

**AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT
(Safe Haven Group Homes Operation)**

This Amendment to Cooperative Endeavor Agreement (the "Amended Agreement") 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, 2016, as amended by the Amendment to Cooperative Endeavor Agreement last dated August 24, 2016 and by the Amendment to Cooperative Endeavor Agreement last dated January 11, 2017, Parish and NAMI entered into that Cooperative Endeavor Agreement (the "Original CEA") wherein NAMI agreed to operate the Group Homes on the former campus of Southeast Louisiana Hospital, 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 modify Parish's funding obligations for calendar year 2017 and/or other obligations as set forth in the Agreement.

AND NOW THEREFORE, the parties desire to enter into this Amended Agreement in order 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, restate or add certain provisions to that Agreement:

1. The foregoing recitals are hereby incorporated into the body of this Amended Agreement as if fully rewritten and restated herein.
2. Section 3 of the Original CEA is amended to read as follows:
 - 3.1 Parish agrees to contribute funds in the maximum amount of Eighty Thousand (\$80,000.00) Dollars payable upon approved invoices submitted monthly in furtherance of the above-referenced initiatives. The maximum reimbursable amount for each specific category is: (a) Forty Five Thousand (\$45,000.00) Dollars for

salaries, benefits and taxes; (b) Six Thousand (\$6,000.00) Dollars for utilities; (c) Six Thousand (\$6,000.00) Dollars for transportation and vehicle maintenance; (d) Five Thousand (\$5,000.00) Dollars for equipment purchases; (e) Eight Thousand (\$8,000.00) Dollars for repairs and maintenance; (f) One Thousand Two Hundred (\$1,200.00) Dollars for other expenses; and (g) Eight Thousand Eight Hundred (\$8,800.00) Dollars for administrative and indirect expenses. Any unused funds remaining at expiration of the Term (as defined below) shall be retained and/or reallocated by Parish and shall not be disbursed to NAMI. NAMI acknowledges that Parish's Allocation for calendar year 2017 shall not exceed the sum of Eighty Thousand (\$80,000.00) Dollars in total.

3.2 Reimbursement. NAMI will provide Parish with a comprehensive breakdown of operational costs including utilities, salary/benefits, equipment purchases, client transportation, facilities maintenance and other direct costs eligible for reimbursement under this Agreement. Personnel paid from this funding will require identifying the person, providing a job description including the percentage of time allocated to the group home program. Additional compensation (bonuses, incentives, etc.) cannot be paid from this funding. Monthly invoices shall have supporting documentation attached evidencing costs and proofs of payment. NAMI shall provide the unit and or address for any utilities, vehicle maintenance, equipment, repairs and maintenance invoices submitted for reimbursement. In addition, NAMI shall provide the following information monthly in the form attached hereto as Exhibit "A": (a) the number of clients in program; (b) the number of new clients; (c) the client status (i.e.: new, continuing or discharged with reason for discharge); (d) client zip code; (e) St. Tammany Parish residency or otherwise; (f) Number of discharges with explanation; and (g) number of clients returning within one (1) year of previous discharge. The monthly Exhibit "A" report shall be submitted to Parish's Department of Health and Human Services and approved by Parish before reimbursement will be made. A statement shall be included with the request for reimbursement that no other compensation was received for the services being reimbursed by Parish. Reimbursement will be made only from approved documentation, in Parish's reasonable discretion.

3.2.1. Process and Outcome Monitoring. Process monitoring will focus on program implementation and operations. Monitoring will be conducted twice during the program funding term.

3.3 Payment Schedule: Limitations. Notwithstanding anything in this Agreement to the contrary, no drawdown for any calendar month shall exceed approximately one-twelfth (1/12) of the funds to be contributed by Parish for a calendar year. However, in the event that NAMI does not obtain contribution for a full one-twelfth (1/12) of funds reimbursable in any calendar month, such amount can be applied forward for reimbursement in a future calendar month, subject to Parish's maximum funding obligations for the Term as set forth in Section 3.1 of this Agreement.

3. Exhibit "A" to the Original Agreement is hereby replaced with the new Exhibit "A," attached hereto and made a part hereof.
4. 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.
5. 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 May 22nd, 2012 in the presence of the undersigned witnesses.

WITNESSES:

Gene Pasovich
Anne Pasovich
Melissa Mello
Kell-M. Rabola's

ST. TAMMANY PARISH GOVERNMENT

BY: Patricia P. Brister
Patricia P. Brister
Parish President

THUS DONE AND SIGNED on MAY 15, 2017 in the presence of the undersigned witnesses.

WITNESSES:

[Signature]
Tom Jelse

NAMI ST. TAMMANY, INC.

BY: [Signature]
David J. Mancina
Treasurer

EXHIBIT "A"



NAMI St. Tammany
2017- Group Home Operation
Client Reporting Form

Program Name: NAMI Group Home Operation

MM/YYYY

| | New STP Client or Existing | Client # | Clients prior zip code | STP Resident Y/N | Client Status | Discharge Outcomes |
|----|----------------------------|----------|------------------------|------------------|-------------------|--|
| 1 | New | | | Yes | New to program | Required Lower Level of Care |
| 2 | Existing | | | No | Continued service | Discharged to Less Restrictive Setting |
| 3 | | | | | Discharged | Noncompliant |
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| Residents | Total |
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| # of Residents in ALL homes | |
| # of STP Residents | |
| # of NEW Residents | |
| # of referrals for services | |
| Reentering within 1 year | |

| Total Program Expenses | |
|--|---------------|
| Salary/Benefits/Taxes | |
| Utilities | |
| Transportation/Vehicle Maintenance | |
| Equipment Purchases | |
| Repairs/Maintenance | |
| Other | |
| Administrative/Indirect | |
| **Total | \$0.00 |
| *** No other compensation was received for the services being charged to STP Government. INITIAL HERE _____ | |



NAMI St. Tammany
2017 - Group Home Operation
Client Reporting Form

Program Name: **NAMI Group Home Operation**

MM/YYYY

| New STP Client or Existing | Client # | Clients prior zip code | STP Resident Y/N | Client Status | Discharge Outcomes | |
|----------------------------|----------|------------------------|------------------|-------------------|------------------------------|---|
| | | | | | Required Lower Level of Care | Discharged to Less Restrictive Setting Noncompliant |
| 1 | | | Yes | New to program | | |
| 2 | | | No | Continued service | | |
| 3 | | | | Discharged | | |
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| Residents | Total |
|-----------------------------|-------|
| # of Residents in ALL homes | |
| # of STP Residents | |
| # of NEW Residents | |
| # of referrals for services | |

Reentering within 1 year

| Total Program Expenses | **Total | \$0.00 |
|------------------------------------|---------|--------|
| Salary/Benefits/Taxes | | |
| Utilities | | |
| Transportation/Vehicle Maintenance | | |
| Equipment Purchases | | |
| Repairs/Maintenance | | |
| Other | | |
| Administrative/Indirect | | |

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