



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](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**NINTH AMENDMENT TO  
OREGON HEALTH AUTHORITY  
2022 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF  
COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT, RECOVERY, &  
PREVENTION, AND PROBLEM GAMBLING SERVICES AGREEMENT #173153**

This Ninth Amendment to Oregon Health Authority 2022 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2022 (as amended, the "Agreement"), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County ("County").

**RECITALS**

WHEREAS, OHA and County wish to modify the Financial Assistance Award 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. The financial and service information in the Financial Assistance Award are hereby amended as described in **Attachment 1** attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. 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.

6. **County Data.** 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: \_\_\_\_\_ morenom@co.yamhill.or.us

Telephone: \_\_\_\_\_ 503-474-4911 Facsimile: \_\_\_\_\_ 503-434-7553

**Proof of Insurance:** County 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

Policy #: \_\_\_\_\_ 871736

Expiration Date: \_\_\_\_\_ 07/01/23

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

7. Signatures.

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

Yamhill County

By:

*Lindsay Berschauer*

Authorized Signature

Lindsay Berschauer  
Printed Name

Chair Commissioner  
Title

6.1.23  
Date

State of Oregon acting by and through its Oregon Health Authority

By:

DocuSigned by:  
*Jon Collins*  
A2C89F80775B405...

Jon Collins

Authorized Signature

Printed Name

Deputy Director HSD

6/28/2023

Title

Date

Approved by: Interim Director, OHA Health Systems Division

By:

DocuSigned by:  
*Shawna McDermott*  
CD5AAD2369F64C3...

Shawna McDermott

Authorized Signature

Printed Name

Interim Director, Health Systems Division

6/28/2023

Title

Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on November 15, 2021; e-mail in contract file.

Accepted by Yamhill County  
Board of Commissioners on  
6.1.23 by Board Order  
# B.O. 23-207

**ATTACHMENT 1  
EXHIBIT C  
Financial Pages**

REGISTRATION INPUT REVIEW REPORT

COMPANY: AGLIC  
 ADDRESS: 17313 9th St  
 CITY: BOSTON MA 02113  
 STATE: MA  
 COUNTRY: USA  
 PHONE: 617-552-1111  
 FAX: 617-552-1111  
 EMAIL: info@aglic.com  
 WEBSITE: www.aglic.com  
 REGISTRATION NUMBER: 17313-9-1111

LINE	CODE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE	TAX	NET TOTAL	STATUS
001	0000	REGISTRATION FEE	1	\$15,000.00	\$15,000.00		\$15,000.00	PAID
TOTAL FOR 001-001					\$15,000.00		\$15,000.00	
TOTAL FOR 001-002					\$0.00		\$0.00	
TOTAL FOR 001-003					\$0.00		\$0.00	

OREGON HEALTH AUTHORITY  
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY  
DATE: 05/17/2023

Contract#: 173153  
REF#: 011

REASON FOR FAAA (for information only):

Intoxicated Driver Program Fund (IDPF A&D 65), funds have been awarded.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

AE110 1 These funds are for A&D 65 Services to be invoiced from 1/1/2022 to 6/30/2023.