



Agreement Number 171312

**AMENDMENT/REINSTATEMENT OF
STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

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This Reinstatement and Amendment of Agreement is made and entered into as of the date of the last signature below by and between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

**Yamhill Family and Youth Programs
627 NE Evans Street
McMinnville, Oregon 97128
Telephone: 503-474-6821
Attn: Lindsay Manfrin
E-mail address: manfrinl@co.yamhill.or.us**

hereinafter referred to as "County."

RECITALS

WHEREAS, OHA and County entered into that certain Agreement number **171312** effective on **October 12, 2021**, incorporated herein by this reference (the Agreement);

WHEREAS, OHA and County intend to amend the Agreement to extend its effectiveness through **December 31, 2023**;

WHEREAS, due to the short amount of time remaining to amend the Agreement before its expiration, the proposed amendment number **01** to extend the effectiveness of the Agreement and otherwise modify it may not be executed by the parties prior to the Agreement's expiration date;

WHEREAS, the Agreement expires on **June 30, 2023** in accordance with its terms; and

WHEREAS, OHA and County desire to either amend the Agreement before it expires or, if the Agreement has expired, reinstate the Agreement in its entirety as of **June 30, 2023**, and to amend the Agreement (once reinstated) to extend its effectiveness through **December 31, 2023**, as set forth herein.

NOW, THEREFORE, in consideration of the premises, covenants and agreements

B.O. 23-376

contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree to the following:

AMENDMENT

1. **Reinstatement.** OHA and County hereby reinstate the Agreement in its entirety as of **July 1, 2023** and agree that the Agreement was and is in full force and effect from its effective date through the date of this Reinstatement and Amendment. OHA and County further agree that, upon the amendment of **Section 1. "Effective Date and Duration"** of the Agreement pursuant to Paragraph 2 below, the Agreement was, is and will be in full force and effect from the effective date through the expiration date set forth in **Section 1. "Effective Date and Duration"**, as amended, subject to the termination provisions otherwise set forth in the Agreement.
2. **Amendment.** OHA and County hereby amend the Agreement as follows.
 - a. **Section 1 "Effective Date and Duration"** of the Contract Document is hereby amended to change the expiration date of the Contract from **June 30, 2023** to **December 31, 2023**.
 - b. **Exhibit E, "Financial Pages,"** is hereby amended as set forth in Attachment 1, attached hereto and incorporated herein by this reference.
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. County certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.
4. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the County hereby certifies under penalty of perjury that:
 - a. The County is in compliance with all insurance requirements in Exhibit C of the original Agreement and notwithstanding any provision to the contrary, County shall deliver to the OHA Agreement Administrator (see page 1 of this Agreement) the required Certificate(s) of Insurance for any extension of the insurance coverage required by Exhibit C of the original Agreement, within 30 days of execution of this Agreement. By certifying compliance with all insurance as required by this Agreement, County acknowledges it may be found in breach of the Agreement for failure to obtain required insurance. County may also be in breach of the Agreement for failure to provide Certificate(s) of Insurance as required and to maintain required coverage for the duration of the Agreement;
 - b. The County acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the County and that pertains to this Agreement or to the project for which the Agreement work is being performed. The County certifies that no claim described in the previous sentence is or will be a "false claim" (as defined by ORS 180.750) or an act prohibited by ORS 180.755. County further acknowledges that in addition to the remedies under this Agreement, if it makes

(or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the County;

- c. The information shown in County Data and Certification, of original Agreement or as amended is County's true, accurate and correct information;
- d. To the best of the undersigned's knowledge, County has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subagreements;
- e. County and County's employees and agents are not included on the list titled "Specially Designated Nationals" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
- f. County is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Nonprocurement Programs" found at: <https://www.sam.gov/portal/public/SAM/>;
- g. County is not subject to backup withholding because:
 - (1) County is exempt from backup withholding;
 - (2) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (3) The IRS has notified County that County is no longer subject to backup withholding; and
- h. County Federal Employer Identification Number (FEIN) provided to OHA is true and accurate. If this information changes, County is required to provide OHA with the new FEIN within 10 days.

5. **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 Fax: 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: 07/01/2024

6. Signatures.

Yamhill Family and Youth Programs

By:

Lindsey Berschauer

Authorized Signature

Lindsey Berschauer

Printed Name

Commissioner

Title

10/5/23

Date

State of Oregon acting by and through its Oregon Health Authority

By:

DocuSigned by:

Jon Collins

Authorized Signature

Jon Collins

Printed Name

Deputy Director HSD

Title

11/1/2023

Date

Approved by: Director, OHA Health Systems Division

By:

DocuSigned by:

Shawna McDermott

Authorized Signature

Shawna McDermott

Printed Name

Interim Director, Health Systems Division

Title

11/1/2023

Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0050(2)

Department of Justice

Date

Accepted by Yamhill County
Board of Commissioners on

10/5/23 by Board Order

BO 23 - 376

Exhibit D Financial Pages

MODIFICATION INPUT REVIEW REPORT

NOCP: 180737

CONTRACT#: 171312

CONTRACTOR: VERMONT FAMILY AND YOUTH PROGRAMS

INPUT CHECKED BY: _____

DATE CHECKED: _____

SEP	FUND	CODE	CHRG PROVIDER	EFFECTIVE DATES	EDOT CHANGE/TYPE	RATE	OPERATIONS DOLLARS	STANDARD COST DOLLARS	EST	BASE	CLIENT CODE	SEP
<u>PERIOD YEAR: 2023-2024</u>												
11	504		NI PARENT CHILE INTE	7/1/2023-12/31/2023	0 PNA	\$0.00	\$29,887.80	\$0.00	A	1	Y	1
11	504		NI PARENT CHILE INTE	7/1/2023-12/31/2023	0 PNA	\$0.00	\$1,862.81	\$0.00	C	1	Y	2
<u>TOTAL FOR SEP 11</u>							\$31,750.61	\$0.00				
<u>TOTAL FOR 2023-2024</u>							\$31,750.61	\$0.00				
<u>TOTAL FOR NOCP: 180737</u>							\$31,250.00	\$0.00				

Exhibit D Financial Pages

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL FAMILY AND YOUTH PROGRAMS
DATE: 07/12/2023

Contract#: 171312
REF#: 001

REASON FOR FAAA (for information only):

Payments provided through this Financial Assistance Agreement (FAA) are subject to the 2023-2025 Legislative Approved Budget (LAB) for Oregon Health Authority, as allocated for the 2023-2025 biennium, at the level proposed for the (continuing service level or "CSL"). This FAA may require modification by written amendment to reflect actual changes in funding amounts, or by administrative amendment (memo) provided that such administrative amendment is only used to change fund source coding and not the amount of funding.

The following special condition(s) apply to funds as indicated by the special condition number in column 5. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

M0787 1 The expenditure of payments made for MHS 11- Parent Child Interaction Therapy (PCIT) services must result in Provider planning, outreach and implementation of culturally, linguistically and ethnically appropriate PCIT services to 25 or more families for at least 4 PCIT specific sessions each fiscal year. MHS 11 - PCIT applies to the payments subject to this special condition.

M0787 2A) These payments are for MHS 11 Services. B) The payments subject to this special condition will be disbursed to Contractor in one lump sum at the end of each fiscal year upon receipt of approved invoice.