

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SQ 25 - 001 - PSYCHIATRIC AND/OR PSYCHOLOGICAL EVALUATION SERVICES

B. Firm Name & Address:

GAIL GILLESPIE AND ASSOCIATES, LLC
137 NORTH CLARK STREET
NEW ORLEANS, LA 70119-5244

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:

GAIL GILLESPIE, PH.D.
LICENSED PSYCHOLOGIST (LA #749)
137 NORTH CLARK STREET
NEW ORLEANS, LA 70119-5244

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

SAME AS ABOVE

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.

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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. N/A		
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: <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;">0</div>
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:
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:

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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:

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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:

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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:

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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:

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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:
Psychological Evaluation Services Orleans Parish Juvenile Court Gail Gillespie, Ph.D. 137 N. Clark Street New Orleans, LA 70119 504-442-8762	Conducted psychological evaluations resulting in diagnostic impressions and recommendations to assist the juvenile court in next steps for the juvenile.
Length of Services Provided:	Cost of Services Provided:
1999 - 2003 - around 4 years (Contract ended when Coordinated System of Care took over program and funding was ended)	\$375 per eval?

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Psychological Evaluation Services Jefferson Parish Juvenile Court Gail Gillespie, Ph.D. 137 N. Clark Street New Orleans, LA 70119	Conducted psychological evaluations for Jefferson Parish juvenile court to determine diagnoses and recommendations to assist the court in next steps for the juvenile.
Length of Services Provided:	Cost of Services Provided:
2003 - 2005 - around 2 years (Contract ended with Hurricane Katrina)	\$575 per eval?

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PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Psychological Evaluation Services Lafayette Parish Juvenile Court Gail Gillespie, Ph.D. 137 N. Clark Street New Orleans, LA 70119	Conducted psychological evaluations for Lafayette Parish Juvenile Court resulting in diagnoses and recommendations to the court for next steps for the juvenile.
Length of Services Provided:	Cost of Services Provided:
2009 - 2012 - about 3 years? Contract ended when I moved back to New Orleans in 2012	\$575 per eval?

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:
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:

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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:

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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. N/A		
2.		
3.		
4.		

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

I have attached my curriculum vita, license, and liability insurance. I attended an APA-approved graduate school psychology program at USM, Hattiesburg, MS. I spent my first five years conducting evaluations for the Jefferson Parish School Board prior to moving into private practice full time. Most of my career I have conducted psychoeducational evaluations in a wide variety of settings. I was on contract at Westbank Alternative School in Jefferson Parish for a few years as a behavioral specialist. I spent three and a half years conducting disability evaluations on veterans between 2019-2023. I have always done social security disability evaluations throughout my time in private practice. My education, specialization, and experience is evaluating children and adolescents.

I have always claimed that doing both juvenile court evaluations and veteran evaluations are two of the most fulfilling types of evaluations I have the pleasure to conduct. A strength I possess is the ability to create comfort and safety for the individual I am evaluating, so that they can truly open up and reveal some of their innermost secrets that may hold the key to understanding their challenging choices in behavior. While evaluations are but a brief moment in time, it is an important duty that can change the course of an individual's life if a proper evaluation is conducted and the proper recommendations are given and followed.

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

Signature: _____

Print Name: _____

Title: _____

Date: _____

Statement of Qualifications

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: Gail
Gillespie PhD, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized owner of Gail Gillespie & Associates, LLC (Entity),
the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish
Govt. SOQ 25-001 (Psych Evals) (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.


Signature of Affiant

Gail Gillespie, Ph.D.
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 9th DAY OF January, 2025.


Notary Public

Alexandra E. Mora
Printed Name of Notary

LA Bar No. 23535
Notary/Bar Roll Number

My commission expires is for life.

GAIL GILLESPIE, PH.D.

CURRICULUM VITA

PERSONAL HISTORY

Business Contact Information

137 N. Clark St.
New Orleans, LA 70119
(504) 442-8762
gailgillespie13@gmail.com
www.gailgillespie.com

Date of Birth

February 12, 1965

EDUCATIONAL HISTORY

Ph.D.

August 1993

University of Southern Mississippi
S.S. Box 5025 Hattiesburg, MS 39406
Major: School Psychology (APA & NCATE Approved)

B.A.

May, 1988

University of Southern Mississippi
S.S. Box 5025 Hattiesburg, MS 39406
Major: Pre-professional Psychology

PROFESSIONAL LICENSE / CERTIFICATION

Doctoral Psychology Licensure (LA #749)
Dynamic Energy Healing
Psychedelic-Assisted Therapy Certification

May 1996
June 2008
November 2023

PROFESSIONAL / CIVIC AFFILIATIONS

Louisiana Psychological Association (LPA)	1997 to Present
Crescent City Association for Psychologists' Society	2013-Present
American Psychological Association (APA)	2009 to 2013, 8/22 to Present
Lafayette Region Psychology Association (LRPA)	June 2011 to December 2012
Acadia Parish Child and Youth Services Planning Board	June 2007 to December 2012
Acadia Parish Chamber of Commerce	2007 to 2013
Association for Comprehensive Energy Psychology	2009 to Present

PROFESSIONAL EXPERIENCE

Licensed Psychologist – Private Practice

April 2007 -Present

Duties: Evaluation and treatment of school-aged children for ADHD, learning, behavioral, social / emotional, developmental delays, autism spectrum disorders; parenting skills; cognitive / behavioral therapy for individuals and families; parent/teacher seminars; disability evaluations for SSI and V.A., and various schools. Short-term, solution-focused therapy with adults.

Matrix Providers, Inc. (hiring for Logistics Health Incorporated) 8/2017 - 4/2018

1400 16th St. suite 400 Denver, CO 80202 (Matrix)

Local LHI Office – 3402 General DeGaulle Ave, New Orleans, LA

Duties: Disability examinations of veterans

School Psychologist

September 2012-June 2013

James Singleton Charter School / Dryades YMCA

2220 Oretha Castle Haley Blvd. New Orleans, LA 70113 504-568-3466

Duties: Evaluation of students for determination of special education classification, providing consultation to teachers and parents, providing academic/behavioral interventions.

Department of Health and Hospitals

Office for Citizens with Developmental Disabilities

10/05 - 4/07

302 Dulles Drive, Lafayette, LA 70506 337-262-5610

Duties: Team leader for Community Support Team: Consultation and intervention for individuals with developmental disabilities (and their caregivers, employers, personal care attendants) who posed a risk for out-of-home placement due to behavioral / psychiatric problems.

Licensed Psychologist – Private Practice

8/96 - 8/05

3445 N. Causeway Blvd., Suite 601 Metairie, LA 70002

Duties: Evaluation and treatment of school-aged children for ADHD, learning, behavioral, social / emotional deficits, Autism spectrum disorders; parenting skills; cognitive / behavioral therapy of individuals and families; parent / teacher seminars; psychological evaluations for juvenile court and disability determination services

Supervising Psychologist

8/96 - 7/05

LSU Health Sciences Center / Human Development Center

8/17 to 7/18

Louisiana School Psychology Internship Consortium

1100 Florida Avenue, Building 138 New Orleans, LA 70119

Duties: Supervision of doctoral level school psychology interns

Licensed Psychologist

2/99 - 12/03

Remedial Specialists

3100 Ridgelake Drive, Suite 201 Metairie, LA 70002

Duties: Court-ordered psychological evaluations of adolescents for Office of Youth Development for Orleans Parish.

Contract Psychologist for Pupil Appraisal / Special Education Dept.

Jefferson Parish School Board

8/00- 6/03

501 Manhattan Blvd. Harvey, LA 70058

Duties: Child Specific Evaluator – Evaluate special education students to determine the need for a child-specific attendant

Jefferson Parish School Board

2/03 - 5/04

Westbank Alternative School 6520 Second Zion Blvd. Marrero, LA 70072

Duties: Contract Psychologist – Individual and group therapy, school-wide and individual behavioral intervention plans, therapy, parenting classes

Plaquemine Parish School Board

8/00 - 6/01

PO Box 960 Port Sulphur, LA 70083

Duties: Evaluation coordinator for evaluating students for eligibility for special education services

Licensed Psychologist – Private Practice (part time)

9/96 - 8/97

4901 Houma Blvd., Suite 201 Metairie, LA 70003

Duties: Evaluation and treatment of school-aged children for ADHD, learning, behavioral, emotional deficits; parenting skills; cognitive / behavioral therapy of individuals and families

Adjunct Faculty Member

1/97 - 12/97

Delgado Community College

615 City Park Avenue New Orleans, LA 70119

Duties: Psychology Instructor

Certified School Psychologist

8/92 - 7/97

Jefferson Parish School Board - Pupil Appraisal Dept.

