Public Health Division expenditures for the 4 categories listed in the WIC Program section for each quarter. Refer to Policy 315: Fiscal Requirements of the Oregon WIC Program Policy and Procedure Manual for definitions of the categories.
WIC GENERAL LEDGER REPORTING	Effective 1/1/19 General Ledger reports must be submitted with quarterly Expenditure and Revenue Report. First report due is for FY19 Quarter 3. Reports should be cumulative for FY.
TOTAL WIC PROGRAM	The total of the four WIC expenditure categories for each quarter and fiscal year. On the Excel report template, this is an auto sum field.
Fiscal Year to Date	The YTD total of each WIC category for the fiscal year. On the Excel report template, this is an auto sum field.
D. CERTIFICATE	Certify the report.
Prepared By	Enter the name and phone number of the person preparing the report.
Authorized Agent Signature	Obtain the signature, name and date of the authorized agent.
Where to Submit Report	Email the report to the Email To: address indicated on the form.
REIMBURSEMENT FROM THE STATE	Transfer document will be forwarded to the county treasurer (where appropriate) with a copy to the local agency when OHA Public Health Division makes reimbursement
WHEN A BUDGET REVISION IS REQUIRED	It is understood that the pattern of expenses will follow the estimates set forth in the approved budget application. To facilitate program development, however, transfers between expense categories may be made by the local agency except in the following instances, when a budget revision will be required: <ul style="list-style-type: none"> ● If a transfer would result in or reflect a significant change in the character or scope of the program. ● If there is a significant expenditure in a budget category for which funds were not initially budgeted in approved application.

Form Number: 23-152

Revised Mar. 2019

Attachment C

Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE27-03: PDOP - Gap Funding (OSTR/PDO)

Funding Information Table

Federal Award Identification Number (FAIN):	6 NU17CE002751-04-03
Federal Award Date:	2/14/2019
Performance Period:	9/1/18-8/31/19
Federal Awarding Agency:	CDC
CFDA Number:	93.136
CFDA Name:	Injury Prevention and Control Research and State and Community Based Programs
Total Federal Award:	\$3,038,301.00
Project Description:	Oregon Prescription Drug Overdose Prevention
Awarding Official:	Brownie Anderson-Rana
Indirect Cost Rate:	17.15%
Research and Development (Y/N):	No

PCA: 52801

INDEX: 50339

Agency/Contractor	DUNS	Amount
Yamhill	962184128	\$14,248