



SOQ 24-011

**Therapeutic Treatment Services for Jefferson Parish Department of
Juvenile Services**

Submission Deadline: May 31, 2024 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

**Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
Purchasing Specialist II Name:
Purchasing Specialist II Email:
Purchasing Specialist II Phone: (504)**

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SOQ 24-011: Therapeutic Treatment Services for Jefferson Parish Department of Juvenile Services.

B. Firm Name & Address:

Genesis Balance Counseling, PLLC
2545 Raven Hill Dr., Suite 102
Fayetteville, NC 28303

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:

Shannon Wiggins, CEO
LCSW (2018 - Present)
Email: swiggins@genesisbalance.com
Phone: 910-708-6025

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

Genesis Balance Counseling, PLLC
2545 Raven Hill Dr., Suite 102
Fayetteville, NC 28303

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

YES ☐ NO ☒

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.		
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:

2

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:

Shannon Wiggins, CEO, Clinical Director

Name of Firm with which associated:

Genesis Balance Counseling, PLLC ("Genesis Balance")

Description of job responsibilities:

Shannon, in her capacity as the Clinical Director at Genesis Balance Counseling, PLLC, plays a pivotal role in leading a team of clinical professionals. This team provides exceptional patient care for individuals with behavioral conditions. Her responsibilities span a wide spectrum, from overseeing the recruitment of clinical professionals to address the practice's needs, to managing budgets for therapeutic supplies and equipment. A key aspect of Shannon's role is ensuring that the practice operates in strict compliance with healthcare laws and regulations, thereby fostering a safe and effective treatment environment.

Shannon, in addition to her clinical responsibilities, actively designs and implements business strategies. These strategies are aimed at helping the clinic achieve its business objectives. She meticulously oversees the department's adherence to legal policies, guidelines, and standards, ensuring that all operations are conducted ethically and efficiently. Furthermore, Shannon places a strong emphasis on ensuring that departments are adequately staffed with qualified personnel who are committed to delivering high-quality care to patients.

Shannon's role extends to organizing and supervising all aspects of patient care, administrative operations, and programs within the clinic. She meticulously maintains clinical records and other medical documentation to ensure compliance with state and federal laws, guaranteeing the accuracy and confidentiality of patient information. Conducting quarterly and annual employee reviews, Shannon provides valuable feedback to motivate staff to achieve their professional goals and enhance performance.

Lastly, as the Clinical Director, Shannon is responsible for planning and managing the practice's budget, approving payroll, and serving as a vital link between patients, their families, and additional care staff. Her holistic approach to overseeing operations ensures that patients receive comprehensive and compassionate care while maintaining the clinic's financial viability and operational efficiency.

Years' experience with this Firm:

Shannon has been with Genesis Balance since 2019 (five years)

Education: Degree(s)/Year/Specialization:

EMDR Certification / 2019

LCSW / 2018

Master in Social Work / 2018

Bachelor in Psychology / 2008

Other experience and qualifications relevant to the proposed Project:

Shannon, the dedicated and experienced professional behind Genesis Balance Counseling, PLLC, brings expertise in crisis intervention, casework, and counseling. Her background makes her an asset for any agency looking to achieve its goals, especially in meeting the needs of Jefferson Parish. Shannon is committed to providing top-notch therapeutic services and focusing on leveraging her abilities to make a positive impact.

One of Shannon's key strengths lies in her provision of crisis intervention services for individuals facing acute distress stemming from life events or exacerbations of mental illness. She is well-versed in employing evidence-based therapeutic approaches such as cognitive behavioral therapy, eye movement desensitization and reprocessing therapy, and mindfulness-based interventions to support individuals in their time of need.

Shannon's expertise extends to developing and implementing individualized therapy plans tailored to each client's unique needs, abilities, and goals. She has a proven track record of offering psychotherapy services to individuals grappling with a range of mental health issues, including but not limited to depression, anxiety, trauma, addiction, grief, and loss.

