State of Texas §

§

County of Webb §

MENTAL HEALTH CARE SERVICES FOR THE WEBB COUNTY HEAD START PROGRAM

BETWEEN WEBB COUNTY, TEXAS

AND

ALEJANDRA ALCARAZ, MA, LPC.

This **MENTAL HEALTH SERVICES AGREEMENT** (the "Agreement") is entered into as of the __28____ day of _____January_____2025, by and between Webb County, Texas, for the benefit of the HEAD START Program ("County" and "Department") and ALEJANDRA ALCARAZ, MA, LPC.. ("SERVICE PROVIDER") referred to collectively as "Parties" or individually as "Party" in this Agreement.

RECITALS

WHEREAS, the SERVICE PROVIDER provides and/or arranges for the provision of certain health and wellness services as described in Exhibit A (together, the "Services"); and

WHEREAS, the Webb County Department Program requires Mental Health Services to participants of the Webb County Department Program in the capacity of a mental health consultant, including developing mental health program activities and providing training to staff and parents in order to meet the access needs of the Department Program; and

WHEREAS, the SERVICE PROVIDER has the expertise and capability to provide mental health services for Department Participants (collectively referred to as "Participants"); and

WHEREAS, the SERVICE PROVIDER was awarded **RFQ 2025-003** on **November 25, 2024.**

NOW THEREFORE, it is mutually agreed between Webb County and the SERVICE PROVIDER to perform the services as follows:

1. **Scope of Services.** SERVICE PROVIDER shall provide specialized services to the Webb Department Program, specifically Mental Health Care Services, as described in Exhibit A. The proposal for said services is incorporated and made part of this Agreement. **RFQ 2025-003 (RFQ)** was awarded to the SERVICE PROVIDER on November 25, 2024, by the Webb County

Commissioners Court. Webb County will not accept services that are any less in quantity or quality than those proposed by the SERVICE PROVIDER.

2. **Non-Exclusivity of Agreement.** SERVICE PROVIDER acknowledges and is aware that other SERVICE PROVIDERS were awarded this bid in the interest of providing as many readily available services to the Participants of the Department; as such, the Department shall have the sole discretion on how to assign or refer cases to any Service Provider as it desires.

3. **Responsibilities.** As an independent contractor, the SERVICE PROVIDER will have primary responsibility for serving those individuals requiring mental health services under this Agreement, and Webb County may require additional professional services to be performed at a mutually negotiated price prior to execution of any amendment to this professional services Agreement. It shall be mandatory that any amendment receive approval by a majority vote of Webb County Commissioner Court during a County agenda meeting in order for the SERVICE PROVIDER to receive payment for additional services rendered.

4. **Intentionally Left Blank**

5. **Scope of Work.** SERVICE PROVIDER will provide mental health care to Participants for Webb County who qualify for mental health services. SERVICE PROVIDER shall provide visits on an as-needed basis on-site or via a private internet meeting with the proposed patient to provide all necessary mental health services to both male and female Participants. SERVICE PROVIDER's hours may vary depending on the number of Participants to be examined and the nature of services to be provided. In providing services, the SERVICE PROVIDER will accommodate the Participants' needs as well as the work schedule and needs of the Mental Health Coordinator/Screener. The SERVICE PROVIDER will work with the Mental Health Coordinator/Screener to provide the best possible care and services to Department Participants.

6. List of Service Required. The following services are required but not limited to:

1. **Licensed Professional Counselor agrees to provide assistance in developing mental health program activities.**

2. **Provide training to Department staff and parents to fully meet the access needs of the Department children.**

3. **Conduct classroom observations at least twice during the program year in accordance with required specifications or on an "as-needed" basis.**

4. **Provide classroom observation reports to specialized services staff.**

5. **Provide training and assistance in developmental screening and assessments.**

6. **Provide opportunities for parent conferences and develop written treatment plans.**

7. **Refer children for psychological and/or psychiatric evaluation.**

8. **Advise and assist in providing special help for children with typical behavior patterns and special development needs.**

9. **Provide information on available community resources, including, but not limited to, referral procedures.**

10. **Orient and work with parents to achieve the objective of the mental health program.**

11. **Involvement with available health and education services for children's diagnostic referrals/examination in order to confirm that any emotional or behavioral problems do not have a physical basis.**

12. **Assist teachers and parents with Behavior Modification Plans.**

6. Quality of Service. If the County or its designee becomes dissatisfied with any personnel provided by the SERVICE PROVIDER hereunder or by any independent contractor, subcontractor, or assignee of the SERVICE PROVIDER in the performance of the services being provided herein, then the SERVICE PROVIDER shall, upon following receipt of written notice from Department detailing the dissatisfaction of services attempt to correct such dissatisfaction and if unable to do so after notification from Department may prohibit the SERVICE PROVIDER from providing services to all or specific patients under this Agreement. This clause shall also extend to any independent contractor, subcontractor, or assignee of the SERVICE PROVIDER.

6.1 "Dissatisfaction" pursuant to this paragraph shall mean any services that will be provided to an individual by the SERVICE PROVIDER that will create a danger to the health or safety of the Participant and/or Department/County.

7. License to Practice. SERVICE PROVIDER will be required to ensure appropriately licensed and credentialed staff are available for all services requested/provided under this Agreement.

