

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number: Providing culturally sensitive evidence-based treatment services to at risk-youth and for their families who need services through the Juvenile Court.
Res. No = 139528

B. Firm Name & Address:
The New Orleans Multicultural Institute of Counseling
1500 Lafayette St. Suite 154
Gretna, LA 70053

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:

Jasmine Hernandez, PhD, LPC, NCSC, NCC
Naomi Dugar, LPC, NCC
1500 Lafayette St. Suite 154 Gretna, LA 70053
504-814-4480
nomic11c@gmail.com

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

1500 Lafayette St.
Suite 154
Gretna, LA 70053

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.		

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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:

Jasmine Hernandez, PhD, LPC, NCSC, NCC
Counselor / Owner

Name of Firm with which associated:

NOMIC

Description of job responsibilities:

- manage daily operations of private practice
- Counseling services & conducting appraisals
- School Counselor - run groups, individual counseling, collaborate w/ staff, students & parents to ensure success of students.

Years' experience with this Firm:

4 years

Education: Degree(s)/Year/Specialization:

2012 M.A. - Counseling Specialization Clinical Mental health, & Schools
2017-PhD - Counselor Education & Supervision

Other experience and qualifications relevant to the proposed Project:

Bilingual School Counselor
Appraisal Rights through LPC Board
EMDR trained

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PROFESSIONAL NO. 2
Name & Title:
Naomi Dugar, LPC, NCC Counselor / Owner
Name of Firm with which associated:
NOMIC
Description of job responsibilities:
<ul style="list-style-type: none">• Manage daily operations of private practice• Counseling services on site & Contract site
Years' experience with this Firm:
4 years
Education: Degree(s)/Year/Specialization:
M.A - 2015 Clinical Mental Health
Other experience and qualifications relevant to the proposed Project:
Appraisal Rights through LPC Board Specialize in Trauma EMDR Trained Worked in Jefferson Parish School system as a bilingual counselor for 5 years.

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PROFESSIONAL NO. 3	
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:	

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PROFESSIONAL NO. 4	
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:	

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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:	

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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:
Length of Services Provided:	Cost of Services Provided:

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

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
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:

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PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
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:

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PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
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:

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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:		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.

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

Signature: Naomi Dugar Print Name: Naomi Dugar
 Title: Counselor Date: 5/23/22

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

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

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.]

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.

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.

Naomi Dugar, IPC
Signature of Affiant
Naomi Dugar, IPC
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 24 DAY OF May, 2022.

Colleen M. Borne
Notary Public

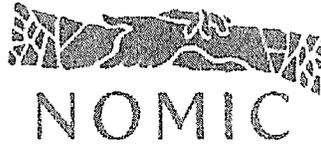
Colleen M. Borne
Printed Name of Notary

145532
Notary/Bar Roll Number

My commission expires _____.
My commission is for life.

COLLEEN M. BORNE
NOTARY PUBLIC #145532
State of Louisiana
My Commission is issued for life





The New Orleans Multicultural Institute of Counseling
Jasmine Hernandez, PhD, LPC, NCSC, NCC
Naomi Dugar, MA, LPC, NCC
1500 Lafayette St. Suite 154
Gretna, LA 70053
(504) 814.4480

Statement of Qualifications

About NOMIC

The New Orleans Multicultural Institute of Counseling was founded with the desire to serve persons of all communities, especially those who are underserved and in need, through the therapeutic process of healing in a way that is unique and inclusive to each person. Through proven and evidence based practices, our experienced staff are committed to making each person feel safe and welcomed in a holistic environment in while continually advocating for the diverse population in which we serve through a focus of cultural sensitivity.

Qualifications & Experience

Jasmine Hernandez, PhD, LPC, NCSC, NCC

Dr. Jasmine Hernandez is a licensed professional counselor in the state of Louisiana since 2014 along with being a Nationally Certified Counselor and a Nationally Certified School Counselor. Dr. Hernandez earned her Master's degree in Counseling from Holy Cross college in 2012, with specializations in clinical mental health and school counseling. In 2017, Dr. Hernandez earned her PhD in Counselor Education and Supervision from the University of Holy Cross with her dissertation focused on studying the lived experiences of Latino immigrant children who experienced separation, migration, and reunification. Dr. Hernandez, throughout her career, has developed a proven track record working and counseling children, adolescents and families of many diverse cultural backgrounds, especially with the Latino population. Dr. Hernandez began developing her extensive experience working with multicultural populations especially with the Latino community in 2011 as an English Second Language Counselor Intern for the Jefferson Parish School System. In 2012, Dr. Hernandez expanded her range of experience by working as a middle school and high school counselor at Patrick F. Taylor Science and Technology Advanced Studies Academy. At Patrick F. Taylor, Dr. Hernandez continued to counsel students from a wide array of backgrounds and cultures while also serving as a college advisor. In 2016, Dr. Hernandez supplemented her experience working specifically with

