



Grant Agreement Number 156502

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

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This is amendment number 2 to Grant Agreement Number 156502 between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Yamhill County,
acting by and through its Sheriff's Office
535 NE 5th Street, #143
McMinnville, Oregon 97128
Contact Person: Tim Svenson, Sheriff
Telephone: (503) 434-7440
Facsimile: (503) 472-5330
E-mail address: svensont@co.yamhill.or.us**

hereinafter referred to as "Recipient".

1. This amendment shall become effective on the date this amendment has been fully executed by every party and, when required, approved by Department of Justice.
2. The Agreement is hereby amended as follows:
 - a. Amend Section 1 "Effective Date and Duration" to change the expiration date from July 30, 2020 to September 30, 2020.

3. **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: _____

Telephone: (503) 434-7560 Facsimile: (503) 434-7379

Is Recipient a nonresident alien, as defined in 26 USC § 7701(b)(1)?

(Check one box): YES NO

Business Designation: (Check one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other |

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: Does Recipient have any subject workers, as defined in ORS 656.027? (Check one box): YES NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: SAIF Corporation

Policy#: A871736170 Expiration Date: 06/30/2021

RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

4. Signatures.

Yamhill County

By:

Tim Svenson
Authorized Signature
Sheriff
Title

Tim Svenson
Printed Name
08/31/2020
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
9/17/2020
Date

Approved by: Director, OHA Health Systems Division

By:

DocuSigned by:
Margie Stanton
Authorized Signature
HSD Director
Title

Margie Stanton
Printed Name
9/17/2020
Date

Approved for Legal Sufficiency:
Exempt per OAR 137-045-0050(2)

OHA Program:

Approved by Arlenia Broadwell on June 22, 2020, email in Agreement file.

by Yamhill County
Board of Commissioners on
9/10/2020 by Board Order
20-311
Page 3 of 3
Updated: 11.02.17