



ST. JOHN

THE BAPTIST PARISH

1801 W. Airline Highway
LaPlace, LA70068
(985) 652-9569

PROFESSIONAL SERVICES AGREEMENT OCCUPATIONAL HEALTH SERVICES

This Agreement is made and entered into on this 24th day of October, 2017 between **St. John the Baptist Parish Council**, (hereinafter referred to as "**Parish**"), represented by Natalie Robottom, Parish President, and **Ochsner Medical Center–Kenner/Ochsner Medical Complex–River Parishes, 1900 W. Airline Hwy., LaPlace, LA 70068** (hereinafter referred to as "**Contractor**") under the following terms and conditions.

SCOPE OF SERVICES

The **Contractor** hereby agrees to provide **Occupational Health Services** as set forth in **Exhibit A: Statement of Work**, incorporated herein by reference. The parties agree to be bound by the requirements as described in that exhibit.

PAYMENT TERMS

In consideration of the services described in **Exhibit A**, **Parish** hereby agrees to compensate the **Contractor** in accordance with its fee scheduled described in **Exhibit B: Pricing Schedule**. All payments must be approved by the **Director of Human Resources**, hereinafter called the "**Director**", and all deliverables, etc. shall be submitted to the **Director**.

MONITORING PLAN

This **Agreement** shall be monitored by the **Director** which will include a review of the services delineated in **Exhibit A: Statement of Work** to ensure completion and a review of invoices for accuracy prior to disbursement of funds, etc. The **Contractor** shall submit a monthly invoice of services in accordance with **Exhibit A**.

TAXES

The **Contractor** hereby agrees that the responsibility for payment of taxes from the funds thus received under this **Agreement** shall be **Contractor's** obligation. **Contractor** is required to provide a completed W-9 form prior to commencement of work.

TERMINATION FOR CAUSE

The **Parish** may terminate this **Agreement** for cause based upon the failure of the **Contractor** to comply with the Terms and/or Conditions of this **Agreement**; provided that **Parish** shall give the **Contractor** written notice specifying the **Contractor's** failure. If within thirty (30) days after receipt

of such notice, the **Contractor** shall not have either corrected such failure or, in the case of such failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then **Parish** may, at its option, place the **Contractor** in default and this **Agreement** shall terminate on the date specified in such notice.

The **Contractor** may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of **Parish** to comply with the Terms and Conditions of this **Agreement**, provided that the **Contractor** shall give **Parish** written notice specifying the failure and a reasonable opportunity for **Parish** to cure the defect.

Notwithstanding the above, the **Contractor** will not be relieved of liability to **Parish** for damages sustained by **Parish** by virtue of any breach of this **Agreement** by the **Contractor**, and **Parish** may withhold any payments to the **Contractor** for the purpose of setoff until such time as the exact amount of damages due **Parish** is determined.

TERMINATION FOR CONVENIENCE

The **Parish** may terminate this **Agreement** at any time by giving thirty (30) days written notice to the **Contractor**. The **Contractor** shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

TERM OF AGREEMENT

This **Agreement** shall be for a term of three (3) years beginning on **November 1, 2017** and terminating on **October 31, 2020**, unless otherwise terminated per the termination clause or mutual extension by amendment. Upon written mutual agreement between the **Parish** and the **Contractor**, this **Agreement** may be extended for an additional one (1) year period.

GENERAL CONDITIONS

The **Contractor** shall, at all times during the term of this **Agreement**, maintain a valid Louisiana license, if applicable.

The professional and technical adequacy and accuracy of documents, and other work products furnished under this **Agreement** will be conducted in a manner consistent with that level of care and skill ordinarily exercised by members of the profession.

It is understood and agreed by the parties hereto that the **Contractor** is entering into this **Agreement** in the capacity of an independent **Contractor**. While in the performance of services or carrying out other obligations under this **Agreement**, the **Contractor** shall be acting in the capacity of independent **Contractors** and not as employees of the **Parish**. The **Parish** shall not be obliged to any person, firm or corporation for any obligations of the **Contractor** arising from the performance of their services under this **Agreement**.

