

Form Name:

Letter of Agreement/Approval Letter (CAC Community Health Projects)

Deschutes County Health Services

Integrated Shelter and Behavioral Health Services for Transitional-Age Youth (YAT) Deschutes County

FollowUp Snapshot		
	Shannon Brister-Raugust	
Contact Phone	541-322-7545	
Contact Email	shannon.brister@deschutes.org	
Organization	2577 NE Courtney Dr.	
Address	Bend, OR 97701	
Website	http://cohealthcouncil.org/	
Project Lead		
Project Lead		
email		

RHIP Workgroup:

Future State Measure:

Note: * indicates required questions

Terms & Conditions

Project Name

Integrated Shelter and Behavioral Health Services for Transitional-Age Youth (YAT) Deschutes County

Project Start Date

10/01/2025

Project End Date

I. **Term.** This LOA shall commence on the Effective Date and shall terminate on the date indicated below. The COHC may terminate this LOA, without cause, by providing You with written notice at least five (5) business days in advance.

09/30/2027

\$ Amount Requested

The total amount of funds requested from the Central Oregon Health Council for this project.

\$500,000.00

Amount Awarded

\$200,000.00

Invoice*

Please upload your invoice referencing your project.

Please address the invoice to:

Central Oregon Health Council

PO Box 6689 Bend, OR 97708

W-9*

Please upload a completed W-9.

W-9 Form - Rev March 2024; Signed 1.3.25.pdf

ACCEPTANCE OF TERMS & CONDITIONS*

This grant is conditional upon Grantee's acceptance of the terms and conditions set forth herein. By selecting the

I Accept Grant Terms and Conditions

Name*

Shannon Brister-Raugust

Title*

Interim Behavioral Health Director

LOA execution date*

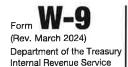
Please enter today's date

10/31/2025

FollowUp Files

Applicant File Uploads

• W-9 Form - Rev March 2024; Signed 1.3.25.pdf



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.			
-	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
Print or type. See Specific Instructions on page 3.	DESCHUTES COUNTY, OREGON			
	2 Business name/disregarded entity name, if different from above.			
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Checonly one of the following seven boxes. Individual/sole proprietor	certain entities, not individuals;		
		Exempt payee code (if any) 3		
	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropria box for the tax classification of its owner.	ee Exemption from Foreign Account Tax Compliance Act (FATCA) reporting		
	Other (see instructions) POLITICAL SUBDIVISION OF THE STATE OF OREGON	code (if any) C		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)		
	5 Address (number, street, and apt. or suite no.). See instructions. PO BOX 6005 Requester's na	uester's name and address (optional)		
	6 City, state, and ZIP code			
	BEND, OR, 97708-6005			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
backup withholding. For individuals, this is generally your social security number (SSN). However, for a		I security number		
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		(1)		
Етрюуе		oyer identification number		
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.		8 - 6 0 0 2 2 9 2		
Par	II Certification			
Under	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to b			
Ser	n not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not bea vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, c onger subject to backup withholding; and	n notified by the Internal Revenue r (c) the IRS has notified me that I am		
	a U.S. citizen or other U.S. person (defined below); and			
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
becau acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you are current se you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 doe ition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrang han interest and dividends, you are not required to sign the certification, but you must provide your correct TIN	s not apply. For mortgage interest paid, ement (IRA), and, generally, payments		

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they