8. Independent Medical Judgment. SERVICE PROVIDER shall exercise proper control or direction over the methods by which the Practitioners perform Services. Practitioners shall have complete authority, responsibility, supervision, and control, in their sole discretion, overall diagnoses, treatments, procedures, and other health care services. SERVICE PROVIDER shall not engage in the practice of medicine in any way that violates the Texas Medical Practice Act or any Federal Laws that regulate medicine when it is engaged in interstate commerce

9. **Term.** The term **(36) months** of this contract shall commence **December 1, 2024**. At the sole discretion of the County, the parties agree to continue this Agreement on a month-to-month basis until a new RFQ is completed and this agreement is executed to contract services with Webb County for the benefit of the Department. This month-to-month provision shall not exceed 6 months. All costs, fees, and responsibilities shall remain in effect during the month-to-month term.

10. **Compensation.** The contract work shall be at a price found in Exhibit B. It shall remain static at the agreed fees and will only increase as per the fee schedule.

    10.1 Fees and Expenses. Client shall pay SERVICE PROVIDER the amounts indicated on Exhibit B plus applicable sales tax and expenses (collectively referred to herein as the "Fees"). Client shall pay fees within fifteen (15) days or the days set under the Texas Prompt Payment Act codified as Chapter 2251 of the Texas Government Code; whichever due date is later, the due date will be calculated beginning right after receipt of an invoice from SERVICE PROVIDER Counselor Center by Webb County, Texas. Any amount not paid when due will bear interest at a rate of 1.5% per month on a compounded basis (or, if lower, the maximum rate permitted by applicable law) until such amount is paid. Any laboratory services performed by a third-party laboratory will be billed directly to the Client or a patient's third-party payor, as applicable. Client shall utilize the SERVICE PROVIDER's platform to facilitate electronic payment of the Fees.

    10.2 Webb County is not required to pay a third-party laboratory that Webb County has not previously been notified of. SERVICE PROVIDER acknowledges there are times when a business entity that conducts business contrary to U.S. security interests or Texas State Security Interests, there are laws against paying said companies with taxpayer funds.

    10.3 The parties shall agree in advance to any changes in the Fees set under this Agreement. No amendment to said Fees shall be valid unless approved by a majority vote by the Webb County Commissioners Court. In the event the SERVICE PROVIDER agrees to apply a credit or reduce the Fees for any reason, the SERVICE PROVIDER shall apply such credit or reduction against the total amount.

11. **Billing/Invoicing.** SERVICE PROVIDER shall submit an itemized invoice for the work performed. The invoice shall include the billed performance and a general description of the work performed. No work will be billed unless preapproved by the Department.

12. **Termination.** The County may terminate the performance of this contract in whole or in part with a 30-day advance written notice to the SERVICE PROVIDER prior to the expiration of the annual renewal date. However, the quoted services set forth in Exhibit B are priced according to a (3) three-year commitment. SERVICE PROVIDER may terminate this contract with 30 days written notice sent to the COUNTY and the Webb County Civil Legal Division. Notice is effective when delivered either by hand, a U.S. mail return receipt requested, or via an email designated below. A courtesy copy shall be sent to the Webb County Judge. The County may recover the costs,

damages, court costs, and attorney fees against the SERVICE PROVIDER should the SERVICE PROVIDER terminate this agreement. The Service Provider acknowledges that Webb County will have to seek another SERVICE PROVIDER when the SERVICE PROVIDER gives written notice to terminate this Agreement. Webb County may terminate this agreement at its convenience with 30 days written notice sent to the SERVICE PROVIDER at the address in this agreement.

12.1 NON-APPROPRIATIONS. Webb County cannot warrant that funds will be available to pay for the services through the end of the current and/or any future fiscal period and shall use the County's budgetary process to obtain funds to pay all payments in and through the end of this year's term or any future term. If our appropriations request to our commissioners court for funds is unable to pay for this agreement or is denied then this agreement may terminate on the earlier of the last day of the fiscal period or for which funds are available and have already been appropriated. Final payments will be made subject to the submission of documentation as stated in this agreement that evidences services rendered. The satisfaction of all obligations under this Agreement that are required to be provided to Webb County or its representative, including the return of any documentation that must be preserved by the program and the County pursuant to federal and state laws or grant provisions, will be required prior to any disbursement of payment.

12.2 Survival. Either the termination or expiration of this Agreement shall relieve either party from any obligation previously accrued and/or remains to be performed upon the date of termination. The parties also agree that their respective rights, obligations, and duties under indemnification and liability of this Agreement shall survive any termination or expiration of this Agreement. SERVICE PROVIDER shall be entitled to receive payment of all amounts unpaid but earned fees up to the date of termination, which payment shall be due on the date set under the Texas Prompt Payment Act.

13. Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by U.S. certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party at the following address or to any other person at any other address as may be designated in writing by the Parties. Notices are effective upon receipt. Parties may change their Notice information in the same manner.

Notice To County	**Notice to SERVICE PROVIDER**
Att: Director of Department 5904 West Drive Units 6 and 7 Laredo, Texas 78041 Webb County Civil Legal Division Attention: RFQ 2025-003 1000 Houston St. 2nd Fl Laredo, Texas 78040 956-523-4615 – Office	Alejandra Alcaraz, MA, LPC Re: 2025 Head Start Contract 10012 Apparitions Dr. Laredo, TX 78045 alejandraalcaraz@aalcaraztherapy.info (956) 937-1585

14. **Indemnification.** SERVICE PROVIDER agrees that ***neither*** the Department nor Webb County may indemnify the SERVICE PROVIDER in accordance with the laws of the State of Texas. The provisions of this paragraph are solely for the benefit of the parties hereto and are not intended to create or grant any rights, contractual or otherwise, to any other person or entity.