The **Contractor** warrants that he has not employed or retained any company or person, other than a bona-fide employee working solely for the **Contractor**, to solicit or secure this **Agreement**, and that they have not paid or agreed to pay any company or person, other than bona-fide employees working solely for the **Contractor**, any fee, commission, percentage, brokerage fee, gifts, or any other consideration, contingent upon or resulting from the award or making of this **Agreement**.

For breach or violation of this warranty, the **Parish** shall have the right to annul this **Agreement** without liability.

This **Agreement** shall be binding upon the successors and assigns for the parties hereto. This **Agreement** being for the personal services of the **Contractor**, shall not be assigned or subcontracted in whole or in part by the **Contractor** as to the services to be performed hereunder without the written consent of the **Parish**.

This document represents the entire **Agreement** between the **Parish** and **Contractor**. It may be amended only by authority of the **Parish** and in writing, signed by both **Parish** and **Contractor**.

This **Agreement** shall be deemed to be made under the laws of the State of Louisiana, and for all purposes shall be interpreted in its entirety in accordance with the laws of said State. The **Contractor** hereby agrees and consents to the jurisdiction of the courts of the State of Louisiana over its person.

INSURANCE

The **Contractor** shall meet or exceed the **Parish's** Insurance Requirements as listed in **Exhibit C: Insurance Requirements**.

OWNERSHIP

All records, reports, documents, and other material delivered or transmitted to **Contractor** by **Parish** shall remain the property of **Parish**, and shall be returned to **Parish**, at **Contractor's** expense, at termination or expiration of this **Agreement**. All records, reports, documents, or other material related to this **Agreement** and/or obtained or prepared by **Contractor** in connection with the performance of the services contracted for herein shall become the property of **Parish**, and shall, upon request, be returned to **Parish**, at **Contractor's** expense, at termination or expiration of this **Agreement**.

NON-ASSIGNABILITY

The **Contractor** shall not assign any interest in this **Agreement** by assignment, transfer, or novation, without prior written consent of **Parish**. This provision shall not be construed to prohibit the **Contractor** from assigning its bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to **Parish**.

AUDITORS

It is hereby agreed that **Parish** shall have the option of auditing all accounts of **Contractor** which relate to this **Agreement**.

INDEMNITY

To the fullest extent permitted by law, **Contractor** shall indemnify and hold harmless and defend the **Parish** and all of its Agents and Employees, from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of the work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including loss of use resulting therefrom, but only to the extent caused in whole or

in part by negligent acts or omissions of **Contractor**.

SEVERABILITY CLAUSE

If any one or more of the provisions contained in this **Agreement** shall, for any reasons, be held to be invalid, illegal or unenforceable, in whole or in part, such invalidity, illegality, or unenforceability shall not affect any other provisions of this **Agreement**, and in such an event, this **Agreement** shall be construed as if such invalid, illegal, or unenforceable provisions had never been contained herein.

FISCAL FUNDING

The continuation of this **Agreement** is contingent upon the appropriation of funds to fulfill the requirements by the **Parish** or any other state or federal funding source. If the **Parish** fails to appropriate sufficient monies to provide for the continuation of this **Agreement**, or if such appropriation is reduced by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of this **Agreement**, this **Agreement** shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

NOTICES

All notices or demands required to be given, pursuant to the terms of this **Agreement**, shall be given to the other party in writing, delivered in person, sent by facsimile transmission, deposited in the United States mail, first class postage prepaid, registered or certified mail, return receipt requested or deposited with any commercial air courier or express service at the addresses set forth below, by acknowledged e-mail, or to such other address or written form of communication as the parties may substitute by written notice, by giving at least seven (7) days' notice of such change.

