



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: May 22, 2019

Department: Health Agenda Planning Date: May 16, 2019 Time required: 10

Audio/Visual aids

Contact: Katrina Rothenberger, Division Director Phone: 503.373.3787

Department Head Signature: [Signature]

TITLE Oregon Health Authority 2017-2019 Amendment #17 to the IGA for the Financing of Public Health Services #154123

Issue, Description & Background Oregon Health Authority Biennium 2017-2019 IGA #154123 with Marion County Health and Human Services Department is to operate and contract for the operation of Public Health Services in accordance with the policies, procedures and administrative rules of the OHA. OHA disburses the financial assistance award in monthly installments unless otherwise specified. Amendment 17 is as follows: (1) Section 1 of Exhibit C entitled "Financial Assistance Award" is hereby superseded and replaced in its entirety by Attachment A, (2) Section 1 of Exhibit C "FAA" for FY19: <\$21,384> removed from PE40-04 - BFPC services ended 4/18/19; <\$3,393> removed from PE42-01 - MCAH Title V CAH to reflect program expenditures as of 9/30/18; <\$7,916> removed from PE42-02 - MCAH Title V Flexible Funds to reflect program expenditures as of 9/30/18, (3) Exhibit C "Public Health Revenue and Expenditure Reporting Forms" and "Public Health Division Revenue and Expenditure Report" Forms and Instructions are hereby superseded and replaced in their entirety, (4) Exhibit J 2 CFR Subtitle B amended to add federal award information datasheet. The overall net effect funding change is <\$32,693>.

Financial Impacts: IGA #154123 biennium total through Amendment 16 is \$5,510,315. Amendment 17 removes <\$32,693> in funds. The new IGA biennium total is \$5,477,622.

Impacts to Department & External Agencies The Health and Human Services Department anticipates no impact on other departments.

Options for Consideration: 1. Approve Amendment 17 to OHA IGA #154123 for the Financing of Public Health Services. 2. Deny approval of Amendment 17 to OHA IGA #154123. 3. Take no action at this time.

Recommendation: The Health and Human Services Department recommends approval of Amendment 17 to OHA IGA #154123 for Financing of Public Health Services

List of attachments: Amendment 17 to OHA IGA #154123 for Financing of Public Health Services

Presenter: Katrina Rothenberger, Division Director

Copies of completed paperwork sent to the following: (include names and e-mail addresses.)



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Copies to:

Rebecca Werner rwerner@co.marion.or.us



Contract Review Sheet

Contract #: HE-1571-17 (IGA #154123)

Person Sending: Rebecca Werner Department: Health

Contact Phone #: 503-361-2795 Date Sent: 5-9-19

Contract Amendment# 17 Lease IGA MOU Grant (attach approved grant award transmittal form)

Title: 2017-2019 IGA for the Financing of Public Health Services

Contractor's Name: Oregon Health Authority (OHA)

Term - Date From: July 1, 2017 Expires: June 30, 2019

Contract Total: \$5,510,315.00 Amendment Amount: \$-32,693.00 New Contract Total: \$5,477,622.00

Source Selection Method: _____ # _____

Additional Considerations (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Board Order# _____ | <input type="checkbox"/> Feasibility Determination (attach approved form) |
| <input type="checkbox"/> Incoming Funds | <input type="checkbox"/> Federal Funds (attach sub-recipient / contractor analysis) |
| <input type="checkbox"/> Independent Contractor (LECS) approval date: _____ | <input type="checkbox"/> Reinstatement (attach written justification) |
| <input type="checkbox"/> Insurance Waiver (attach) | <input type="checkbox"/> Retroactive (attach written justification) |
| <input type="checkbox"/> CIP# _____ (required for all goods /software greater than \$5,000) | |

Description of Services or Grant Award:

Oregon Health Authority Biennium 2017-2019 IGA #154123 with Marion County Health and Human Services Department is to operate and contract for the operation of Public Health Services in accordance with the policies, procedures and administrative rules of the OHA. Amendment 17 is as follows: (1) Section 1 of Exhibit C entitled "Financial Assistance Award" is hereby superseded and replaced in its entirety by Attachment A, (2) Section 1 of Exhibit C "FAA" for FY19: <\$21,384> removed from PE40-04 - BFPC; <\$3,393> removed from PE42-01 - MCAH Title V CAH; <\$7,916> removed from PE42-02 - MCAH Title V Flexible Funds, (3) Exhibit C "Public Health Revenue and Expenditure Reporting Forms" and "Public Health Division Revenue and Expenditure Report" Forms and Instructions are hereby superseded and replaced in their entirety, (4) Exhibit J 2 CFR Subtitle B amended to add federal award information datasheet. The overall net effect of the funding change is <\$32,693>.

