



Grant Agreement Number 170856

**REINSTATEMENT AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT 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

Deschutes County
2577 NE Courtney Drive
Bend, Oregon 97701
Contact Person: Laurie Hubbard, Barrett Flesh
Telephone: (458) 292-6716, (458) 292-7272
Email address: laurie.hubbard@deschutes.org
barrett.flesh@deschutes.org

hereinafter referred to as "Recipient".

RECITALS

WHEREAS, OHA and Recipient entered into that certain Agreement number **170856** effective on **June 11, 2021** incorporated herein by this reference (the Agreement);

WHEREAS, OHA and Recipient intended to amend the Agreement to extend its effectiveness through **September 30, 2022**;

WHEREAS, the proposed amendment number **2** to extend the effectiveness of the Agreement and otherwise modify it was not executed by the parties prior to the Agreement's expiration date;

WHEREAS, the Agreement expired on **June 30, 2022** in accordance with its terms; and

WHEREAS, OHA and Recipient desire to reinstate the Agreement in its entirety as of **June 30, 2022**, and to amend the Agreement (once reinstated) to extend its effectiveness through **September 30, 2022** as set forth herein.

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:

AMENDMENT

1. **Reinstatement.** OHA and Recipient hereby reinstate the Agreement in its entirety as of **June 30, 2022** 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 Recipient 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 Recipient hereby amend the Agreement as follows:
 - a. **Section 1. “Effective Date and Duration”** expiration date is extended from “June 30, 2022 to **September 30, 2022**”.

 - b. **Section 3 “Grant Disbursement Generally”** is hereby amended to increase by \$148,225.00 the current maximum not-to-exceed amount of “\$296,450.00” to a new maximum not-to-exceed amount of “**\$444,675.00.**”

 - c. **Exhibit A Part 2 “Payment and Financial Reporting” Section 1.b.** only is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:
 - b. OHA will grant funds on the following schedule:
 - i. Upon execution of this Grant Agreement, OHA will initiate the direct deposit of \$183,975.00 to Recipient for the Grant Activities listed in Exhibit A, Part 1.
 - ii. Upon execution of Amendment 1, OHA will initiate the direct deposit of \$112,475.00 to Recipient for the expansion of Grant Activities listed in Exhibit A, Part 1.
 - iii. Upon execution of Amendment 2, OHA will initiate the direct deposit of \$148,225.00 to Recipient for the expansion of Grant Activities listed in Exhibit A, Part 1.**

 - d. **Exhibit A Part 2 “Payment and Financial Reporting” Section 1.c.** only is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:
 - a. Recipient shall require that all funding provided under this Agreement is obligated by ~~December 31, 2021~~**September 30, 2022**. An attestation of obligated funds must be sent to the OHA email box at amhcontract.administrator@dhsosha.state.or.us **amhcontract.administrator@odhsosha.oregon.gov** by January 5, 2022**October 5, 2022**, or to any other address as OHA may indicate in writing to Recipient, in a format prescribed 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. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Deschutes County Oregon

Street address: 1300 NW Wall Street

City, state, zip code: Bend, OR 97703

Email address: kara.cronin@deschutes.org; cc: grace.evans@deschutes.org

Telephone: () 541-322-7500 Facsimile: () 541-322-7565

Is Recipient a nonresident alien, as defined in 26 USC § 7701(b)(1)?
(Check one box): YES NO

Business Designation: (Check one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |

Recipient Proof of Insurance, Recipient 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.

Professional Liability Insurance Company: Self-insured
Policy #: N/A Expiration Date: N/A

Commercial General Liability Insurance Company: Self-insured
Policy #: N/A Expiration Date: N/A

Workers' Compensation: Does Recipient have any subject workers, as defined in ORS 656.027? (Check one box): YES NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: Self-Insured
Policy #: N/A Expiration Date: N/A

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.

5. Signatures.

Deschutes County

By:

Authorized Signature

Printed Name

Title

Date

State of Oregon acting by and through its Oregon Health Authority

By:

Authorized Signature

Printed Name

Title

Date

Approved by: Director, OHA Health Systems Division

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Via e-mail by

Department of Justice

Date

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: 170856-2

Legal name (tax filing): Deschutes County Oregon

DBA name: Deschutes County Health Services

Billing address: 2577 NE Courtney Drive

City: Bend **State:** OR **Zip:** 97701

Phone: 541-322-7500

FEIN: 93-6002292

- OR -

SSN:

Please attach this completed form with your signed document(s) and return to the contract specialist via email.

Certificate Of Completion

Envelope Id: 654EDA446EF24FC5B3756393E3E93AFB	Status: Sent
Subject: 170856-2 Deschutes County	
Source Envelope:	
Document Pages: 5	Signatures: 0
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Larry Briggs
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	LARRY.O.BRIGGS@dhsoba.state.or.us
	IP Address: 209.112.106.2

Record Tracking

Status: Original	Holder: Larry Briggs	Location: DocuSign
7/8/2022 6:46:00 PM	LARRY.O.BRIGGS@dhsoba.state.or.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Carahsoft OBO Oregon Health Authority - CLM	Location: DocuSign

Signer Events

Signature	Timestamp
Laurie Hubbard laurie.hubbard@deschutes.org Security Level: Email, Account Authentication (None)	Sent: 7/8/2022 6:50:28 PM Viewed: 7/11/2022 8:21:04 AM
Electronic Record and Signature Disclosure: Accepted: 7/11/2022 8:21:04 AM ID: 32f5b7ed-4afe-41e7-b0bf-df557abf5117	

Mick Mitchell
mick.j.mitchell@dhsoba.state.or.us
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Margie Stanton
MARGIE.C.STANTON@dhsoba.state.or.us
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Accepted: 5/26/2020 8:11:14 AM
ID: 20e5e982-b92b-49ae-b319-83ecdb2ac0b5

In Person Signer Events **Signature** **Timestamp**

Editor Delivery Events **Status** **Timestamp**

Agent Delivery Events **Status** **Timestamp**

Intermediary Delivery Events **Status** **Timestamp**

Certified Delivery Events **Status** **Timestamp**

Carbon Copy Events **Status** **Timestamp**

Barrett Flesh barrett.flesh@deschutes.org Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/8/2022 6:50:28 PM
Electronic Record and Signature Disclosure: Accepted: 7/19/2021 7:35:05 AM ID: 5172fac4-1818-46a6-bc1d-7bf5ba256300		

Carbon Copy Events	Status	Timestamp
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amhcontract.administrator@dhsosha.state.or.us
amhcontract.administrator@dhsosha.state.or.us
Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Benjamin McLemore
BENJAMIN.MCLEMORE@dhsosha.state.or.us
Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	7/8/2022 6:50:28 PM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Oregon Health Authority - CLM (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Oregon Health Authority - CLM:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: mick.j.mitchell@dhsoha.state.or.us

To advise Carahsoft OBO Oregon Health Authority - CLM of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Oregon Health Authority - CLM

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to mick.j.mitchell@dhsoha.state.or.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Oregon Health Authority - CLM

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to mick.j.mitchell@dhsosha.state.or.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO Oregon Health Authority - CLM as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Oregon Health Authority - CLM during the course of your relationship with Carahsoft OBO Oregon Health Authority - CLM.