

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Tracy

Federici, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized owner of Tracy Federici, LLC, LMF-T (Entity),

the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish

Enderse Raedel Consulting (Briefly describe the services the SOQ

will cover), to the Parish of Jefferson.

Affiant further said:

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 campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X

there are NO campaign contributions made which would require disclosure under Choice A of this section.

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 X _____

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 X _____

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

Affiant further said:

Subcontractor Disclosures

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

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.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Joey Delavie LPE, kmfr
Signature of Affiant

TRACY FEDERAL LPE, kmfr
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 23rd DAY OF May, 2022

[Signature]
Notary Public

BRITTANY ARDENEUX
NOTARY PUBLIC-No. 138513
St. Tammany Parish, LA
Statewide Jurisdiction
My Commission is for Life.

Brittany Ardeneux
Printed Name of Notary

138513
Notary/Bar Roll Number

NOTARIZED, BUT NOT PREPARED

My commission expires at death

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.

General Professional Services Questionnaire

<p>A. Project Name and Advertisement Resolution Number: EVIDENCE BASED TREATMENT SERVICES TO AT RISK Youth and Families SOQ# 22-023</p>	
<p>B. Firm Name & Address:</p>	<p>TRACY FEDERICI LLC, LMFT 3100 RIDGE LAKE DRIVE # 301 METairie, LA 70002</p>
<p>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:</p>	<p>TRACY FEDERICI OWNER 3100 RIDGE LAKE DRIVE # 301 MEtairie, LA. 70002</p>
<p>D. Address of principal office where Project work will be performed:</p>	<p>3100 RIDGE LAKE Dr. SUITE 301 MEtairie, LA 70002</p>
<p>E. Is this submittal by a JOINT-VENTURE? Please check: YES _____ NO <u>✓</u></p>	
<p>If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.</p>	
<p>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.</p>	
<p>1.</p>	
<p>2.</p>	

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. LA S and the Hwy 153 Auburn Pl Kenner, LA 70065	Spanish Translation	YES
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:
1

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:

TRACY FÉDÉRICI LPE
 Therapist / owner

Name of Firm with which associated:

TRACY FÉDÉRICI LPE, L.M.F.T

Description of job responsibilities:

Therapist

Years' experience with this Firm:

12

Education: Degree(s)/Year/Specialization:

BA General Studies 2000
 MA Counseling Ed. 2003

Other experience and qualifications relevant to the proposed Project:

Therapist / Case Manager 2 yrs
 Children are our future
 Contact w/ Jefferson Parish as a therapist
 MFT
 MFT LBT

General Professional Services Questionnaire

PROFESSIONAL NO. 2	
Name & Title:	
Name of Firm with which associated:	has Barbara Hurnery
Description of job responsibilities:	Joan Lelewie LDC, LNCET founder
Years' experience with this Firm:	5
Education: Degree(s)/Year/Specialization:	BS State of Louisiana
Other experience and qualifications relevant to the proposed Project:	

General Professional Services Questionnaire

PROFESSIONAL NO. 3	
Name & Title:	
	NA
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:	
Name of Firm with which associated:	N/A
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:	
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:	

Jefferson
parish
State of Louisiana

2/18

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	MDT Border sensitive inside client contact individual and interview cognitive behavioral therapy aggression replacement training Cognitive behavioral therapy Contact: [illegible]
Length of Services Provided: ongoing	Cost of Services Provided: N/A

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	Description of Services Provided:
	Cost
Length of Services Provided: Ongoing	Cost of Services Provided: Program notes evaluations, treatment report, family pages Quarterly reports provide all services to spanned speaking client Sexual performance [illegible]

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:


PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:

Plaintiff:

Defendant:

Status/Result of Case:

1.

2.

3.

4.

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature:

Tracy Delouis

Print Name:

TRACY DELLOUS

Title:

Owner

Date:

5-19-22

State of Louisiana

Jefferson



Louisiana Professional Counselors Board of Examiners

Proof of Licensure

Name: TRACY MARILYN FEDERICI
Profession: Licensed Professional Counselor
Address: METAIRIE, LA 70002
License Status: Active



Louisiana Professional Counselors Board of Examiners

Proof of Licensure

Name: TRACY MARILYN FEDERICI
Profession: Licensed Marriage and Family Therapist
Address: METAIRIE, LA 70002

License Status: Active

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: disandra

Nemely, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized translator of Tracy Federico SR, RPT (Entity),

the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish
Exile Based Counseling (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

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 campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓

there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

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.

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 ✓

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.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Susandra Nunez
Signature of Affiant

Susandra Nunez
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 31 DAY OF May, 2022

Richard Harris
Notary Public

Richard Harris
Printed Name of Notary

128483
Notary/Bar Roll Number

My commission expires for life



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.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number: <i>Evidence based treatment services to at risk youth & families</i> <i>500 22-022</i>	
B. Firm Name & Address: <i>Tracy Federico APC, RHF</i> <i>3100 Ridgely Lake Dr. St 301</i> <i>Hetaine, LA 70002</i>	
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: <i>Tracy Federico APC, RHF</i> <i>3100 Ridgely Lake Dr. St 301</i> <i>Hetaine, LA 70002</i>	
D. Address of principal office where Project work will be performed: <i>3100 Ridgely Lake Dr. St 301</i> <i>Hetaine, LA 70002</i>	
E. Is this submittal by a JOINT-VENTURE? Please check: YES _____ NO <u>✓</u>	
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.	

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. <i>disandra Nunez</i> 153 Auburn Pl Kenner, LA 70065	<i>Spanish</i> <i>translation</i>	<i>yes</i>
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:

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:

Tracy Federico, DDC
Therapist/Caregiver

Name of Firm with which associated:

Tracy Federico DDC, DRFT

Description of job responsibilities:

Therapist

Years' experience with this Firm:

12

Education: Degree(s)/Year/Specialization:

BA General Studies 2000

MA Counseling Ed 2003

Other experience and qualifications relevant to the proposed Project:

Therapist / Case Management 2yrs
Children are our future
Contract w/ Jefferson Parish as a therapist 12yrs
MFT
DFT
DBT

General Professional Services Questionnaire

PROFESSIONAL NO. 2	
Name & Title:	
	disandra Nunez
Name of Firm with which associated:	
	Tracy Federico ARE, SRA
Description of job responsibilities:	
	translator
Years' experience with this Firm:	
	5
Education: Degree(s)/Year/Specialization:	
	Bachelor of Science
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:	
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:	

Jefferson
Parish
State of Louisiana

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:	

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 sessions/ services Jefferson Parish Dept of Juvenile Services	MRT Emotionally sensitive Emotive client Motivational Interviewing Cognitive behavioral therapy Aggression replacement Substance Abuse treatment Conflict resolution
Length of Services Provided:	Cost of Services Provided:
Ongoing 12 yrs	N.A

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	Description of Services Provided:
	Progress notes outcomes, school, family progress, quarterly report, Spanish speaking client, sexual preparation, therapist
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

State of Louisiana

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: disandra Newmy Print Name: disandra Newmy

Title: Translator Date: 8/27/22