



**Grant Agreement Number 180161
(New) Oregon Buys #PO-44300-00022310**

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

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This is amendment number **02** to Grant Agreement Number **180161** (new Oregon Buys #**PO-44300-000223310**) 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 Mental Health Program
627 N Evans Street
McMinnville, OR 97128
Attention: Terry Malay
Telephone: (503) 474-6821
E-mail address: malayt@co.yamhill.or.us**

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. The face page of this Agreement is amended to add the new Oregon Buys Agreement Number PO-44300-00022310 for reference.
 - b. Upon execution of this amendment #2, Exhibit A Part 1 “Program Description” Section 4. “Scope of Work” only to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

Scope of Work

The funding for this Agreement may be used for the activities authorized by Agreement Number 6231 ("Clinical Supervision Activities") and for activities authorized by Agreement Number 6230 ("Workforce Incentive Activities"). Recipient shall use grant funds for the following activities, up to the not to exceed ("NTE") dollar amounts listed:

Clinical Supervision Activities - NTE: \$183,943

Projects	Description	Expected Impact	Cost Estimates
Clinical Supervision	Funding shall be used to provide additional clinical supervision by hiring additional qualified staff and/or providing lead pay to individuals qualified to provide clinical supervision.	Increase in the number of licensed/credentialed behavioral health staff within Yamhill County Health and Human Services (YCHHS) programs.	\$183,943

Workforce Initiatives Activities-NTE: \$445,924

Projects	Description	Expected Impact	Cost Estimates
Tuition Assistance	Funding shall be used to assist with tuition and training costs for YCHHS staff working towards a credential in Behavioral Health and for YCHHS staff to enhance/maintain existing credentials.	Tuition assistance will increase the number of YCHHS credentialed staff and incentivize existing YCHHS staff in supporting their career goals. This will in turn increase the number of behavioral health providers and community access to behavioral health services.	\$305,124 <u>\$205,124</u>
Other Programs and incentives	\$140,800 of f Funding shall be used for relocation assistance for new employees and training for YCHHS staff. Training shall include professional training, wellness training, and training that benefits specific populations. <u>\$100,000 of funding will be used for recruitment bonuses for some of YCHHS's most difficult-to-fill positions. Recruitment bonuses will be split into two payments; the first half to be paid when the employee starts and the second half to be paid when the employee successfully completes their probationary period.</u>	Relocation assistance will increase the pool of qualified candidates to provide services through YCHHS programs. Training will enhance the wellness and professional development of YCHHS staff to enhance peer- and community-driven services. <u>Recruitment bonuses will increase the number of applicants where it's needed most. Increasing the number of applicants will boost hiring and decrease vacancy rates. Splitting the bonuses into two payments will also better employee retention.</u>	\$140,800 <u>\$240,800</u>

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. Recipient 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 Recipient;
 - 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
5. 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.

6. **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: 7/1/2025

Confidential
CONTRACTOR TAX IDENTIFICATION INFORMATION
For Accounting Purposes Only

The State of Oregon requires contractors to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN). This information is requested pursuant to ORS 305.385 and OAR 125-246-0330(2). Social Security numbers provided pursuant to this section will be used for the administration of state, federal and local tax laws. The State of Oregon may report this information to the Internal Revenue Service (IRS). Contractors must keep this information current at all times. Contractors are required to notify the State of Oregon contract administrator within 10 business days if this information changes. The State of Oregon reserves the right to ask contractors to update this information at any time during the document term.

Document number: 180161-2-2

Legal name *(tax filing)*: Yamhill County

DBA name *(if applicable)*:

Billing address: 535 NE 5th Street

City: McMinnville OR 97128

Phone: (503) 434-7501

FEIN: 93-6002318

- OR -

SSN: