

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

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, 2016, 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 provide for additional funding for calendar year 2016.

**AND NOW THEREFORE**, the parties desire to enter into this Amended CEA in order to amend, restate 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, restate or add 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 3.1 of the Original CEA is amended to read as follows:

3.1 Parish agrees to contribute funds in the maximum amount of One Hundred Thirty Thousand (\$130,000.00) Dollars payable upon approved invoices submitted monthly in furtherance of the above-referenced initiatives. The maximum reimbursable amount for each specific category is: (a) Ninety Thousand (\$90,000.00) 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) Thirteen Thousand Eight Hundred (\$13,800.00) 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.

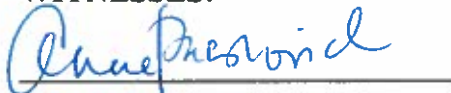

3. This Amended CEA supersedes the Original CEA only where there exists any conflict. This Amended CEA controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.
4. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.

(Signature page follows.)

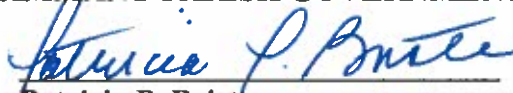
IN WITNESS WHEREOF, the Parties have caused this Agreement to be duly executed in multiple originals by the hereunder signed officers, each in the presence of the undersigned two (2) competent witnesses in St. Tammany Parish, State of Louisiana, as of the dates set forth, below after diligent reading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

THUS DONE AND SIGNED on August 24<sup>th</sup>, 2016 in the presence of the undersigned witnesses.

WITNESSES:

ST. TAMMANY PARISH GOVERNMENT

BY:   
Patricia P. Brister  
Parish President

THUS DONE AND SIGNED on August 18, 2016 in the presence of the undersigned witnesses.

WITNESSES:


NAMI ST. TAMMANY, INC.

BY:   
David J. Mancina  
Treasurer

# EXHIBIT "A"



## NAMI St. Tammany 2016 - Group Home Operation Client Reporting Form

Program Name: **NAMI Group Home Operation**

MM/YYYY

|    | New STP Client or Existing | Client # | Client's 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                           |
| 4  |                            |          |                         |                  |                   |  |
| 5  |                            |          |                         |                  |                   |  |
| 6  |                            |          |                         |                  |                   |  |
| 7  |                            |          |                         |                  |                   |  |
| 8  |                            |          |                         |                  |                   |  |
| 9  |                            |          |                         |                  |                   |  |
| 10 |                            |          |                         |                  |                   |  |
| 11 |                            |          |                         |                  |                   |  |
| 12 |                            |          |                         |                  |                   |  |
| 13 |                            |          |                         |                  |                   |  |
| 14 |                            |          |                         |                  |                   |  |
| 15 |                            |          |                         |                  |                   |  |
| 16 |                            |          |                         |                  |                   |  |
| 17 |                            |          |                         |                  |                   |  |
| 18 |                            |          |                         |                  |                   |  |
| 19 |                            |          |                         |                  |                   |  |
| 20 |                            |          |                         |                  |                   |  |
| 21 |                            |          |                         |                  |                   |  |
| 22 |                            |          |                         |                  |                   |  |
| 23 |                            |          |                         |                  |                   |  |
| 24 |                            |          |                         |                  |                   |  |
| 25 |                            |          |                         |                  |                   |  |

| Residents                   | Total |
|-----------------------------|-------|
| # 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   |              |
| <b>**Total</b>  | <b>50.00</b> |
| <p><b>**No other compensation was received for the services being charged to STP Government.</b></p> <p><b>INITIAL HERE _____</b></p> |              |