



SOQ No. 22-027

**Professional Veterinarian Services for the
Jefferson Protection & Animal Welfare Services (JPAWS)**

Submission Deadline: June 30, 2022 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
Buyer Name: Melissa Ovalle
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687**

**PUBLIC NOTICE
SOQ NO. 22-027**

**Professional Veterinarian Services for the
Jefferson Protection & Animal Welfare Services (JPAWS)**

The Jefferson Parish Council, authorized by Resolution No. 139632, is hereby soliciting Statements of Qualifications (General Professional Services Questionnaire) from persons or firms qualified and interested in providing Professional Veterinarian Services for the Jefferson Protection & Animal Welfare Services for a period of two (2) years. The total contract cap shall not exceed four hundred thousand dollars (\$400,000) for the two (2) year period. (Parishwide)

DEADLINE FOR SUBMISSIONS: 3:30 p.m., June 30, 2022

Evaluation Criteria:

All proposals shall be evaluated with respect to the completeness of data provided, support for all claims made, and the overall approach taken. The following criteria will be used to evaluate each person or firm submitting a Statement of Qualifications, with only those persons or firms receiving an overall cumulative score of at least seventy (70) percent or greater, of the total possible points for all categories to be assigned by the participating evaluation committee members shall be deemed qualified. (total maximum of 100 points):

- 1) Professional education and training, including breadth and quantity of surgical experience. (40 points possible)
- 2) Nature, quantity, and value of prior shelter medicine services previously performed and/ or currently being performed. (15 points possible)
- 3) Past and current professional accomplishments and experience. (30 points possible)
- 4) Past performance on contracts, factoring any problems with performance inadequacies or benchmarks for performance. (15 points possible)

Minimum Criteria:

That the person or firm submitting a proposal shall have the following minimum qualifications: Possession of a current and valid veterinary license issued by the Louisiana Board of Veterinary Medicine.

All firms must submit a Statement of Qualifications (General Professional Services Questionnaire) and must identify all sub-consultant firms which they expect to use to provide professional services, and submit a Statement of Qualifications (General Professional Services Questionnaire) for each sub-consultant firm. (Refer to Jefferson Parish Code Ordinance, Section 2-928).

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at www.jeffparish.net. Submissions will only be accepted electronically through Jefferson Parish's E-Procurement site, Central Bidding, at www.jeffparishbids.net or www.centralauctionhouse.com. Registration is required and free for Jefferson Parish vendors by accessing the following link: www.centralauctionhouse.com/registration.php.

No submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications (General Professional Services Questionnaire) but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial Court.

ADV: The New Orleans Advocate: June 1, 8, and 15, 2022

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:

PROFESSIONAL Veterinary Services for JPAWS #139632

B. Firm Name & Address:

Lawrence Lee Capone Jr.
18570 Hosmer Mill Road
Covington LA. 70435

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:

Lawrence Lee Capone Jr.
Doctor of Veterinary Medicine
lccapone79@gmail.com
985-807-5615

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

WB JAWS Shelter
2701 Lafourcade Blvd
Hawey, LA 70058

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. Lawrence Lee Capone Jr. DVM Small Animal Surgery Small animal medicine Small animal Advanced Dentistry	Doctor of Veterinary Medicine Avian & Exotic pet medicine & Surgery	
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:
Lawrence Lee Capone Jr.
DVM

Name of Firm with which associated:
Individual

Description of job responsibilities:
Small animal medicine & Surgery
Advanced Dentistry
Exotic & Avian Medicine & Surgery

Years' experience with this Firm:
43 years

Education: Degree(s)/Year/Specialization:
B.S. Animal Science 1974
Doctor of Veterinary Medicine 1979

