



SOQ 24-024

**Professional Veterinarian Services for the Jefferson Protection
and Animal Welfare Services Parish Wide**

Submission Deadline: August 8, 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)**

PUBLIC NOTICE
SOQ 24-024
Professional Veterinarian Services for the
Jefferson Protection & Animal Welfare Services Parish Wide

The Parish of Jefferson, authorized by Resolution No. 144324 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. (Parishwide)

Deadline for submissions: 3:30 p.m. August 8, 2024

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 (total maximum of 100 points):

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

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. Professional Liability Insurance in the sum of at least \$1,000,000.00 in effect at the time of submission and adequate financial resources to fund potential obligations resulting from malfeasance, inappropriate conduct, and negligence.

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 persons or firms (including sub-consultants) must submit a Statement of General Professional Services Questionnaire by the deadline. Please obtain the latest questionnaire form 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, but shall be submitted prior to contract approval.

Insurances are not required to be submitted with the Statement of Qualifications, 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: July 24 and 31, 2024

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:

B. Firm Name & Address:

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:

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

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.

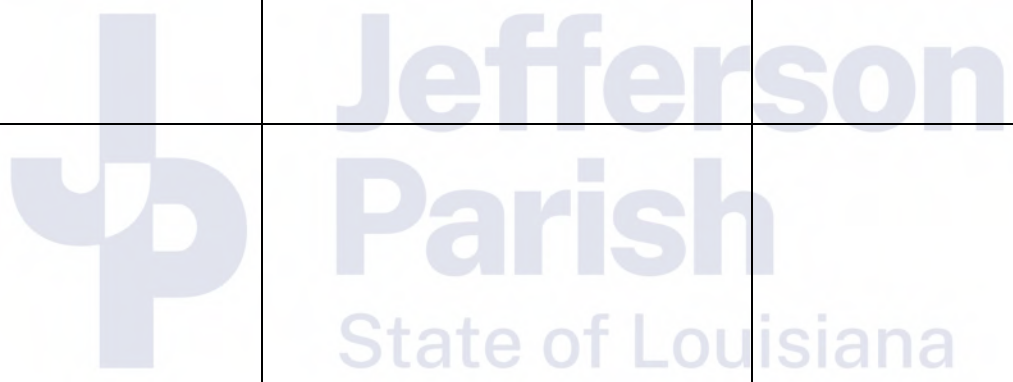
2.

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:

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:

Name of Firm with which associated:

Description of job responsibilities:

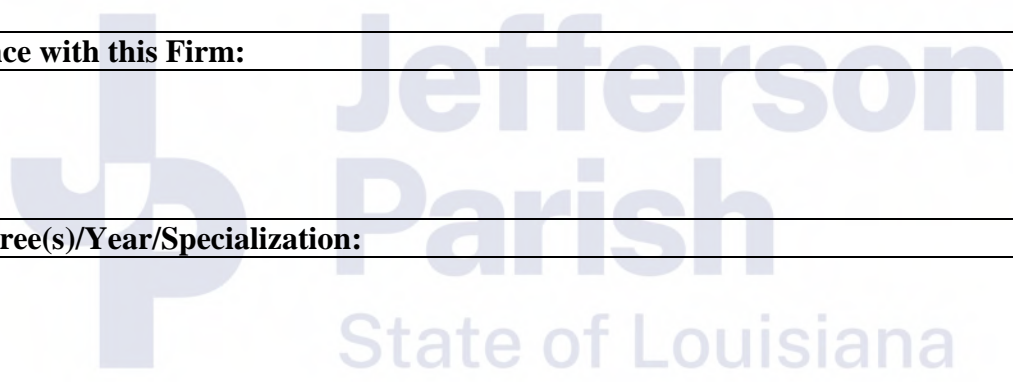
Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

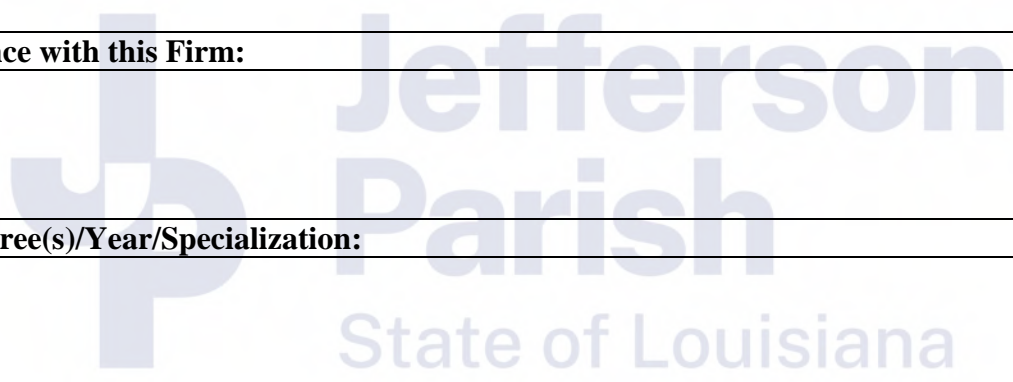
General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
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:



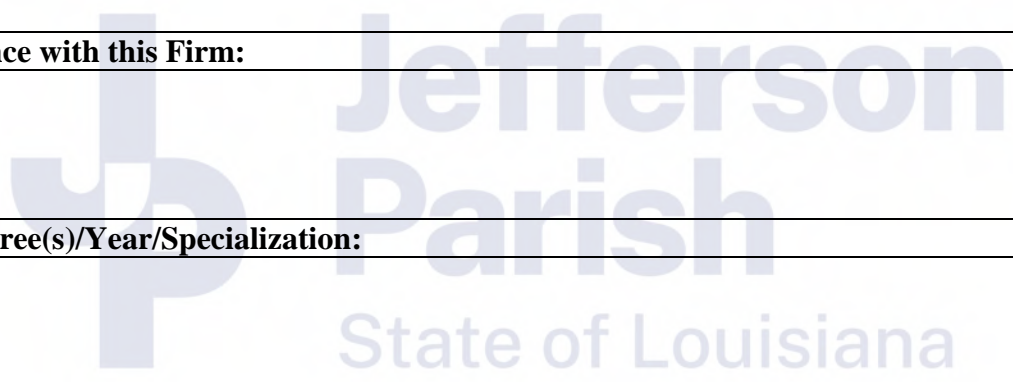
General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
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:



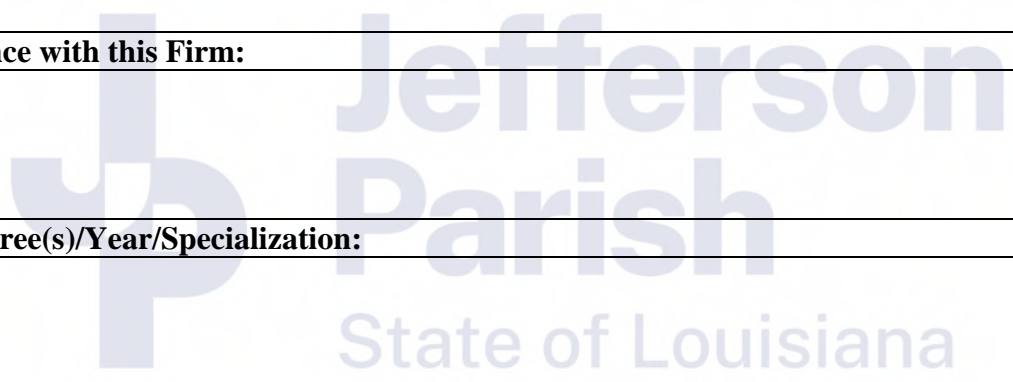
General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Name of Firm with which associated:
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:



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:
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:

General Professional Services Questionnaire

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:

General Professional Services Questionnaire

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:

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:		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: _____ **Print Name:** _____

Title: _____ **Date:** _____