TO THE EXTENT OF ITS INSURANCE POLICY LIMITS, THE SERVICE PROVIDER COVENANTS AND AGREES TO INDEMNIFY AND HOLD HARMLESS, WEBB COUNTY AND THE ELECTED OFFICIALS, EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS, AND REPRESENTATIVES OF WEBB COUNTY, INDIVIDUALLY AND COLLECTIVELY, FROM AND AGAINST ANY AND ALL COSTS, CLAIMS LIENS, DAMAGES, LOSSES, EXPENSES, FEES, FINES, PENALTIES, PROCEEDINGS, ACTIONS, DEMANDS, CAUSES OF ACTION OR LIABILITY FOR DAMAGES CAUSED BY OR RESULTING FROM ITS SOLE NEGLIGENCE, INTENTIONAL TORT, INTELLECTUAL PROPERTY INFRINGEMENT, OR FAILURE TO PAY A SUBCONTRACTOR OR SUPPLIER, ALL AS MAY HAVE BEEN COMMITTED SOLELY BY THE SERVICE PROVIDER, ITS AGENT, OR CONSULTANT UNDER THIS AGREEMENT, OR ANOTHER ENTITY OVER WHICH THE SERVICE PROVIDER EXERCISES CONTROL. SUCH ACTS MAY INCLUDE PERSONAL OR BODILY INJURY, DEATH, AND PROPERTY DAMAGE, MADE UPON WEBB COUNTY OR WEBB COUNTY DIRECTLY OR INDIRECTLY ARISING OUT OF, RESULTING FROM OR RELATED TO THE ASSOCIATION FOR SERVICE PROVIDER SOLE NEGLIGENCE UNDER THIS AGREEMENT, INCLUDING ANY NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS OF THE SERVICE PROVIDER, ANY AGENT, OFFICER, DIRECTOR, REPRESENTATIVE, EMPLOYEE DIRECTORS AND REPRESENTATIVES WHILE IN THE EXERCISE OF THE RIGHTS OR PERFORMANCE OF THE DUTIES UNDER THIS AGREEMENT. THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH SHALL

NOT APPLY TO ANY LIABILITY RESULTING FROM THE NEGLIGENCE OF WEBB COUNTY, OR DEPARTMENT, ITS ELECTED OFFICIALS, EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS, AND REPRESENTATIVES IN INSTANCES WHERE SUCH NEGLIGENCE CAUSES PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE. IN NO EVENT SHALL THE INDEMNIFICATION OBLIGATION EXTEND BEYOND THE DATE WITH WHEN THE INSTITUTION OF LEGAL OR EQUITABLE PROCEEDINGS FOR THE PROFESSIONAL NEGLIGENCE WOULD BE BARRED BY ANY APPLICABLE STATUTE OF REPOSE OR STATUTE OF LIMITATIONS.

15. **Duty to Defend.** In the event of the SERVICE PROVIDER's sole negligence, the SERVICE PROVIDER covenants and agrees to hold a Duty to Defend Webb County, its elected officials, employees, officers, directors, volunteers, and representatives of Webb County and, individually and collectively, from and against any and all claims, liens, proceedings, actions or causes of actions, other than claims based wholly or partly on the negligence of, fault of, or the breach of contract by SERVICE PROVIDER, it's agent, employee or other entity, including the agent, employee of SERVICE PROVIDERs sub-contractor(s), over which it exercises control. SERVICE PROVIDER is required under this provision and fully satisfies this provision by naming Webb County, Texas, and its representatives listed above as additional insured under SERVICE PROVIDER's general liability insurance policy.

16. **Jurisdiction/Venue.** This contract is made subject to the charter, orders, and/or ordinances of the COUNTY, as amended, and all applicable laws of the State of Texas. This contract is performable in Webb County, Texas, and therefore, the venue for any legal action under this contract shall lie exclusively in Webb County, Texas, Texas State District Court. In construing this contract, the laws and court decisions of the State of Texas shall control.

17. **Work Product.** All of SERVICE PROVIDER's work product shall remain the property of the SERVICE PROVIDER, and the SERVICE PROVIDER shall be permitted to retain copies of documented services provided to the patients. SERVICE PROVIDER shall retain all records relating to this contract for five (5) years following the termination of this agreement. During this time, Webb County reserves the right to audit such records at its election. In the event a longer retention period is required by law, the SERVICE PROVIDER shall retain such records relating to the services rendered under this agreement.

18. **Independent Contractor.** In performing services under this contract, the relationship between the COUNTY and the SERVICE PROVIDER is that of an independent contractor. SERVICE PROVIDER shall exercise independent judgment in performing duties under this contract and is solely responsible for setting working hours, scheduling or prioritizing the workflow, and determining how the work is to be prepared. No term or provision of this contract shall be construed as making SERVICE PROVIDER the agent, servant, or employee of COUNTY or making SERVICE PROVIDER or any of SERVICE PROVIDER's employees eligible for the

fringe benefits, such as retirement, insurance, and worker's compensation, which the COUNTY provides to COUNTY employees.

19. **Prohibition Against Assignment.** This Contract may not be assigned or transferred without the prior written consent of both parties.

20. **Waiver of Breach.** The failure on the part of any party to exercise or to delay in exercising, and no course of dealing with respect to any right hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any right hereunder preclude any other or further exercise thereof or the exercise of any other right. The remedies provided herein are cumulative and not exclusive of any remedies provided by law or in equity, except as expressly set forth herein.

21. **Severability.** In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement, including any paragraph that survives the termination of this Agreement, shall remain in full force and effect and enforceable in accordance with its lawful terms.

22. **Section Headings.** The headings used herein are for convenience of reference only and shall not constitute a part hereof or affect the construction or interpretation hereof.

23. **Terminology and Definitions.** All personal pronouns used herein, whether used in the masculine, feminine, or neutral, shall include all other genders; the singular shall include the plural, and the plural shall include the singular.

24. **Rule of Construction.** The parties hereto acknowledge that each party and its legal counsel have reviewed and revised this contract, and the parties hereby agree that the normal rule of construction to the effect that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this contract or any amendments or exhibits hereto.

25. **Sovereign and Governmental Immunity**. The parties expressly agree that Webb County, Texas, nor the Department waive, nor shall be deemed hereby to waive, any immunity or defense that would otherwise be available to it against claims arising in the exercise of its powers or functions or pursuant to the Texas Tort Claims Act or other applicable statutes, laws, rules, or regulations. Nor does either party to this Agreement waive or relinquish any immunity or defense on behalf of themselves, their trustees, assistants, technicians, departments, commissioners, council members, elected officers, employees, volunteers, appointees, and agents as a result of the execution of this Agreement and performance of the functions and obligations described herein.

26. **Legal Compliance.** The parties hereto agree to comply fully with all applicable federal, state, and local statutes, ordinances, rules, and regulations in connection with the services

contemplated under this contract. In the event that any of the parties hereto are required by law or regulation to perform any act inconsistent with this contract or to cease performing any act required by this contract, this contract shall be deemed to have been modified to conform to the requirements of such law, regulation or rule.

27. **Entire Agreement.** This contract incorporates all the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements, and understandings have been merged into this written Agreement. No other prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless signed by both parties and attached hereto and/or embodied herein.

28. **Amendment.** No changes to this contract shall be made except upon written agreement of both parties. Therefore, all prior negotiations, agreements, and understandings with respect to the subject matter of this Agreement are superseded hereby.

29. **Confidentiality.** Any confidential information provided to or developed by the SERVICE PROVIDER in the performance of this contract shall be kept confidential unless otherwise provided by law and shall not be made available to any individual or organization without the prior written approval of the County and SERVICE PROVIDER unless authorized by law to process billing and service rendered. This contract is subject to the Texas Public Information Act in accordance with Chapter 552 of the Texas Government Code.

    29.1 Compliance with Laws. Client and SERVICE PROVIDER shall use reasonable efforts to assure that each party complies with the requirements of any statute, ordinance, law, rule, regulation, or order of any governmental or regulatory body having jurisdiction respecting the provision of the Services, Application, or Software and Equipment described herein.

    29.2 Privacy. The parties agree to comply with any applicable federal, state, or local privacy or patient and student confidentiality laws.

30. **Insurance.** SERVICE PROVIDER shall, at its own expense, purchase, maintain, and keep in force during the term of this Agreement such insurance as set forth below. SERVICE PROVIDER shall not commence work under this Agreement until it has obtained all the insurance required under the Agreement and such insurance has been approved by WEBB COUNTY, in its reasonable judgment, nor shall SERVICE PROVIDER allow any subcontractor to commence work on this subcontract until all similar insurance of the subcontractor has been obtained and approved. All insurance policies provided under this Agreement shall be written on a "claims made" basis unless otherwise noted below. All insurance companies must be authorized by the Texas Department of Insurance to transact business in the State of Texas. Listed below are the types and amounts of coverage or provisions. The policy limits stated below are at a minimum.

    The minimum insurance coverages are as follows:

1. Commercial General Liability insurance at a minimum combined single limits of $1,000,000 per occurrence and $2,000,000 general aggregate for bodily injury and property damage, which coverage shall include products/completed operations ($1,000,000 products/completed operations aggregate), and XCU (Explosion, Collapse, Underground) hazards. Coverage must be written on an occurrence form. Contractual Liability must be maintained to cover the Contractor's obligations contained in the contract.

2. Workers Compensation insurance at statutory limits, including Employers Liability coverage a minimum limit of $1,000,000 each-occurrence each accident/$1,000,000 by disease each occurrence/$1,000,000 by disease aggregate.

3. Commercial Automobile Liability insurance at minimum combined single limits of $1,000,000 per occurrence for bodily injury and property damage, including owned, non-owned, and hired car coverage.

4. Errors & Omissions coverage may not be required for all services. If the Webb County deems such coverage necessary, the following conditions will apply:

a. Professional Liability with minimum limits of $1,000,000 or higher, depending on the type, size, and scope of services. (See page 3)

b. This coverage must be maintained for at least two (2) years after the project is completed. If coverage is written on a claims-made basis, a policy retroactive date equivalent to the inception date of the contract (or earlier) must be maintained during the full term of the contract.

PLEASE NOTE: The required limits may be satisfied by any combination of primary, excess, or umbrella liability insurances, provided the primary policy complies with the above requirements and the excess umbrella is following-form. The Contractor may maintain reasonable and customary deductibles, subject to approval by the County.

Any Subcontractor(s) hired by the Contractor shall maintain insurance coverage equal to that required of the Contractor. It is the responsibility of the Contractor to assure compliance with this provision. The Webb County accepts no responsibility arising from the conduct, or lack of conduct, of the Subcontractor.