the Latino population when she began working as the English Second Language School Counselor for all Elementary Jefferson Parish Schools on the East Bank. As a school counselor for English Language Students, Dr. Hernandez has worked closely with teachers, staff, ESL Students, and their families to collaborate and meet the needs of children in the ESL program. As a school counselor in all her roles, Dr. Hernandez facilitated several counseling groups centered around social/life skills, study skills, girl empowerments, study skills, and other topics. Dr. Hernandez works closely with students and their families in assisting and advocating for their educational and mental health needs including providing individual counseling to students in need. In addition to counseling in a school environment, Dr. Hernandez has earned experience providing counseling services in a private practice setting primarily to Latino children, adolescents and their families. In addition to her school counseling and private practice responsibilities, Dr. Hernandez has continually provided pro-bono services at NOMIC and also through the PB&J Louisiana Unaccompanied Minor Initiative Program where counseling services were provided to Spanish speaking recently arrived accompanied minors.

Naomi G. Dugar, MA, LPC, NCC

Naomi G. Dugar is a Licensed Professional Counselor in Louisiana as well as a Nationally Certified Counselor. Mrs. Dugar earned her Master's degree in Clinical Mental Health Counseling from Our Lady of Holy Cross College in 2015. Mrs. Dugar has extensive experience in counseling children, adolescents, and families in need AND utilizes trauma focused counseling. Mrs. Dugar began earning her experiences in trauma based counseling when she began working as a bilingual case manager at the New Orleans Family Justice Center in 2013. During her time at the New Orleans Family Justice Center, Mrs. Dugar provided advocacy and counseling services to clients who were victims of sexual abuse, domestic violence, human trafficking, and violent crimes. In 2015, Mrs. Dugar began working for the Jefferson Parish School System and has provided counseling services to the English Second Language population in both elementary and high schools on the Westbank of Jefferson Parish. Mrs. Dugar continues to work closely with the ESL students and their families by assisting and advocating for their educational, social, and emotional needs. Mrs. Dugar has supplemented her experience in the school and trauma setting by providing counseling services to clients in a private practice setting. Mrs. Dugar is the Louisiana Multicultural Counseling Louisiana Division's President Elect for the 2018 year. Mrs. Dugar has attended multiple conferences in the field of Domestic Violence, Strangulation, Sexual Abuse and has extensive background providing psychosocial evaluations.

Evidence Based Practices

Trauma-Focused CBT-

Trauma Focused Cognitive Behavior Therapy (TF-CBT) is a treatment model for children who have experienced trauma, such as physical or sexual abuse, domestic violence, life-threatening events, serious medical procedures, natural disasters, and extreme bullying. During TF-CBT, the therapist will work with the child on the following components: 1) Relaxation Skills, 2) Emotional regulation and coping skills, 3) Challenging unhelpful thoughts, 4) Trauma narrative. In the trauma narrative component, the child will work with the therapist to tell their story of the trauma in a corrective manner. Ongoing parental consultation is provided by the therapist to help parents build therapeutic parenting skills and work with their child at home to reinforce progress. Trauma Focused CBT has proven to be effective with the population NOMIC serves. Many of our clients have experienced severe trauma before, during, and after migration. We have not collected data concerning our evidence based practices due to being a new agency. In order to collect data counselors will meet frequently to discuss client's progress using trauma focused CBT.



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 5/20/2022

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0656434417	POLICY PERIOD From: 04/12/22 to 04/12/23 at 12:01 AM Standard Time
Named Insured and Address: New Orleans Multicultural Institute of Counselin Naomi Guzman/jasmine Hernandez 1500 Lafayette St Gretna, LA 70053-5732			Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpsso.com	
Medical Specialty: Licensed Professional Counselor Firm		Code: 80723		Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Excludes Cosmetic Procedures				

Professional Liability \$ 1,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 4/12/2018 (Defense inside limits)				
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate
Employment Practices Liability - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 4/12/2020 (Defense Only)				

General Liability

General Liability	\$1,000,000	each claim / \$3,000,000	aggregate
Fire & Water Legal Liability	Included in the GL limit shown above subject to \$250,000 aggregate sublimit		
Personal Liability	Excluded		

Total \$ 1,546.00

Base Premium \$1,546.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

CNA93692 (11-2018)

Endorsement Date:

Master Policy: 188711433