Furthermore, Shannon is meticulous in her approach, ensuring accurate documentation of all client interactions while adhering to HIPAA regulations. She actively monitors clients' progress through regular follow-up appointments and outcome measurements, providing unwavering support during transitional periods by assisting clients in developing healthy coping strategies to navigate the stressors associated with life changes.

In addition to her therapeutic work, Shannon has also been involved in juvenile services, including investigating reports of child abuse, conducting home visits, and offering in-home support services to families in need. She strongly advocates for her clients by actively participating in school meetings related to their cases, assessing risk factors, and developing safety plans for high-risk individuals. Shannon's comprehensive background underscores her commitment to providing holistic support to those in need.

Shannon will scale Genesis Balance to meet the needs of Jefferson Parish upon contract award.

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Julie Rihn, LCSW(A), Psychotherapist, Lead Project Manager
Name of Firm with which associated:
Genesis Balance Counseling, PLLC
Description of job responsibilities:
As the Project Manager at Genesis Balance Counseling, PLLC, Julie will play a crucial role in collaborating directly with Jefferson Parish and Genesis Balance's executive staff to ensure that all requirements are met and any issues are resolved efficiently. Her primary focus is prioritizing contract compliance while being flexible enough to adapt and meet additional goals—Julie's dedication and attention to detail ensure smooth operations and effective communication within the organization.
Years' experience with this Firm:
Julie has been with Genesis Balance since 2023 (one year)
Education: Degree(s)/Year/Specialization:
Certified Grief Counselor / 2023 LCSWA / 2022 Master in Social Work / 2016 Bachelor in Psychology Minor in Sociology / 2014
Other experience and qualifications relevant to the proposed Project:
<p>Julie, with her unique background, is well-equipped to ensure the satisfaction of Jefferson Parish for Juvenile Therapeutic services. Her diverse experience, including serving as an Educational and Art Director for the Boys and Girls Club, a Substitute Teacher for Military and Public Grade Schools, and a Guidance Consultant to an Employee Assistance Program (EAP) Provider, provides her with a deep understanding of the needs of the community. This understanding instills confidence in her ability to effectively address these needs.</p> <p>Julie's experience in social work and school settings, coupled with her passion for working with children and their families, makes her an invaluable asset in providing therapeutic treatment for juvenile services. Her commitment to understanding and assisting the whole individual, family, or community system in meeting diverse needs, building resilience, and empowering reassures our audience that their needs will be valued. Her strong communication and critical thinking skills, combined with her flexibility, adaptability, and teachability, enable her to make a positive impact in the lives of those she serves. Julie's enthusiasm, patience, empathy, and strong initiative further contribute to her effectiveness in her role as Project Manager at Genesis Balance Counseling, PLLC.</p>

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:
<p>Cashmere Conversations Denmark Technical College 1126 Solomon Blatt Blvd, Denmark, SC 29042</p> <p>Brittany Waring Email: waringb@denmarktech.edu Phone: 803.793.5152</p>	<p>Genesis Balance Counseling, PLLC is embarking on a significant initiative with Denmark Tech to develop a specialized program addressing mental health concerns among the student population. The primary goals of this program are to target mental health issues and adult competency needs specific to the students. Additionally, the program aims to provide comprehensive training to staff members on how to identify signs indicating that students may require additional support. Moreover, it will focus on effectively prioritizing and utilizing the program's resources to ensure that students receive the necessary help and assistance.</p>
Length of Services Provided:	Cost of Services Provided:
March 2024 - Present	\$23,400

PROJECT NO. 2

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.

No previous or current litigations.

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

Signature: _____ Print Name: Shannon Wiggins
Title: CEO Date: May 30, 2024

STANDARD INSURANCE REQUIREMENTS FOR BIDDING PURPOSES

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the **Invitation to Bid**. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-by-case basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

JEFFERSON PARISH REQUIRED STANDARD INSURANCE

☒ WORKER'S COMPENSATION INSURANCE

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being

rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

☒ **COMMERCIAL GENERAL LIABILITY**

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

☒ **COMPREHENSIVE AUTOMOBILE LIABILITY**

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.
Property Damage Liability \$1,000,000.00 each occurrence.

Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

DEDUCTIBLES - The Parish Attorney with concurrence of the Director of Risk Management have waived the deductible section of the Terms and Conditions for all Invitations to Bid, until further notice.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

FOR CONSTRUCTION AND RENOVATION PROJECTS:

The following are required if selected below. Such insurance is due upon contract execution.

☐ **OWNER'S PROTECTIVE LIABILITY**

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

☐ **BUILDER'S RISK INSURANCE**

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C. No): INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10200
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Professional Liability			P100.435.705.6	08/02/2023	08/02/2024	Each Claim: \$ 1,000,000 Aggregate: \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group 5 Bryant Park, 4th Floor New York, NY 10018	CONTACT NAME: CM&F Group	
	PHONE (A/C, No, Ext): 1-800-221-4904	FAX (A/C, No):
	E-MAIL ADDRESS: info@cmfgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC	
INSURED Genesis Balance Counseling, PLLC 2545 RAVENHILL DR STE 102 FAYETTEVILLE, NC28303	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			V65638	11/07/2023	11/07/2024	Per Incident 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage

Miscellaneous Allied Health Group

CERTIFICATE HOLDER

Genesis Balance Counseling, PLLC 2545 RAVENHILL DR STE 102 FAYETTEVILLE, NC28303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

Intermediary	Insured Genesis Balance Counseling, PLLC
Policy Number V65638	
Insurer MEDICAL PROTECTIVE COMPANY- MPC	Effective Date: 11/07/2023

ADDITIONAL REMARKS

This Additional Remarks form is a schedule to ACORD form,

Form Number: Acord 25 Form Title: CERTIFICATE OF LIABILITY INSURANCE

This Policy includes coverage for the professional services rendered under the First Named Insured listed above by the following professionals within the policies terms and conditions. Takiara Cadlett, Therapist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER AP INTEGO INSURANCE GROUP, LLC 375 Woodcliff Dr. Suite 103 Fairport NY 14450		CONTACT NAME: AP Intego Insurance Group, LLC PHONE (A/C, No, Ext): 888-289-2939 E-MAIL ADDRESS: certs@apintego.com FAX (A/C, No):	
INSURED Genesis Balance Counseling PLLC 3228 Winterwood Dr Fayetteville NC 28306		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Ins Co Of The Southeast INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38261	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	76WEGAZ6KKV	09/01/2023	09/01/2024	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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Clear All

Statement of Qualifications Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Statement of Qualifications

AFFIDAVIT

STATE OF North Carolina

PARISH/COUNTY OF Cumberland

BEFORE ME, the undersigned authority, personally came and appeared: Shannon Wiggins, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized CEO of Genesis Balance Counseling, PLLC (Entity),

the party who submitted a Statement of Qualifications (SOQ) to SOQ 24-011

Therapeutic Treatment Services for Jefferson Parish Department of Juvenile Services

(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):

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.

Shannon Sade Wiggins

Signature of Affiant

Shannon Wiggins

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 31st DAY OF May, 2024.

Katherine Ann Marin

Notary Public

Katherine Ann Marin

Printed Name of Notary

7718208

Notary/Bar Roll Number

My commission expires 11/30/2024.



Notarized remotely online using communication technology via Proof.



NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
Fax (336) 625-4246

www.ncswboard.gov

05/06/2024

The following information is provided as primary source verification of social work certification/licensure in the State of North Carolina for the below listed individual.

VERIFICATION OF CERTIFICATION/LICENSURE

This is to certify that: Shannon Sade' Wiggins
Was first certified/licensed on 07/25/2022
Was issued certificate/license number C015167
Certificate/license renewal term begins 07/25/2022
Certificate/License expires 07/25/2024
Is certified/licensed to practice as a Licensed Clinical Social Worker (LCSW)

ACCORDING TO OUR RECORDS THIS CERTIFICATE/LICENSE HAS NOT BEEN DISCIPLINED.

A handwritten signature in black ink, appearing to read "EPope", followed by the text "MSW, LCSW" in a sans-serif font.

Elizabeth Pope, MSW, LCSW
Executive Director