FOR FINANCE USE

Date Finance Received: _____ BOC Planning Date: _____ Date Legal Received: _____

Comments: _____

REQUIRED APPROVALS:

Finance - Contracts _____ Date _____ Risk Manager _____ Date _____

Legal Counsel _____ Date _____ Chief Administrative Officer _____ Date _____

Date _____ To be filed Added to master list

Returned to _____ Department for _____ signatures

Agreement #154123



**SEVENTEENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2017-2019 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Seventeenth Amendment to Oregon Health Authority 2017-2019 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2017, and restated July 1, 2018 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Marion County, acting by and through its Health & Human Services ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Marion County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2019 (FY19) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Public Health Division Revenue and Expenditure Report" Forms and Instructions, set forth in Exhibit C of the Agreement; and

WHEREAS, OHA and LPHA wish to e.g. modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200.

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

AGREEMENT

1. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement for FY19 is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference. Attachment A must be read in conjunction with Section 3 of Exhibit C as restated July 1, 2018, entitled "Explanation of Financial Assistance Award" of the Agreement.
2. Exhibit C "Public Health Revenue and Expenditure Reporting Forms" and "Public Health Division Revenue and Expenditure Report" Forms and Instructions, are hereby superseded and replaced in their entirety as per Attachment B attached hereto and incorporated herein by this reference.
3. Exhibit J "Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
4. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
5. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
6. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

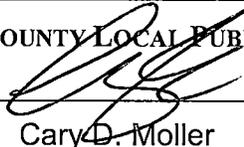
- 7. The parties expressly ratify the Agreement as herein amended.
- 8. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
- 9. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

10. **Signatures.**

By: _____
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: _____

MARION COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: 
Name: Cary D. Moller
Title: Administrator
Date: 5/8/19

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by D. Kevin Carlson, Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on August 16, 2018, copy of email approval in Agreement file.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: _____
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: _____

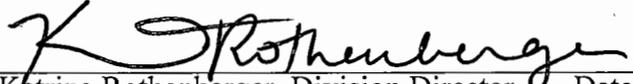
Oregon Health Authority
2017-2019 Intergovernmental Agreement
for the Financing of Public Health Services

MARION COUNTY SIGNATURE PAGE
BOARD OF COMMISSIONERS:

Chair Date

Commissioner Date

Commissioner Date

 5/7/19

Katrina Rothenberger, Division Director Date

Fund Verification Service Code: Various
Account: Various

 5/8/19

Jeremiah Elliot, Sr. Administrative Svcs Mgr Date

APPROVED AS TO FORM:

Marion County Legal Counsel Date

Marion County Contracts and Procurement Date

Chief Administrative Officer Date

**Attachment A
Financial Assistance Award (FY19)**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 3	
1) Grantee Name: Marion County		2) Issue Date March 12, 2019		This Action AMENDMENT FY 2019
Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program	Award Balance	Increase/ (Decrease)	New Award Bal	
PE01 State Support for Public Health	399,831		399,831	
PE03 Tuberculosis Case Management	0		0	
PE07 HIV Prevention Services	106,877		106,877	
PE12 Public Health Emergency Preparedness and Response (PHEP)	160,497		160,497	
PE13 Tobacco Prevention and Education Program (TPEP)	199,898		199,898	
PE40-01 WIC NSA: July - September	271,556		271,556	
PE40-02 WIC NSA: October - June	758,669		758,669	
PE40-03 BFPC: July - September	26,418		26,418	
PE40-04 BFPC: October - June	79,254	-21,384	57,870	
PE40-05 Farmer's Market	4,025		4,025	
PE41 Reproductive Health Program	25,379		25,379	
PE42-01 MCAH Title V CAH	38,119	-3,393	34,726	
PE42-02 MCAH Title V Flexible Funds	88,944	-7,916	81,028	
PE42-03 MCAH Perinatal General Funds & Title XIX	11,884		11,884	
PE42-04 MCAH Babies First! General Funds	37,968		37,968	
PE42-05 MCAH Oregon Mothers Care Title V	7,580		7,580	
PE42-06 MCAH General Funds & Title XIX	22,296		22,296	
PE43 Public Health Practice (PHP) - Immunization Services (Vendors)	97,728		97,728	