1407 Virgil St. Bldg. #1 Gretna, LA 70053

Duties: Evaluation coordinator for determination of special education classification; parent / teacher inservices; evaluation coordination for disability and gifted classifications

Psychological Assistant

6/94 - 1/96

The Riverside Psychotherapy Associates (part time)

824 Elmwood Park Blvd., Suite 135 New Orleans, LA 70123

Duties: Disability evaluations, cognitive / behavior therapy

PROFESSIONAL / CIVIC ACTIVITIES

Administrative

Crescent City Area Psychologist Society President	1/19-12/19
Secretary	7/15-12/18; 1/23-1/24
LPA Convention and Continuing Ed. Chair	1/15 – 6/17; 7/23 – 12/24
LPA Director – Executive Council	9/10 - 6/11; 7/23 to 12/24
LPA Secretary	7/15 – 7/17; 7/24 – 12/24
LPA Membership and Member Services Co-Chair	7/23 – 7/24
Lafayette Region Psychology Association President	6/11-12/12
Acadia Parish Child and Youth Services Planning Board	2010-2012
FDA Drug Study Coordinator	1998
School Board Evaluation Coordinator	1992 – 1997
School Psychology Graduate Representative	1990-1992
Young Leadership Council (YLC) New Orleans	

Project Leader Methodist Home Mentoring Project	1997 to 1999
Vice President of Membership / Executive Board	2000-2001
Board Member	2000-2001

<u>Committees</u>	(LPA – Louisiana Psychological Association)	
	LPA Bylaws Revision Committee	2011; 2023
	LPA Convention and CE Committee	2022 - present
	LPA Communications Committee	2021 – 2024
	LPA Membership and Member Services Committee	2020 – present
	LPA Standing Rules Revision Committee	7/24 – 12/24
	Crescent City Area Psychology Society Bylaws Revision	2017
	Acadia Parish CYSPB Bylaws Revision Committee	2011 - 2012
	Jefferson Parish Public Schools ADHD and Intervention Task Force: Development of school-based ADHD screening and school-based behavioral interventions	1992 – 1993

<u>Honors</u>	Natural Awakenings – Top 40 Doctors in New Orleans	2018
	City Business Newspaper – The Power Generation Top 40	2003
	YLC – Project of the Year - Methodist Home Mentoring Project	1998

REFERENCES AVAILABLE BY REQUEST

Louisiana State Board of Examiners of Psychologists

CERTIFICATION OF LICENSED PSYCHOLOGIST

This is to Certify the Licensure of

Gail Gillespie, Ph.D.

License #749

to Practice as a Licensed Psychologist in the State of Louisiana
August 1, 2024 through July 31, 2025



Jaime T. Menic, Executive Director
4334 S. Sherwood Forest Blvd., Suite C-150
Baton Rouge, LA 70816
Phone: 225-295-8410

Account Number: LA GAIL 3440

Date: 12/16/24 Initials: ADELANEY

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:
GAIL GILLESPIE AND ASSOCIATES,
LLC
137 N. CLARK ST.
NEW ORLEANS LA 70119

Additional Named Insureds:
GAIL GILLESPIE, PHD

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST
Location of Operations: N/A
(If different than address listed above)

Claim History: None

Retroactive date is 12/01/1994

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5010-6676	12/01/2024	12/01/2025	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.


Comments: Defense Reimbursement Proceedings Limit is \$50,000. 2 ADDL.INS.BELOW:
M&M PROPERTIES OF NEW ORLEANS, LLC
137 N. CLARK ST.
NEW ORLEANS LA 70119
METROPOLITAN HUMAN SVC DISTRICT
719 ELYSTRAN FIELDS AVE
NEW ORLEANS LA 70117

This Certificate Issued to:

Name: GAIL GILLESPIE AND ASSOCIATES,
LLC
Address: 137 N. CLARK ST.

NEW ORLEANS LA 70119

APA 00138 17 (06/14)


Authorized Representative

LDI COI 333958-2 02 16