



**Grant Agreement Number 166964**

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

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This is amendment number **2** 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](mailto:malaec@co.yamhill.or.us)**

hereinafter referred to as "Recipient".

- a. This Agreement is hereby amended as follows: when fully executed by every party, shall become effective on September 30, 2022. Section 1 Effective Date and Duration to reinstate the agreement as of September 30<sup>th</sup>, 2022, for a final payment to be made in the amount of \$48,538.36. Once payment is made for additional services provided post September 30,22, the Agreement will expire. No additional services will be performed during this period of time.
  - b. Section 3 "Grant Disbursement Generally" to increase by \$48,538.36 the current maximum not-to-exceed compensation amount of "\$336,566.00" for a new not-to-exceed amount of "\$385,104.36".
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 Fifth St.  
\_\_\_\_\_  
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 Corporation  
Policy #: 871736 Expiration Date: 7/01/23

**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.**

**5. Signatures.**

**Yamhill County**

**By:**

Lindsey Manfrin  
Digitally signed by Lindsey Manfrin  
DN: cn=Lindsey Manfrin, o=Yamhill County, ou=Public Health, email=Lindsey.Manfrin@yamhill.or.us  
Authorized Signature  
HHS Director/Public Health Administrator  
Title

Lindsey Manfrin  
Printed Name  
Date

**State of Oregon acting by and through its Oregon Health Authority**

**By:**

Collette Young  
Authorized Signature  
CPHP Administrator  
Title

Collette Young  
Printed Name  
01/30/2023  
Date

**Approved for Legal Sufficiency:**

Exempt pre OAR 137-045-0050(2)  
Department of Justice  
Date

Accepted by Yamhill County  
Board of Commissioners  
1-26-23  
# B.O. 23-32