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 3	
1) Grantee Name: Marion County		2) Issue Date March 12, 2019	This Action AMENDMENT FY 2019	
Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301		3) Award Period From July 1, 2018 Through June 30, 2019		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
PE46	RH Community Participation & Assurance of Access	41,251		41,251
PE50	Safe Drinking Water (SDW) Program (Vendors)	118,881	0	118,881
PE51	Public Health Modernization Implementation	377,541		377,541
		2,874,596	-32,693	2,841,903
5) Foot Notes:				
PE03	1	Tuberculosis funding has been changed to a fee for service model.		
PE12	1	02/2019 Footnote: Funding being added to all LPHAs for the purpose of sending staff to Oregon Prepared Workshop in March, 2019 and OR-EPI in April 2019.		
PE40-01	1	Award for July - September should be spent by 9/30/18		
PE40-02	1	Award for October - June should be spent by 6/30/19		
PE40-03	1	Award for July - September to be spent by 9/30/18		
PE40-04	1	Award October - June to be spent by 6/30/19		
PE40-05	1	Award is one-time funding to be spent by 11/30/18		
PE41	1	Funding Period is for two month - 7/1/18 - 8/31/18 - Funds must be expended by August 31, 2018		
PE42-01	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-01	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-02	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-02	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-03	1	Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-04	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE42-05	2	Funds for the MCH Title V programs: Flexible funds, Child & Adolescent Health, and Oregon MothersCare for the period 7/1/18 – 9/30/18 must be spent by 9/30/18.		
PE42-06	1	For all MCH funds: Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).		
PE43	1	All Award Must be Spent by the End of June 30, 2019		

State of Oregon Oregon Health Authority Public Health Division			Page 3 of 3
1) Grantee Name: Marion County Street: 3180 Center St. NE, Suite 2100 City: Salem State: OR Zip Code: 97301	2) Issue Date March 12, 2019	This Action AMENDMENT FY 2019	
		3) Award Period From July 1, 2018 Through June 30, 2019	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE43 2 Immunization Special Payments is Funded by State General Fund and Matched dollar for Dollar with Federal Medicaid Match.			
6) Comments:			
PE03 \$4,144 must be spent by 12/31/18 PE07 \$32,976 must be spent by 12/31/18 PE40-01 Nutrition Ed of \$50,311 & BF of \$9,196 to be spent by 9/30/18 PE40-02 Nutrition Ed of \$150,934, BF of \$27,589 to be spent by 6/30/19 PE40-02 \$4,000 for clinic improvement PE40-04 3/2019: Marion County is ending BFPC services effective 4/18/2019 \$-21,348 of the current award is being reduced to reflect this PE42-01 \$9,530 must be spent from 7/1/18 to 9/30/18. \$28,589 must be spent from 10/1/18 to 6/30/19. PE42-01 3/2019: Deobligating \$3,392.97 (\$9,530 Q1 award - \$6,137.03 Q1 reported expenses) for PE42-01, FY19 Q1 award which had to be spent by 9/30/18. PE42-02 \$22,236 must be spent from 7/1/18 to 9/30/18. \$66,708 must be spent from 10/1/18 to 6/30/19. PE42-02 3/2019: Deobligating \$7,916.32 (\$22,236 Q1 award - \$14,319.68 Q1 reported expenses) for PE42-02, FY19 Q1 award which had to be spent by 9/30/18. PE42-05 \$1,895 must be spent from 7/1/18 to 9/30/18. \$5,685 must be spent from 10/1/18 to 6/30/19. PE46 PE46 7 Month award 9/1/18 to 3/31/19 PE50 \$10,699 must be spent from 7/1/18 to 9/30/18. \$32,098 must be spent from 10/1/18 to 6/30/19. (for portion of award with federal funding source CFDA 66.432) PE50 2/15/19: Remove prior comments regarding funding limitations and dates. PE51 Total budget for 12/1/2017 to 6/30/2019 (19 months) is \$463,238 PE51 \$84,970 is rollover of unspent award from SFY 2018 and must be spent by 6/30/2019.			
7) Capital outlay Requested in this Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG APPROV