If to Parish:	If to Contractor:
St. John the Baptist Parish Attn: Natalie Robottom, Parish President 1801 W. Airline Hwy. LaPlace, Louisiana 70068	Ochsner Medical Center-Kenner/Ochsner Medical Complex-River Parishes Attn: Stephen E. Robinson Jr. 1900 W Airline Hwy LaPlace, LA 70068

EXCLUSIONS

Pursuant to Louisiana Revised Statute 38:2227, **Contractor** must certify that he has not been convicted of, or has not entered into a plea of guilty or nolo contendere to public bribery, corrupt influencing, extortion, money laundering or their equivalent federal crimes. **Contractor** must further certify that he has not been convicted of, or has not entered into a plea of guilty or nolo contendere to theft, identity theft, theft of a business record, false accounting, issuing worthless checks, bank fraud, forgery, **Contractors'** misapplication of payments, malfeasance in office, or their equivalent federal crimes within the five (5) years prior to submitting the proposal.

E-VERIFY PROGRAM

Pursuant to Louisiana Revised Statute 38:2212.10, **Contractor** must certify that it and each individual, firm or corporation associated with it and engaged in the physical performance of services in the State of Louisiana, under an **Agreement** with St. John the Baptist Parish Council has registered with, is participating in, and shall continue to participate in a federal work authorization program designated as such under the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, as amended, which is operated by the United States Department of Homeland Security, known as the "E-Verify" program. **Contractor** must verify the legal status of all existing and new employees in the State of Louisiana by attesting herein that each is a citizen of the United States or legal aliens as defined by now effective immigration laws of the United States of America.

DISCRIMINATION CLAUSE

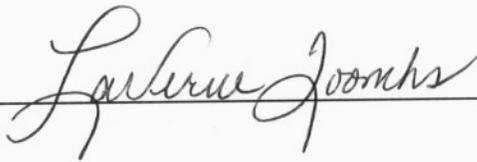
The **Contractor** agrees to abide by the requirements and be subject to any sanctions of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246 and 11375, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1975, and **Contractor** agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

The **Contractor** agrees not to discriminate in its employment practices, and will render services under this **Agreement** without regard to race, color, religion, sex, national origin, veteran status, political affiliation, or disabilities.

THUS DONE AND SIGNED AT LaPlace, Louisiana on the day, month and year first written below.

IN WITNESS WHEREOF, the parties have executed this **Agreement** as of this 24th day of October 2017.

WITNESS:



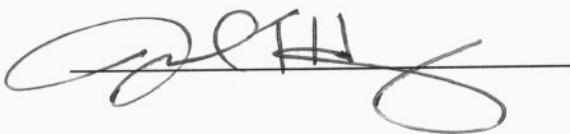
PARISH:

ST. JOHN THE BAPTIST PARISH COUNCIL

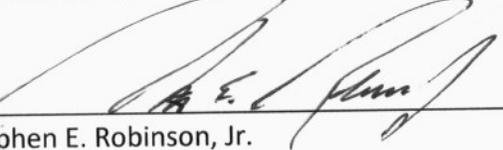
By: 

Natalie Robottom
Parish President

WITNESS:



CONTRACTOR

By: 

Stephen E. Robinson, Jr.
CEO

Exhibit A: Statement of Work

The **Contractor** shall provide **Occupational Health Services** as indicated below and shall include, but is not necessarily limited to the following:

- 1. Occupational Injury/Workers' Compensation Case Management**
 - a. Case coordination and case management for work-related injured/ill employees of the Parish. Services must be requested by the **Parish**. The case management system must be designed so that the injured/ill employee is closely monitored and medical care is coordinated, in conjunction with the Parish's Workers' Compensation coordinator, from the time of injury until the case is closed.