A Comprehensive General Liability insurance form may be used in lieu of a Commercial General Liability insurance form. In this event, coverage must be written on an occurrence basis, at limits of

$1,000,000 each-occurrence, combined single limit, and coverage must include a broad form Comprehensive General Liability Endorsement, products/completed operations, XCU hazards, and contractual liability.

With reference to the foregoing insurance requirement, the Contractor shall specifically endorse applicable insurance policies as follows:

1. The Webb County shall be named as an additional insured with respect to General Liability and Automobile Liability. If an umbrella is used to meet limits requirements, the additional insured must also apply to the umbrella.

2. All liability policies shall contain no cross-liability exclusions or insured versus insured restrictions.

3. A waiver of subrogation in favor of Webb County shall be contained in the Workers Compensation and all liability policies.

4. All insurance policies shall be endorsed to require the insurer to immediately notify Webb County of any material change in the insurance coverage.

5. All insurance policies shall be endorsed to the effect that Webb County will receive at least sixty (60) days notice prior to cancellation or non-renewal of the insurance.

6. All insurance policies which name Webb County as an additional insured, must be endorsed to read as primary coverage regardless of the application of other insurance.

7. Required limits may be satisfied by any combination of primary and umbrella liability insurance.

8. Contractor may maintain reasonable and customary deductibles, subject to approval by Webb County.

9. Insurance must be purchased from insurers that are financially acceptable to Webb County.

All insurance must be written on forms filed with and approved by the Texas Department of Insurance. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent and shall contain provisions representing and warranting the following:

1. Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

2. Shall specifically set forth the notice-of-cancellation or termination provisions to Webb County.

Contract Cost	Type of Insurance	Limits
Less than $1,000,000	Umbrella Liability	Not Required
	Professional Liability	$1,000,000
$1,000,000 to $5,000,000	Umbrella Liability	$4,000,000
	Professional Liability	$1,000,000 to $1,500,000
$5,000,000 to $10,000,000	Umbrella Liability	$9,000,000 to $10,000,000
	Professional Liability	$1,500,000 to $2,000,000
Over $10,000,000	Umbrella Liability	$10,000,000 or higher
	Professional Liability	$2,000,000 or higher

Upon request, Contractor shall furnish Webb County with certified copies of all insurance policies. All contractors and subcontractors must be meet the Contractor shall furnish Webb County with certified copies of all insurance policies. All contractors and subcontractors must meet minimum OSHA safety requirements as applicable to their operations.

31. Disclosure. SERVICE PROVIDER is required to immediately or timely, as the case may be, disclose to Webb County and Appropriate Texas State Agency the following:

a. If any Person who is an employee or director of SERVICE PROVIDER is required to register as a lobbyist under Texas Government Code Chapter 305 at any time during the term hereof, SERVICE PROVIDER shall provide Webb County and the appropriate State Agency timely copies of all reports filed with the Texas Ethics Commission as required by Chapter 305;

b. If any Person who is an employee, SUBSERVICE PROVIDER, or director of SERVICE PROVIDER is or becomes an elected official (i.e., an elected or appointed state official or member of the judiciary, or a United States congressman or senator) during the term hereof;

c. Report any actions or citations by federal, state, or local governmental agencies that may affect SERVICE PROVIDER licensure status or its ability to provide Services hereunder.

d. Webb County and SERVICE PROVIDER acknowledges that Webb County is a covered entity under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), codified at 42 U.S.C. §§ 1302d through 1302d-8, and as amended by the Health Information Technology for Economic and Clinical Act of 2009 ("HITECH Act"), and further agree that to the extent SERVICE PROVIDER comes into contact with information considered Individually Identifiable Health Information ("IIHI"), as defined in 42 U.S.C. §1320d(6) and 45 C.F.R. Parts 160 and 164 ("Privacy Rule"), or Protected Health Information ("PHI") as defined in the Privacy Rule, SERVICE PROVIDER shall keep private and secure any information considered IIHI or PHI as required by federal and state law.

e. As a covered entity, Webb County is permitted under HIPAA, to use and disclose PHI without a patient's authorization for purposes enumerated in §164.512, including, but not limited to:

1. As required by law and/or

2. For Public Health Activities and/or

3. To avert a serious threat to health and safety and/or

4. To correctional institutions and other law enforcement custodial situations.

32. Force Majeure. Neither party shall be held responsible for any delay or failure in performance (other than payment obligations) to the extent that such delay or failure is caused by fire, flood, explosion, war, strike, embargo, government regulation, civil or military authority, acts of God, acts or omissions of carriers or other similar causes beyond their control.

33. Representation of Counsel; Mutual Negotiation. Each party has had the opportunity to be represented by counsel of its choice in negotiating this Agreement. This Agreement shall, therefore, be deemed to have been negotiated and prepared at the joint request, direction, and construction of the parties, at arms' length, with the advice and participation of counsel, and will be interpreted in accordance with its terms without favor to any party.

34. Execution of Counterparts. This Agreement may be executed by the different Parties hereto on separate counterparts, each of which, when so executed, shall be deemed to be an original, and such counterparts shall together constitute but one and the same document. Any one of such counterparts shall be sufficient for the purpose of proving the existence and terms of this Agreement, and no party shall be required to produce an original or all of such counterparts when making such proof. However, no counterpart modified without prior consent shall be valid or enforceable unless agreed to by all parties to this Agreement.

