

AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT
(Emergency Wellness Program)

This Amendment to Cooperative Endeavor Agreement (the "Amended Agreement") is made and entered into effective as of the date of full execution, by and between the following parties:

ST. TAMMANY PARISH GOVERNMENT, a political subdivision of the State of Louisiana and the governing authority of St. Tammany Parish, whose mailing address is P.O. Box 628, Covington, Louisiana, 70434, herein appearing by and through Patricia P. Brister, Parish President, duly authorized (hereinafter referred to as "Parish"); and

ST. LUKE THE EVANGELIST ROMAN CATHOLIC CHURCH, SLIDELL, LOUISIANA, INC. d/b/a/ Good Samaritan Ministry, a non-profit corporation of the State of Louisiana, whose mailing address is 910 Cross Gates Boulevard, Slidell, Louisiana 70461, represented by and through Father Patrick Wattigny, its Pastor and by Jeffrey Entwisle, Director, duly authorized (hereinafter referred to as "St. Luke").

WHEREAS, effective as of January 1, 2015, as amended by the Amendment to Cooperative Endeavor Agreement last dated February 1, 2016, Parish and St. Luke entered into that Cooperative Endeavor Agreement (the "Original CEA"), wherein the Parish agreed to provide funding for St. Luke's Good Samaritan Ministry, and/or other obligations as set forth in the Original CEA; and

WHEREAS, the parties have identified a need to amend the Original CEA to extend the Term and provide St. Luke with necessary funding to operate its Good Samaritan Ministry and serve the citizens of St. Tammany Parish.

NOW THEREFORE the parties enter into this Amended Agreement in order to state each party's obligations more fully herein and to amend, restate and/or add the following provisions. This Amended Agreement is not intended to release any party from the obligations stated in the Original CEA, but is intended only to amend certain provisions to the Original CEA.

1. The foregoing recitals are hereby incorporated into the body of this Amended Agreement as if fully rewritten and restated herein.
2. Section 3.1 of the Original CEA is amended to add the sum of Sixty Thousand and No/100 (\$60,000.00) Dollars as the maximum amount to be invoiced by St. Luke to Parish for the 2017 calendar year.

3. Section 4.1 of the Original CEA is amended and restated so that the Term of the Original CEA is extended for one (1) calendar year, with said Term beginning on January 1, 2017 and ending on December 31, 2017. The aforementioned Term may be renewed, in the Parish's sole discretion, for one (1) additional year, under the same terms and conditions as in the Original CEA, with said renewal contingent upon the appropriation of funds by Parish necessary to fulfill the requirements of the Agreement, as renewed.
4. Exhibit "A" to the Original Agreement is hereby replaced with the new Exhibit "A," attached hereto and made a part hereof.
5. This Amended Agreement supersedes the Original CEA only where there exists any conflict. This Amended Agreement controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.
6. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be duly executed in multiple originals by the hereunder signed officers, each in the presence of the undersigned two (2) competent witnesses in St. Tammany Parish, State of Louisiana, as of the dates set forth, below after diligent reading of the whole, in various counterparts.

(Signature Page Follows.)

THUS DONE AND SIGNED on this 4th day of January, 2017 in the presence of the undersigned witnesses.

WITNESSES:

ST. TAMMANY PARISH GOVERNMENT

BY:
Patricia P. Brister
Parish President

THUS DONE AND SIGNED on this 22 day of December, 2016 in the presence of the undersigned witnesses.

WITNESSES:

ST. LUKE THE EVANGELIST ROMAN CATHOLIC CHURCH, SLIDELL, LOUISIANA d/b/a Good Samaritan Ministry

BY:
Father Patrick Wattigny, Pastor

BY:
Jeffrey Entwisle, Director



The Good Samaritan Ministry
2017 Emergency Wellness Program
Client Reporting Form

Program Name:		Emergency Wellness				Family Size	Cost	Check Number	Service Received
Client #	Client Zip Code	STP Resident Y/N	Income Level						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
TOTALS=					0	\$0.00			

MONTH:		
Services Provided	People Served	Monthly Goal
Food Pantry		80
Emergency Wellness (Utilities/ Dental/Optical, Medical & Rx)		20
Total	0	100

REPORT TOTALS	
Expenses	
ER Food Pantry	
ER Wellness Svc	
**Total	\$0.00

**No other compensation was received for the services being charged to STP Government.
 INITIAL HERE _____

Income	
Moderate	
Low	
Extremely Low	
Total	0

Monthly - Total STP Clients Served: _____
 YTD - Total STP Clients Served: _____