- 2. Post-Offer/Pre-Employment Physical Examination to candidates offered employment**
 - a. Evaluation by a medical professional to determine if an individual is physically and/or mentally able to perform the essential functions of their desired position and in accordance with the physical requirements and working conditions, as defined in the job description provided by the **Parish**
 - b. Pre-employment physicals for prospective firefighters in accordance with Firefighters Retirement System of Louisiana's requirements
 - c. Results communicated back to the Parish within 3-4 business days (unless otherwise noted)

- 3. Job-related Physical Examinations, Testing and Screening (non-DOT and DOT as applicable)**
 - a. Perform physical examinations/tests for certain positions. For example:
 - i. Audiogram
 - ii. Respirator Fit Testing
 - iii. Vision/Distance Testing
 - iv. Tuberculin (TB) Skin Testing

- 4. Vaccinations as indicated for certain jobs.** For example:
 - a. Hepatitis B vaccine with testing done as outlined in the Center for Disease Control and Prevention (CDC) guidelines
 - b. Adult Tetanus/Diphtheria with same day service

- 5. Return-to-Work (RTW) Physicals**
 - a. Evaluation by a medical professional to determine if an employee is physically and/or mentally able to perform the essential functions of their position and in accordance with the physical requirements and working conditions, as defined in the job description as provided by the **Parish**.
 - b. Upon request of the **Parish**, perform return-to-work examinations for non-work related injury or illness.
 - c. Results communicated to Parish within 24 business hours

6. Fitness for Duty Examinations

- a. Provide thorough and complete medical records review and evaluation, including medical information from external providers and coordination of receiving those records.
- b. Receive and evaluate results for fitness for duty examinations provided by other vendors and provide findings and recommendations to the **Parish**.

7. Drug and Breath Alcohol Testing

- a. Pre-employment, Post-accident, Reasonable Suspicion, and Random Drug Testing
 - i. 10-panel drug screen with results within 24 business hours
 - ii. Breath Alcohol Test with immediate results

8. Medical Leave Verification/Clarification

- a. Upon request, provide verification and/or clarification of employees' need for medical leave.

9. Post-exposure Testing and Examinations to comply with any applicable federal, state, or local provisions

10. Legislative updates as they relate to the services covered under an agreement resulting from the RFP process

11. Medical Subject Matter Expert (SME)

- a. Acting in the **Parish's** stead as a medical SME, which may involve discussing an employee's medical condition or medications with their medical provider and reporting back to the **Parish** in regard to any safety concerns, treatment options and compliance for recommended treatment.

12. Consultation on Occupational Medical Issues

OTHER REQUIREMENTS:

1. Have adequate numbers of appropriately qualified staff to provide the required services including but not limited to a physician licensed to practice medicine in the State of Louisiana, licensed Medical Review Officer.
2. Ensure that technicians performing specimen collections and breath alcohol testing on **Parish** employees are DOT-certified.
3. Have available, technicians trained in performing blood alcohol collections in the event that breath alcohol testing cannot be performed.
4. Ensure ability to provide appropriate personnel in cases where specimen collection for drug screen must be witnessed by member of same gender as donor.

5. Utilize laboratories that are, at a minimum, DOT-certified, for **Parish** drug screenings; Clinical Laboratory Improvement Amendments (CLIA)-certified laboratories for other laboratory testing.
6. Communicate with **Parish** in accordance with timelines as outlined in this **Agreement**.
7. Promptly notify **Parish** if an employee or job candidate fails to report for a scheduled appointment/referral or refuses to complete any portion of an exam or testing.
8. Provide accurate records and statistical reports as required by state and federal laws and regulations, and the **Parish**.
9. Comply with the Health Insurance Portability and Accountability Act (HIPPA) or other applicable privacy laws in the confidentiality of health care information generated.
10. Maintain facilities that are clean, neat, and sanitary and that comply with health rules and regulations.
11. Operate **Monday through Friday 8:00 a.m. – 5:00 p.m.** preferably; have availability of after-hour drug and breath alcohol testing, occupational injury/illness examination and treatment, and post-exposure testing. After-hours services may be performed either directly or through Company's subcontracted provider(s). If cost differentials or premiums apply for after-hour services, please specify in **Exhibit B: Pricing Schedule**.
12. Indicate whether it has the capability to provide on-site specimen collections for drug screens in accordance with DOT guidelines.
13. Maintain any drug screen sample that proves to be positive upon confirmation for a period of at least one year.
14. Agree to provide staff for **Parish's** annual health and wellness fair. Additionally, **Contractor** should attend or provide speakers for **Parish's** periodic wellness seminars and activities.
15. Comply and perform all work in accordance with applicable federal, state, and local regulations.
16. Furnish all tools, materials, equipment, apparatus, labor, workmanship, transportation, and services necessary to perform and complete the work as per **Exhibit A**.
17. Provide capabilities to **Parish** personnel for online scheduling of services, results retrieval, email notifications of missed appointments, etc.
18. Make every attempt to decrease wait times for employees during **Parish's** business hours for routine services such as drug screens, breath alcohol tests, vaccinations, treatment for minor injuries or exposures, etc.