35. Warranty of Capacity to Execute Contract. The person signing this Agreement on behalf of the SERVICE PROVIDER warrants that he/she has the authority to do so and to bind the SERVICE PROVIDER to this Agreement and all the terms and conditions contained herein.

36. IN WITNESS WHEREOF, the Parties have executed this Agreement in their official capacities with legal authority to do so.

[Signature Page Follows]

WEBB COUNTY, TEXAS

Tano Tijerina,
Webb County Judge

Date _____

Alejandra Alcaraz, MA, LPC

CEO/President

Date 2/3/25

APPROVED AS TO FORM:

Jorge L. Trevino, Jr.
WEBB COUNTY ASSISTANT GENERAL COUNSEL FOR THE WEBB COUNTY CIVIL DIVISION*

*By law, the Webb County Civil Division Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval and should seek the review and approval of their own respective attorney(s).

ATTESTED:

MARGIE RAMIREZ IBARRA
WEBB COUNTY CLERK
DATE _____

EXHIBIT

A

THIS FORM MUST BE INCLUDED WITH RFQ PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFQ PACKAGE AND SIGN BELOW TO COMPLETE SUBMITTAL OF EACH REQUIRED ITEM.

RFQ 2025-003

"Webb County Head Start Mental Health Care Services – 3 Year Service Agreement"

☑ Statement of Qualifications

☑ References Form

☑ Conflict of Interest Form (CIQ)

☑ Certification regarding Debarment (Form H2048)

☑ Certification regarding Federal lobbying (Form 2049)

☑ Purchasing Code of Ethics Affidavit form

☑ House Bill 89 Form

☑ Senate Bill 252 Form

☑ Proof of No Delinquent Tax Owed to Webb County

Alejandra Alcaraz, LPC
Authorized Offeror's Printed Name and Title

Authorized Offeror's Signature

11/15/24
Date

Infant & Toddler Parenting Workshop

Join us for a workshop to promote attachment and bonding in parenting little ones

Alejandra Alcaraz. MA

LICENSED PROFESSIONAL COUNSELOR

Join us

AUGUST 3
2024
10 AM

WHAT YOU WILL LEARN:

- Parenting Support
- Increase knowledge in the Social Emotional Developmental Domain
- Parenting Skills & Awareness
- Infant and Toddler brain development

REGISTRATION FEE: $25
1 HOUR

Register with QR code or call
(956)937-1585
alejandraalcaraz@aalcaraztherapy.info

https://www.aalcaraztherapy.info

Mental Health &
Infant/toddler and Earlychildhood
Social Emotional Development Virtual Workshop

July 17, 2024
5:00 pm
$50
1.5 hours

Parenting Support

Parenting is hard enough as it is. I want to provide you with a different perspective on this topic. Talk about the challenges and how we can overcome them.

Social Emotional Developmental Domain

Identifying how this domain interacts with other developmental domains. Learning about brain development in relation to Social Emotional development.

Skills & Awareness

Providing awareness on the importance of attachment and building a relationship with caregivers. Providing you with skills to nurture these.

Scan the QR code to join

Hosted by: Alejandra Alcaraz, MA, LPC
Please reach out via email or phone for any questions
956-937-1585
alejandraalcaraz@aalcaraztherapy.info

*Limited spaces available

Alejandra Alcaraz, MA, LPC
Curriculum Vitae
10012 Apparitions Dr.
Laredo, TX 78045
(956) 441-3167
alejandraialcaraz@gmail.com

Education

Masters of Arts in Counseling Psychology, December 2017
Texas A&M International University, College of Arts and Sciences, Laredo, Texas
Bilingual Counseling Certification: Spanish

Bachelor of Arts in Psychology, May 2014
Texas A&M International University, College of Arts and Sciences, Laredo, Texas

Professional Experience

Dec. 2023- Present — **Private Practice- Alejandra Alcaraz, MA, LPC**
Provide individual counseling to adults and create treatment plans. Provide psychoeducational presentations and training to individuals working within the early education field. Manage business and operate daily activities such as budgeting, managing legal documentation and client paperwork, gathering of data and files to accommodate client records. I store and manage client records and files, manage incoming consult calls and document client activities.

Jun. 2023- Oct. 2023 — **CACOST- ECI Project Ninos- Early Intervention Specialist/Services Coordinator -** Provide Specialized Skills Training to infants and toddlers 0-3 years old, related to developmental domains (cognitive, communication, Gross/Fine motor, self -adaptive and social emotional). Use a Coaching model to encourage participation and reflection of strategies for use in daily routines. Implement Pathways Parenting Program for infants and toddlers with Autism Spectrum Disorder diagnosis and/or indicators of Autism. As a Service Coordinator, provide families with case management and assistance or guidance in relation to their IFSP plan. Provide families with periodic review of the IFSP at 6 months or when changes were recommended, complete annual evaluations.
Supervisor: Griselda Zuniga, LBSW