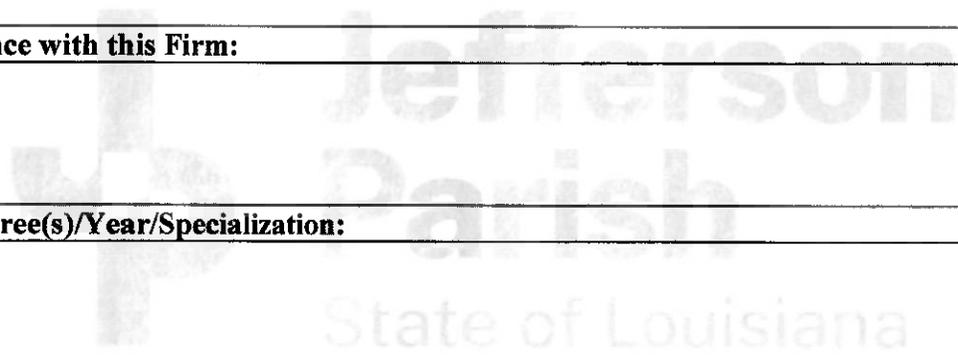
Other experience and qualifications relevant to the proposed Project:
Capable of operating a Veterinary Clinic & Staff
Capable of speaking on aspects of Veterinary medicine in a shelter environment/setting

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:

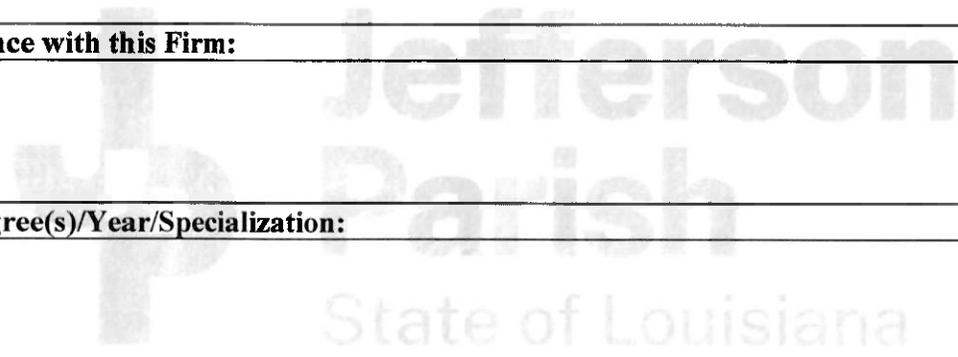
General Professional Services Questionnaire

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:



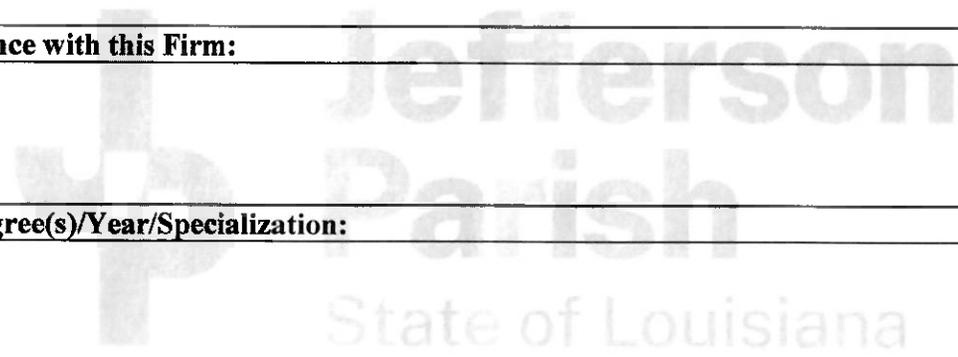
General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
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:



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:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
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:
N/A	
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:
N/A	
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:
N/A	
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:
N/A	
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.	N/A	
2.		
3.		
4.		<i>Requests</i>

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

I am requesting that the following Veterinary licenses be paid or reimbursed -

- 1. State License (Louisiana)*
- 2. State Veterinary pharmacy license*
- 3. D.E.A. license*

Also requesting that all or a portion of the cost of annual continuing education be paid +/- reimbursed.

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

Signature: *Lawrence Lee Capone Jr.* Print Name: *Lawrence Lee Capone Jr.* OV
 Title: *D.V.M.* Date: _____

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 _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared: _____
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized _____ of _____ (Entity),
the party who submitted a Statement of Qualifications (SOQ) to _____
_____ (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 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.

Lawrence Lee Capone Jr.
Signature of Affiant

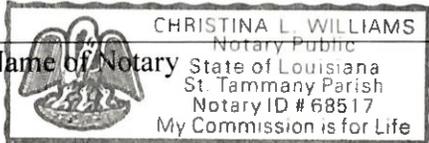
Lawrence Lee Capone Jr.
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 17 DAY OF June, 2022

CLW

Notary Public



Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.