Quantity: There is no guaranteed amount of services intended either expressly or implied, to be purchased or contracted for by the **Parish**. However, the **Contractor** awarded the **Agreement** shall furnish all required services to the **Parish** at the stated price, when and if required.

Regulatory Requirements: The proposed **Contractor** shall comply with all applicable federal, state, and local laws, ordinances, rules, and regulations, including IICRC Flood Certified, pertaining to the performance of the work specified herein.

Ignorance on the part of the proposed **Contractor** shall not, in any way, relieve the contractor from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

NOTE: Pre-employment drug screens and/or post-accident illness/injury and post-exposure testing services may occasionally include other agents of the **Parish**, including but not limited to, seasonal employees, volunteer firefighters, and Parish Advisory Board Members.

Exhibit B: Pricing Schedule

Below is the list of entire costs associated with performing services of the type and quality set forth in **Exhibit A**; said costs inclusive of entire fee for services listed, including all services, labor, materials and equipment necessary to complete the work in accordance with **Exhibit A**.

<u>SERVICE</u>	<u>COST</u>
Pre-Employment Physical (Non-DOT): -Physical Examination with Health History Review	\$60.00
Pre-Employment Physical (DOT) -DOT Physical	\$75.00
Pre-Employment Physical (for prospective firefighters)	\$60.00
Pre-Employment Work Fitness Screening	\$60.00
Re-Certification Physicals (DOT)	\$75.00
Substance Abuse: Non-DOT Pre-Employment/Post-Accident/ Reasonable Suspicion/Random Drug Screening -Urine Drug Screening consisting of: <ul style="list-style-type: none">• Urine Collection• 10 Panel Drug Screen• Medical Review & Reporting	\$55.00
Substance Abuse: DOT Pre-Employment/Post-Accident/ Reasonable Suspicion/Random Drug Screening -DOT Urine Drug Screening consisting of: <ul style="list-style-type: none">• Urine Collection• 10 Panel Drug Screen• Medial Review & Reporting	\$55.00
Substance Abuse: Breath Alcohol Screen with Confirmation	\$35.00
Fit for Duty Physical: -Physician Exam with Return-to-Work Short Narrative Note	\$75.00*
On-Call After-Hours Substance Abuse Services: Post-Accident/ Reasonable Suspicion Drug Screening	\$150.00
On-Call After-Hours Substance Abuse Services: Breath Alcohol Testing with Confirmation	\$110.00