Aug. 2022- Jun. 2023	**Enriched Roots- Contractual Licensed Professional Counselor-Associate** Provide individual counseling to adults and creating treatment plans. Individual diagnosis include Depression, Anxiety, along with individuals dealing with adjustment issues and life stressors.
May 2023- Jun. 2023	**Laredo College- Student Advisor** Provide advising and recommendations for students newly enrolled into higher educational institutions. Guide and assist first time in college students with course enrollment and major of choice. Rebeka Herrera, Director of Advising
Nov. 2022- Mar. 2023	**City of Laredo – Licensed Professional Counselor-Associate** Provide individual counseling to expecting mothers and first-time mothers. Provided psychoeducation on parenting and support mothers by providing awareness on infant mental health. Reynol Vela, RN, BSN
Jan. 2021- Sept. 2022	**CACOST- ECI Project Ninos- Early Intervention Specialist/Services Coordinator -** Provide Specialized Skills Training to infants and toddlers 0-3 years old, related to developmental domains (cognitive, communication, Gross/Fine motor, self -adaptive and social emotional). Use a Coaching model to encourage participation and reflection of strategies for use in daily routines. Implement Pathways Parenting Program for infants and toddlers with Autism Spectrum Disorder diagnosis and/or indicators of Autism. Supervisor: Griselda Zuniga, LBSW
Jun. 2019- Dec. 2019	**Motion Behavioral Health-Case Manager-** Provide case management services to children and adolescents, such as medication training, skills training and providing community resources. Supervisor: Daniel Rodriguez, MA, LPC
Oct. 2018- Jan. 2019	**SCAN- Hogar Para Todos Program- Counselor** – Provide individual counseling and case management to the homeless population. Individuals' diagnosis include Schizophrenia, Bipolar, Anxiety, Depression with co-occurring substance use. Supervisor : Enrique Manrique, LPC-S
Aug. 2018- Oct. 2018	**Serving Children and Adults in Need, Inc. (SCAN) STAR Program- Family Support Specialist-** Provided counseling to youth and families to enhance family communication. Used an evidence based curriculum to prevent and reduce conflict within the family structure and at school. Made use of conflict resolution skills and skill building to aide youth and their families.

Supervisor : Michelle Saldana

Aug. 2017- Dec. 2017 **Lamar Bruni Vergara Fellowship Graduate Research Assistant –** Texas A&M International University, Laredo, Texas
Conducted two psychoeducational groups of DRIVEN (Dating Relationships Involving Violence End Now)
Scored and input data gathered on pre-and post-assessment for DRIVEN. Assisted and prepared presentation for DRIVEN training
Supervisor: Dr. Ediza Garcia, Psy. D

Aug. 2016-June 2017 **Lamar Bruni Vergara Assistantship Graduate Research Assistant-** Texas A&M International University, Laredo, Texas
Assisted in conducting DRIVEN sessions (Dating Relationships Involving Violence End Now) and preparing presentation. Conducted focus group interviews and examined data using qualitative analysis.
Supervisor: Dr. Ediza Garcia, Psy. D.

Jan. 2015- June 2016 **Texas Alcoholic Beverage Commission (TABC)- License and Permit Specialist-** Laredo, Texas
Processed applications for alcohol and liquor licenses in Laredo and surrounding cities. Provided temporary licenses and permits for Laredo and other cities. Conducted background checks and evaluated applicants for further investigation.

Clinical Experience

Jan. 2017 – Dec. 2017 **F.S Lara Academy, Laredo, Texas**

Masters Internship II Therapist- No. Hours- 56
Provided counseling to adolescents, both middle and high school students under the supervision of the Licensed Chemical Dependency Counselor (LCDC), Mrs. Adelaida Hernandez. Provided individual therapy, using a cognitive behavioral approach and solution focused approach. As well as providing psychoeducation to students for Child Abuse and Neglect, and Dating Violence.

Supervisor: Mrs. A. Hernandez, M.A., LCDC

Masters Internship I Therapist- No. Hours- 47
Worked with adolescents, with close connection to the Licensed Chemical Dependency Counselor, within the school setting. Provided ongoing therapy using a Cognitive-Behavioral approach, and a Solution-Focused approach. Issues presented were substance use, self-esteem, interpersonal conflict, conflict within family and domestic violence.

Supervisor: Mrs. A. Hernandez, M.A., LCDC

Sep. 2016- Dec. 2017 **Texas A&M International University – Community Counseling Center, Laredo, Texas.**

Masters Internship II Therapist - No. Hours 36
Provided ongoing counseling sessions related to Trauma, Depression, Anxiety, anger management and interpersonal concerns. Provided Individual, Family and Child therapy, using a Cognitive-Behavioral approach and Person-Centered Therapy.
Supervisor: Dr. E. Garcia, Psy. D.

Masters Internship I Therapist No. Hours 63
Conducted psychoeducational groups, provided individual therapy and family/sibling therapy. Diagnosis of individuals consisted of Attention Deficit Hyperactive Disorder, Autism, Anxiety and Trauma. Provided therapy using Behavioral therapy and Trauma Focused- Cognitive Behavioral Therapy.
Supervisor: Dr. E. Garcia, Psy D.

Masters Practicum Therapist- No. Hrs. 46
Worked with Individual, Family and Children/Adolescence, conducted intakes and ongoing sessions. Presenting issues were related to Mood disorders, such as Depression and Anxiety, interpersonal concerns, anger management and trauma. Worked with these individuals using a Person-Centered Perspective and using Cognitive-Behavioral Therapy.
Supervisor: Dr. E. Garcia, Psy. D.