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

Attachment B

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT										
EMAIL TO: OHA-PHD.ExpendRevReport@dhsosha.state.or.us										
Agency: [Enter your agency name]										
Program: [Enter the Program Element Number / Sub Element and Title]										
Fiscal Year: July 1, [start year] to June 30, [end year]										
BREAKDOWN BY FISCAL YEAR QUARTER										
REVENUE	Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
A. PROGRAM INCOME/REVENUE	Non-OHA/PHD Revenue	LPHA Revenue	Non-OHA/PHD Revenue	LPHA Revenue	Non-OHA/PHD Revenue	LPHA Revenue	Non-OHA/PHD Revenue	LPHA Revenue	Non-OHA/PHD Revenue	LPHA Revenue
1. Revenue from Fees										\$ -
2. Donations										\$ -
3. 3rd Party Insurance										\$ -
4. Other Program Revenue										\$ -
TOTAL PROGRAM INCOME		\$ -		\$ -		\$ -		\$ -		\$ -
5. Other Local Funds (Identify)										\$ -
5a.										\$ -
5b.										\$ -
6. Medicaid/OHP/Ccare										\$ -
7. Volunteer and in-Kind (estimate value)										\$ -
8. Other (Specify)										\$ -
9. Other (Specify)										\$ -
10. Other (Specify)										\$ -
TOTAL REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXPENDITURES	Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
B. EXPENDITURES	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
1. Personal Services (Salaries and Benefits)										\$ -
2. Services and Supplies (Total)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2a. Professional Services/Contracts										\$ -
2b. Travel & Training										\$ -
2c. General Supplies										\$ -
2d. Medical Supplies										\$ -
2e. Other (enter total from the "Other Services & Supplies Expenditures" Form)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Capital Outlay										\$ -
4. Indirect Cost (\$)										\$ -
4a. Indirect Rate (%)										
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Total Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL REIMBURSABLE EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Check Box If amounts have been revised since report previously submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
WIC PROGRAM ONLY: Enter the Public Health Division Expenditures breakdown in the following categories for each quarter.										
** General Ledger report is required effective 1/1/19 and first report will be due with FY19 Quarter 3 Expenditure reports**										
C. CATEGORY	Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
1. Client Services										\$ -
2. Nutrition Education										\$ -
3. Breastfeeding Promotion										\$ -
4. General Administration										\$ -
TOTAL WIC PROGRAM	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. CERTIFICATE										
I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)										
PREPARED BY	PHONE				AUTHORIZED AGENT SIGNATURE				DATE	

Form Number 23-152

Revised Mar. 2019

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

OREGON HEALTH AUTHORITY											
PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT											
		EMAIL TO:		OHA-PHD.ExpendRevReport@dhsaha.state.or.us							
		Agency:		[Enter your agency name]							
		Program:		[Enter the Program Element Number / Sub Element and Title]							
		Fiscal Year:		July 1, [start year]		to		June 30, [end year]			
OTHER SERVICES & SUPPLIES EXPENDITURES FORM											
BREAKDOWN BY FISCAL YEAR QUARTER											
OTHER SERVICES & SUPPLIES EXPENDITURES		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
2e.	OTHER SERVICES & SUPPLIES*	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
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	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	TOTAL OTHER S&S EXPENDITURES**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Form Number 23-152 Other S&S Expenditures											Revised Mar. 2019
*Note: For each line under 2e. OTHER SERVICES & SUPPLIES, enter the type of other expenditures and the amount for both the Non-OHA/PHD Expenditures column and OHA/PHD Expenditures Column.											
**Note: The Total Other S&S Expenditures for each quarter here needs to be entered into the corresponding cells in Line 2e. Other under the Expenditure Section of the Expenditure and Revenue Report.											

OHA - 2017-2019 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

TITLE OF FORM: OHA Public Health Division Expenditure and Revenue Report
FORM NUMBER: 23-152 (Instructions)

WHO MUST COMPLETE THE FORM 23-152:	All agencies receiving funds awarded through Oregon Health Authority Intergovernmental Agreement for Financing Public Health Services must complete this report for each grant-funded program. Agencies are responsible for assuring that each report is completed accurately, signed and submitted in a timely manner.
WHERE TO SUBMIT REPORT:	<u>OHA-PHD.ExpendRevReport@dhsoha.state.or.us</u>
WHEN TO SUBMIT:	Reports for grants are due 25 days following the end of the 3-, 6-, and 9-month periods (10/25, 1/25, 4/25) and 50 days after the 12-month period (8/25) in each fiscal year. Any expenditure reports due and not received by the 25th could delay payments until reports have been received from the payee for the reporting period.
WHAT TO SUBMIT:	Submit both the main Expenditure and Revenue Report and the Other Services & Supplies Expenditures (Other S&S) Form.