Worker's Compensation
 -In-Clinic Treatment of Work-Related Injuries/Illness

Initial Visit and Report:	Cost:
99202 Limited Visit	\$208.00
99203 Intermediate Visit	\$291.00
99204 Extensive Visit	\$411.00
Return Visit and Report:	Cost:
99212 Limited Visit	\$141.00
99213 Intermediate Visit	\$211.00
99214 Extensive Visit	\$289.00
Contracted Services Rates per CPT Code:	Cost:
73610 Ankle X-ray 3 or More Views	\$67.00
73600 Ankle X-ray 2 Views	\$58.00
73080 Elbow X-ray Complete	\$70.00
95904 Nerve Conduction	**see note
95903 Nerve Conduction	**see note
95900 Nerve Conduction	**see note
96860 EMG1 Extremity	N/A
73721 MRI Lower Extremity	N/A
73221 MRI Lower Extremity	N/A
73630 Foot X-ray Complete	\$65.00
76564 Knee X-ray 4 or More Views	***see note
73560 Knee X-ray 2 Views	\$63.00
73140 Finger X-ray Complete	\$65.00
73130 Hand X-ray Complete	\$66.00
72040 Cervical X-ray 2 Views	\$80.00
72110 Lumbar X-ray 4 Views	\$114.00
73110 Wrist X-ray Complete	\$75.00
72070 Thoracic X-ray 2 Views	\$70.00
73000 Clavicle X-ray Complete	\$59.00
73030 Shoulder X-ray Complete	\$64.00
73090 Forearm X-ray Complete	\$58.00
97001 PT Evaluation (1 st Visit)	N/A
97003 OT Evaluation (1 st Visit)	N/A
97545 Work Conditioning/Initial 2 hour	N/A
97546 Work Conditioning/per additional hour	N/A

PT/OT Subsequent Visits	N/A
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Specify Services (and associated costs) not mentioned in Exhibit A:

Services with associated costs that we are providing today as your provider of choice:

Vaccines:	Cost:
90632 Hep A	\$80.00
90746 Hep B	\$110.00
90715 TDAP	\$60.00

Notes:

*Fit for Duty Physical is for a Return-to-Work basic exam. The prices for extended and complex are as follows:

Return-to-Work (Extended)	\$90.00
Return-to-Work (Complex)	\$120.00
**Nerve Conduction Study (95905)	\$138.00
***Knee X-ray (4 or More Views 73564)	\$60.00

Exhibit C: Insurance Requirements

The **Contractor** shall obtain, pay for and keep in force, at its own expense, minimum insurance effective in all localities where **Contractor** may perform the work hereunder, with such carriers as shall be acceptable to the **Parish**:

A) Statutory Workman's Compensation covering all state and local requirements and Employer's Liability Insurance covering all persons employed by **Contractor** in connection with this **Agreement**.

The limits for "A" above shall be not less than:

- 1) Employer's liability limits of \$1,000,000/\$1,000,000/\$1,000,000
- 2) Some agreements may require USL&H or maritime coverage. This should be verified with Insurance Dept. /Legal Dept.
- 3) WAIVER OF SUBROGATION in favor of the **Parish** shall be included on certificate.
- 4) No excluded classes of personnel or employees shall be allowed on **Parish's** premises.

B) Commercial General Liability, including:

- 1) Contractual liability assumed by this **Agreement**
- 2) **Parish's** and **Contractor's** Protective Liability (if **Contractor** is a General **Contractor**)
- 3) Personal and advertising liability
- 4) Completed operations
- 5) Medical payments

The limits for "B" above shall not be less than:

- 1) \$1,000,000 each occurrence limit
- 2) \$2,000,000 general aggregate limit other than products — completed operations
- 3) \$1,000,000 personal and advertising injury limit
- 4) \$1,000,000 products/completed operations aggregate limit
- 5) \$50,000 fire damage limit
- 6) \$5,000 medical expense limit (desirable but not mandatory)
- 7) \$1,000,000 CSL each occurrence WITH NO annual aggregate will be acceptable in lieu of 1 + 2 above. Must include BFCGL endorsement.
- 8) The **Parish** will be NAMED as additional insured and WAIVER OF SUBROGATION in favor of the **Parish** shall be included on the certificate.

C) Comprehensive Automobile Liability covering all owned, hired and other non-owned vehicles of the **Contractor**.

The limits for "C" above shall not be less than:

- 1) \$1,000,000 CSL
- 2) The **Parish** will be NAMED as additional insured and WAIVER OF SUBROGATION in favor of the **Parish** shall be included on the certificate.

