



Grant Agreement Number 184213-1

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

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This is amendment number to Grant Agreement Number **184213-1** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA,” and

Yamhill County Public Health
412 NE Ford Street
McMinnville, OR 97128
Attention: Lindsey Manfrin
Telephone: 503-434-7414
E-mail address: manfrinl@yamhillcounty.gov
hhscontracts@yamhillcounty.gov

hereinafter referred to as “**Recipient.**”

1. This amendment shall become effective on the last date all required signatures in Section 6., below have been obtained.
2. The Agreement is hereby amended as follows:
 - a. Section 1 “Effective Date and Duration” to extend the current expiration date of September 29, 2025, to the new expiration date of September 29, 2026.
 - b. Exhibit A part 2 “Payment and Financial Reporting” Section 3 Year 2 Budget Period is amended as follows, new language is **underlined and bold.**

Year 2 Budget Period: 9/30/2025 to 9/29/2026:

County	Model	Org	Total
Yamhill	NFP	Yamhill County Public Health	\$223,860
			\$223,860

Funds from Year 1 that are not obligated as of September 29, 2025, and funds from Year 2 that are not obligated as of September 29, 2026, will be de-obligated and are no longer available to the Recipient.

Full funding for each year is contingent upon full MIECHV funding received by OHA.

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. **Certification.** Without limiting the generality of the foregoing, by signature on this Agreement, the undersigned hereby certifies under penalty of perjury that:
 - a. Recipient 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 Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. Recipient 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. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient, in addition to any remedies that may be available to OHA under the Agreement;
 - b. The information shown in Section 5.a., “Recipient Information” of the original Agreement, as amended is Recipient’s true, accurate and correct information;
 - c. To the best of the undersigned’s knowledge, Recipient 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 subcontracts;
 - d. Recipient and Recipient’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>;
 - e. Recipient is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
 - f. Recipient is not subject to backup withholding because:
 - (1) Recipient is exempt from backup withholding;
 - (2) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (3) The IRS has notified Recipient that Recipient is no longer subject to backup withholding; and
 - c. Recipient’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, Recipient is required to provide OHA with the new FEIN or SSN within 10 days.

5. Recipient Information. 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: morenom@yamhillcounty.gov

Telephone: (503) 474-4911 Fax: _____

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement amendment. All insurance listed herein must be in effect prior to amendment execution.

Workers' Compensation Insurance Company: SAIF

Policy #: 871736 Expiration Date: 7/1/2026

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.

6. Signatures.

Yamhill County Public Health

By:

DocuSigned by:

8E58DDAC84AB478...
Authorized Signature

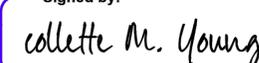
Kit Johnston
Printed Name

County Commissioner
Title

9/12/2025
Date

State of Oregon acting by and through its Oregon Health Authority

By:

Signed by:

2BBE2ADD6CA24AE...
Authorized Signature

collette M. Young
Printed Name

CPHP Administrator
Title

9/18/2025
Date

Approved for Legal Sufficiency:

AAG Devon Thorson
Oregon Department of Justice

8/25/2025
Date