INSTRUCTIONS FOR COMPLETING THE FORM

Report expenditures for both Non-OHA/PHD and OHA/PHD funds for which reimbursement is being claimed. This reporting feature is necessary for programs due to the requirement of matching federal dollars with state and/or local dollars.

- YEAR TO DATE expenditures are reported when payment is made or a legal obligation is incurred.
- YEAR TO DATE revenue is reported when recognized.

OHA/PHD: Oregon Health Authority/Public Health Division

Enter your **Agency name, Program Element Number and Title, and Fiscal Year** start and end dates.

Gray shaded areas do not need to be filled out.

A. REVENUE	Revenues that support program are to be entered for each quarter of the state fiscal year as either Program Revenue or Non-OHA/PHD Revenue.
Program Revenue	Report this income in Section A. PROGRAM INCOME/REVENUE, Program Revenue column, Lines 1 through 4, for each quarter. Program income will be deducted from total OHA/PHD expenditures.
TOTAL PROGRAM INCOME	The total Program Revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Non-OHA/PHD Revenue	Report this revenue in Section A. PROGRAM INCOME/REVENUE, Non-OHA/PHD Revenue column Lines 5 to 10, for each quarter. If applicable, identify sources of Line 5. Other Local Funds and specify type of Other for Lines 8 - 10. Non-OHA revenue are not subtracted from OHA/PHD expenditures.
TOTAL REVENUE	The total of Program and Non-OHA/PHD revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Fiscal Year To Date	The YTD total Program or Non-OHA/PHD revenue for each line for the fiscal year. On the Excel report template, this is an auto sum field.
B. EXPENDITURES	Expenditures are to be entered for each quarter of the state fiscal year as either Non-OHA/PHD Expenditures or OHA/PHD Expenditures.
Non-OHA/PHD Expenditures	Program expenditures not reimbursed by the OHA Public Health Division.
OHA/PHD Expenditures	Reimbursable expenditures less program income.
Line 1. Personal Services	Report total salaries and benefits that apply to the program for each quarter. Payroll expenses may vary from month to month. Federal guidelines, 2 CFR 225 Appendix B.8. (OMB Circular A-87), require the maintenance of adequate time activity reports for individuals paid from grant funds.
Line 2. Services and Supplies (Total)	The total from the four subcategories (Lines 2a. through 2e.) below this category. On the Excel report template, this is an auto sum field.
Line 2a. Professional Services/Contracts	Report contract and other professional services expenditures for each quarter.
Line 2b. Travel & Training	Report travel and training expenditures for each quarter.
Line 2c. General Supplies	Report expenditures for materials & supplies costing less than \$5,000 per unit for each quarter.