D) Professional Liability Insurance covering the Wrongful Acts of those professional firms and individuals performing services for the **Parish**. Certain classifications of service providers will be required to provide evidence of Professional Liability Insurance. Examples of these providers include but are not limited to: Professional Architects & Engineers, Architects, Land Surveyors, Attorneys, and IT.

The limits for "D" above shall not be less than:

- 1) \$1,000,000.00
- 2) WAIVER OF SUBROGATION in favor of the **Parish** shall be included on the certificate.

OTHER SPECIFIC COVERAGES RELATED TO THE TASK BEING PERFORMED MAY BE REQUIRED.

CERTIFICATES

Prior to starting the work, the **Contractor** shall deliver to the Director of Purchasing & Procurement, 1801 West Airline Highway, LaPlace, LA 70068 certificates evidencing that the insurance required is in effect. Such certificates shall provide that the Insurer shall give the **Parish** thirty (30) days written notice of any material change in or cancellation of such insurance.

LICENSE REQUIREMENTS

When applicable, a current St. John the Baptist Parish Occupational License is to be maintained by **Contractor** during the duration of this **Agreement**. Yearly, a copy of such license shall be provided to the Director of Purchasing and Procurement.

When applicable, a current Louisiana State **Contractor's** License should be furnished: W-9 Form is to be furnished prior to work being issued.



ST. JOHN THE BAPTIST PARISH COUNCIL

1805 West Airline Hwy.
LaPlace, Louisiana 70068
Office 985-652-1702
Fax 985-652-1700

October 25th, 2017

Division A

Larry Sorapuru, Jr.
502 Hwy. 18 River Road
Edgard, LA 70049
Cell 504-218-9049

Division B

Jaclyn S. Hotard
1805 W. Airline Hwy.
LaPlace, LA 70068
Office 985-652-1702

District I

Kurt Becnel
5605 Hwy. 18 River Road
Town of Wallace
Vacherie, LA 70090
Cell 504-330-6338

District II

Julia Remondet
1805 W. Airline Hwy.
LaPlace, LA 70068
Cell 504-330-7739

District III

Lennix Madere, Jr.
P.O. Box 2617
Reserve, LA 70084
Cell 985-379-6188

District IV

Marvin Perrilloux
2108 Golfview
LaPlace, LA 70068
Cell 985-379-6168

District V

Michael P. Wright
1805 W. Airline Hwy.
LaPlace, LA 70068
Cell 504-717-3936

District VI

Larry Snyder
1936 Cambridge Drive
LaPlace, LA 70068
Cell 985-379-6061

District VII

Raj Pannu
2169 Augusta Drive
LaPlace, LA 70068
Cell 504-417-3282

Natalie Robottom, Parish President
ST. JOHN THE BAPTIST PARISH
1801 W. Airline Hwy.
LaPlace, LA 70068

Dear Mrs. Robottom:

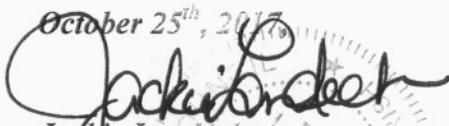
Please be advised of the following motion, which the St. John the Baptist Parish Council adopted at a meeting held on Tuesday, October 24th, 2017.

“Councilman Perrilloux moved and Councilman Becnel seconded the motion to grant administration authorization to award Occupational Health Services to Ochsner Medical Center – Kenner/Ochsner Medical Complex – River Parishes. The motion passed with 6 yeas (Becnel, Remondet, Madere, Snyder, Perrilloux, Malik), 1 nay (Sorapuru) and 2 absent (Hotard, Wright).”

CERTIFICATION

I, Jackie Landeche, Secretary of the St. John the Baptist Parish Council do hereby certify that the above is a true and correct copy of a motion adopted by said body on the 24th day of October, 2017.

October 25th, 2017


Jackie Landeche
Council Secretary
St. John the Baptist Parish Council

