

**AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT**

(Educational and Behavioral Health Program)

This Amendment to Cooperative Endeavor Agreement (the "Amended CEA") is made and entered into as of the dates hereinafter set forth, by and between the following parties:

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

**NAMI ST. TAMMANY, INC.**, a Louisiana non-profit corporation and autonomous 501(c)(3) chartered affiliate of the National Alliance on Mental Illness, whose mailing address is P.O. Box 2055, Mandeville, Louisiana 70470, herein represented by its Treasurer, David J. Mancina (hereinafter referred to as "NAMI"); and

**WHEREAS**, effective as of January 1, 2014, Parish and NAMI entered into that Cooperative Endeavor Agreement (the "Original CEA") wherein NAMI agreed to provide educational and support classes for the purpose of reducing incidents of suicide, plus other obligations as more fully described in the Original CEA; and

**WHEREAS**, the parties have identified a need to amend the Original CEA to extend the Term into and provide funding for calendar year 2015.

**AND NOW THEREFORE**, the parties desire to enter into this Amended CEA in order to amend and/or add the following provisions. This Amended CEA is not intended to release any party from the obligations stated in the Original CEA, but is intended only to amend certain provisions to that Agreement:

1. The foregoing recitals are hereby incorporated into the body of this Amended CEA as if fully rewritten and restated herein.
2. Section 2.3 of the Original CEA is amended and restated to read as follows:

2.3 Beneficiary/Statistical Data for Reporting. NAMI shall provide reporting on a monthly basis as support documentation for reimbursement. NAMI shall provide the following information monthly: The date and type of programs provided, number of St. Tammany residents served (both total and unduplicated) and the number of resources provided. This information shall be reported on the Client Reporting Form attached hereto as Exhibit "A" and shall include a statement that no other compensation was received for the services charged to Parish, a statement that all information is true and correct and the signature of the Executive Director. NAMI will also collect, maintain at

their office and have available for verification and monitoring the following information for all programs: client name/number, zip code, residency, type of service, date of service, location of service, and attendance sheets signed by facilitator.

3. Section 2.3.1 of the Original CEA is hereby deleted in its entirety.
4. Section 2.3.2 of the Original CEA is hereby deleted in its entirety.
5. Section 3.1 of the Original CEA is amended to reflect that Parish shall contribute an additional sixty thousand (\$60,000.00) dollars for services performed by NAMI in calendar year 2015 pursuant to the Original CEA. For calendar year 2015, the maximum reimbursable amount for each specified category is (a) forty five thousand (\$45,000.00) dollars for salaries, benefits and taxes, (b) eight thousand four hundred (\$8,400.00) dollars for program materials and supplies and (c) six thousand six hundred (\$6,600.00) dollars for administrative/indirect costs. Any unused funds remaining at expiration of the Term shall be retained and/or reallocated by Parish and shall not be disbursed to NAMI.
6. Section 3.2 of the Original CEA is amended and restated to read as follows:

3.2 Reimbursement. Costs eligible for reimbursement under this Agreement are limited to salary, employment taxes, employee benefits, program materials/supplies and administrative/indirect costs not to exceed eleven percent (11%). Eligible reimbursements are those directly attributable to fees necessary for project activities. Additional compensation (bonuses, incentives, etc.) cannot be paid from this funding. Monthly invoices submitted shall have supporting documentation attached evidencing costs, proofs of payment, to be compared to services disclosed on the Client Reporting Form attached hereto as Exhibit "A". The documentation shall be submitted to Parish's Department of Health and Human Services and approved by Parish before reimbursement will be made. Reimbursement will be made only from approved documentation, in Parish's reasonable discretion.
7. The Original CEA is amended to add a new Section 3.2.1 as follows:



3.2.1 Process and Outcome Monitoring. Process monitoring will focus on program implementation and operation. Monitoring will be conducted twice during the program funding term.
8. Section 4.1 of the Original CEA is amended and restated so that the Term of the Original CEA is extended for one (1) additional calendar year, having a new expiration date of December 31, 2015.

9. This Amended CEA supersedes the Original CEA only where there exists any conflict. This Amended CEA controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.

10. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.

THUS DONE AND SIGNED on the 30<sup>th</sup> day of January 2015 in the presence of the undersigned witnesses.

WITNESSES:

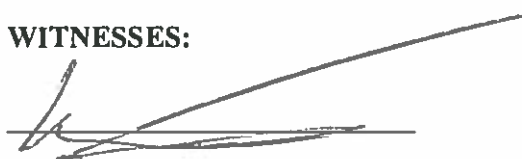

  


ST. TAMMANY PARISH GOVERNMENT

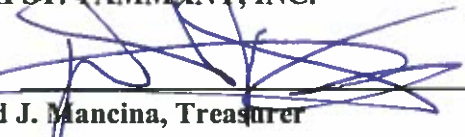
BY:   
Patricia P. Brister, Parish President

THUS DONE AND SIGNED on the 27 day of January, 2015 in the presence of the undersigned witnesses.

WITNESSES:

NAMI ST. TAMMANY, INC.

BY:   
David J. Mancina, Treasurer