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Line 2d. Medical Supplies	Report expenditures for medical supplies for each quarter.
Line 2e. Other	Report the Total Other S&S Expenditures from the Other S&S Expenditures Form. Data entry is done in the 'Other S&S Expenditures' Form by entering the type and amount of other services and supplies expenses.
Line 3. Capital Outlay	Report capital outlay expenditures for each quarter. Capital Outlay is defined as expenditure of a single item costing more than \$5,000 with a life expectancy of more than one year. Itemize all capital outlay expenditures by cost and description. Federal regulations require that capital equipment (desk, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulation (CFR) Part 92.32 and Part 74.34. <i>Prior approval must be obtained for any purchase of a single item or special purpose equipment having an acquisition cost of \$5,000 or more (PHS Grants Policy Statement; WIC, see Federal Regulations Section 246.14).</i>
Line 4. Indirect Cost (\$)	Report indirect costs for each quarter.
Line 4a. Indirect Rate (%)	Report the approved indirect rate percent within the (____%) area, in front of the % symbol. If no indirect rate or if you have a cost allocation plan, enter "N/A".
TOTAL EXPENDITURES	The total of OHA/PHD and Non-OHA/PHD expenditures for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Less Total Program Income	Take from the Program Revenue, TOTAL PROGRAM INCOME line in the Revenue section for each quarter and fiscal year to date. This is the OHA/PHD income that gets deducted from OHA/PHD total expenditures. On the Excel report template, this is an auto fill field.
TOTAL REIMBURSABLE EXPENDITURES	The total OHA/PHD expenditures less total program income for each quarter and fiscal YTD. The amount reimbursed by OHA-PHD. On the Excel report template, this is an auto calculate field.
Fiscal Year To Date	The YTD total of each expenditure category/subcategory of both OHA/PHD and Non-OHA/PHD for the fiscal year. On the Excel report template, this is an auto sum field.
C. WIC PROGRAM ONLY	Report the Public Health Division expenditures for the 4 categories listed in the WIC Program section for each quarter. Refer to Policy 315: Fiscal Requirements of the Oregon WIC Program Policy and Procedure Manual for definitions of the categories.
WIC GENERAL LEDGER REPORTING	Effective 1/1/19 General Ledger reports must be submitted with quarterly Expenditure and Revenue Report. First report due is for FY19 Quarter 3. Reports should be cumulative for FY.
TOTAL WIC PROGRAM	The total of the four WIC expenditure categories for each quarter and fiscal year. On the Excel report template, this is an auto sum field.
Fiscal Year to Date	The YTD total of each WIC category for the fiscal year. On the Excel report template, this is an auto sum field.
D. CERTIFICATE	Certify the report.
Prepared By	Enter the name and phone number of the person preparing the report.
Authorized Agent Signature	Obtain the signature, name and date of the authorized agent.
Where to Submit Report	Email the report to the Email To: address indicated on the form.
REIMBURSEMENT FROM THE STATE	Transfer document will be forwarded to the county treasurer (where appropriate) with a copy to the local agency when OHA Public Health Division makes reimbursement
WHEN A BUDGET REVISION IS REQUIRED	It is understood that the pattern of expenses will follow the estimates set forth in the approved budget application. To facilitate program development, however, transfers between expense categories may be made by the local agency except in the following instances, when a budget revision will be required: <ul style="list-style-type: none"> • If a transfer would result in or reflect a significant change in the character or scope of the program. • If there is a significant expenditure in a budget category for which funds were not initially budgeted in approved application.

Form Number: 23-152

Revised Mar. 2019

Attachment C

Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE40-04: BFPC: October - June

Funding Information Table

Federal Award Identification Number (FAIN):	
Federal Award Date:	3/1/2018
Performance Period:	10/1/16-9/30/2019
Federal Awarding Agency:	USDA
CFDA Number:	10.557
CFDA Name:	WIC Breastfeeding Peer Counseling
Total Federal Award:	\$762,442
Project Description:	Breastfeeding Peer Counseling
Awarding Official:	FNS Western Region
Indirect Cost Rate:	16.45%
Research and Development (Y/N):	No

PCA: 52004

INDEX: 50331

Agency/Contractor	DUNS	Amount
Marion	50973718	\$79,254

PE42-01: MCAH Title V CAH

Funding Information Table

Federal Award Identification Number (FAIN):	6B04MC31511-01-02	B04MC32566
Federal Award Date:	3/20/2018	11/14/2018
Performance Period:	10/1/2017 - 9/30/2019	10/1/18-9/30/20
Federal Awarding Agency:	DHS/HRSA	DHHS/HRSA
CFDA Number:	93.994	93.994
CFDA Name:	MCH Block Grant	MCH Title V Block Grant
Total Federal Award:	\$6,130,000	\$3,132,989
Project Description:	MCH Services	Maternal and Child Health
Awarding Official:	Carolyn Gleason	Carolyn Gleason
Indirect Cost Rate:	10.00%	10%
Research and Development (Y/N):	No	No

PCA: 52778 52272

INDEX: 50336 50336

Agency/Contractor	DUNS	Amount	Amount	Total FY 2019
Marion	50973718	\$9,530	\$28,589	\$38,119

PE42-02: MCAH Title V Flexible Funds

Funding Information Table

Federal Award Identification Number (FAIN):	6B04MC31511-01-02	B04MC32566
Federal Award Date:	3/20/2018	11/14/2018
Performance Period:	10/1/2017 - 9/30/2019	10/1/18-9/30/20
Federal Awarding Agency:	DHS/HRSA	DHHS/HRSA
CFDA Number:	93.994	93.994
CFDA Name:	MCH Block Grant	MCH Title V Block Grant
Total Federal Award:	\$6,130,000	\$3,132,989
Project Description:	MCH Services	Maternal and Child Health Services
Awarding Official:	Carolyn Gleason	Carolyn Gleason
Indirect Cost Rate:	10.00%	10%
Research and Development (Y/N):	No	No

PCA: 52778 52272

INDEX: 50336 50336

Agency/Contractor	DUNS	Amount	Amount	Total FY 2019
Marion	50973718	\$22,236	\$66,708	\$88,944