

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

**SOQ 24-011 Therapeutic Treatment Services for the Jefferson Parish
Department of Juvenile Services**
Jefferson Parish Government

Project documents obtained from www.CentralBidding.com

02-May-2024 09:56:25 AM

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project: 00

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

Name & Title:

PROFESSIONAL NO. 1

TRACY FEDERICA LPE
Therapist / owner

Name of Firm with which associated:

TRACY FEDERICA LPE, LMT

Description of job responsibilities:

Therapist

Years' experience with this Firm:

12

Education: Degree(s)/Year/Specialization:

BA General Studies 2003
MA Counseling Ed. 2005

Other experience and qualifications relevant to the proposed Project:

Therapist / Case Manager 2 yrs
Children are our future
Contract w/ Jefferson Parish as a therapist
MFT
MI CRT

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Therapeutic treatment services Jefferson Parish Dept of Juvenile Services	met gender sensitive intra client contact individual interview cognitive behavioral therapy aggression replacement training Substance abuse treatment Crisis intervention ARPs
Length of Services Provided:	Cost of Services Provided:
ongoing no appt	NR

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Cost	Description of Services Provided:
		Progress notes interviews, treatment report, family pages quarterly reports provide all services to spanned speaking clinic Sexual Perpetrator treatment
Length of Services Provided:		Cost of Services Provided:
Colleges needed		



**SOQ 24-011 Therapeutic Treatment Services for the Jefferson Parish
Department of Juvenile Services**
Jefferson Parish Government

Project documents obtained from www.CentralBidding.com

07-May-2024 10:06:19 AM

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Therapeutic Treatment Services
SOQ 24-011 for the Dept of Juvenile Services

B. Firm Name & Address:

TRACY FEDERICK LPE
3100 Ridgeland Dr
Metairie LA 70002

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

N/A

D. Address of principal office where Project work will be performed:

X

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO X

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ☒ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B ☒ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO ☒

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. <div style="text-align: center;">N/A</div>		
2.		
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

0

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

N/A

Name of Firm with which associated:

Description of job responsibilities:

Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
<i>n/a</i>
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 4	
Name & Title:	
n/a	
Name of Firm with which associated:	
Description of job responsibilities:	
Years' experience with this Firm:	
Education: Degree(s)/Year/Specialization:	
Other experience and qualifications relevant to the proposed Project:	

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
N/A
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____

Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B X

There are NO subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]