Professional Development

August 2024	First 3 Years Infant Mental Health Training
February 2023	Perinatal Mood Disorders- Components of Care
February 2023	Advance Perinatal Mental Health Psychotherapy Training
September 2021	Foundational Training - Coaching Interaction Style in Early Childhood Intervention
May 2021	Pathways Parenting Training Program
May 2021	The Growing Brain Training- Zero to Three
Fall 2017	The Core Curriculum on Childhood Trauma Training
Fall 2017	DRIVEN psychoeducational group leader and co-leader Driven Focus group leader
Spring 2017	DRIVEN Training and DRIVEN Focus Group Leader

Spring 2017	Alcohol Awareness- Texas Standing Tall. Motivational Interviewing, Texas A&M International University, Laredo, Texas
Spring 2017	Trauma Focused Cognitive Behavioral Therapy Certification
Spring 2016	Families Overcoming Under Stress (F.O.C.U.S) Training. Texas A & M International University
Spring 2016	Reporting Suspected Abuse or Neglect of a Child: A Guidance for Education Professionals Web-Based Training. Texas Department of Family and Protective Services.

Presentations

Spring 2017	Lamar Bruni Vergara Conference - Impacts and Treatment of Alcohol Use Among Individuals with Depression

Refereed Presentations

Terrazas-Carrillo, E., Garcia, E., Ponte Rodriguez, L.*, de la Cruz, I.*, Terrazas, A.*, Alcaraz, A.*, Cortina, N.*, Mendiola, M.*, Sanchez, G.*, & Minjares, S.* (2018, August). Applying the AIMS model to implement a dating violence prevention program for Latinos in college. Poster to be to be presented at the 126th Annual Convention of the American Psychological Association. San Francisco, CA.

Alcaraz, A and Lara, J.- Social Emotional Development (March 2022)

Alcaraz, A and Lara, J. - Building a Strong Social-Emotional Relationship Between Caregiver and ECI Child (January 2022)

Alcaraz, A- The Social Emotional Child, 0-5 (January 2024)

University Teaching

Nov. 2017	Guest Lecture – Texas A & M International University PSYC 4301- Psychology of Personality *Chapter 13:Cultural Variation in Experience, Behavior, and Personality*

Professional Memberships

August 2015- 2018	American Counseling Association	Student Member
December 2021- Present	Zero to Three	Member
March 2024- Present	First 3Years	Member

December 2023- Present	Postpartum Support International	Member

Computer Skills

Computer Training & Experience

Spring 2017	Atlas. Ti- Qualitative analysis software, SPSS Microsoft Office, Word, Power Point, Excel

References

Ediza Garcia, Ph.D.
Assistant Professor/Director for MACP Program
Texas A&M International University
5201 University Boulevard
Laredo, Texas 78041
(956) 326-3096
ediza.garcia@tamiu.edu

Elizabeth Terrazas Ph.D.
Assistant Professor of Psychology
Texas A&M International University
5201 University Boulevard
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(956) 326-2656
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Gilberto Salinas, Ph. D.
Assistant Professor of Psychology
Texas A&M International University
5201 University Boulevard
Laredo, TX 78041
(956) 326-2636

Griselda Zuniga, LBSW
Team Leader, ECI Project Ninos
5709 Springfield Ave.
Laredo, TX 78041
(956) 236-5678

References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

THIS FORM MUST BE RETURNED WITH YOUR OFFER.

REFERENCE ONE

Government/Company Name: Learning Through Play Learning Center

Address: 2403 O Henry Dr. Laredo, TX 78041

Contact Person and Title: Yadira Elizondo

Phone: (956) 693-8654 Fax:

Email Address: learningcenterltp@gmail.com Contract Period: 1/2024

Description of Goods / Services Provided: Provided informal training about infant and toddler mental health and introduced various concepts of brain development. Counselor was able to meet with parents and answered questions on behavior and development.

REFERENCE TWO

Government/Company Name: Shining Stars Learning Academy

Address: 5415 Springfield Ste. 2B Laredo, TX 78041

Contact Person and Title: Rosie Garcia, Director

Phone: (956) 568-0472 Fax:

Email Address: shiningstarslainfo@gmail.com Contract Period: 1/2024

Description of Goods / Services Provided: Counselor provided training to teachers and staff about Infant and Toddler Mental Health, training consisted of Brain Development from 0-5 years of age. Training also included Mental Health in Toddlers including development, frustration tolerance, emotional regulation and parental mental health, including skills to manage behavior.

REFERENCE THREE

Government/Company Name: Laredo Morale Welfare and Recreation Organization : Non- profit organization for CBP Officers and family

Address: 109 Shiloh Dr. Suite 300, Laredo, TX 78045

Contact Person and Title: Ruth Duarte, CBPO

Phone: (956) 744-3785 Fax:

Email Address: Contract Period: 05/2024

Description of Goods / Services Provided: Clinician was invited to the Mental Health and Welness Fair to provide brief introduction of services and share information on treatment modalities. Clinician provided psychoeducation on parental stress and Maternal Mental Health.

REFERENCE Four

Government/Company Name: Zitlali Zamora

Address: 3723 Luis Ibarra Dr, Laredo TX 78040

Contact Person and Title: Zitlali Zamora, HHSC Child Care Licensing Representative

Phone: (956)285-5755 Fax:

Email Address: Zitlalizamora12@gmail.com Contract Period: 1/2024

Description of Goods / Services Provided: Clinician and Mrs. Zamora worked together to raise awareness on Social Emotional Development and Infant Mental Health, prioritizing in early child development.

REFERENCE Five

Government/Company Name: The Therapy Room PLLC

Address:

Contact Person and Title: Ana K. Manrique, Licensed Professional Counselor

Phone: (956) 441-9294 Fax:

Email Address: counseling@therapyroomtx.com Contract Period: 11/2024

Description of Goods / Services Provided: Clinician provided informal training and consulting on parental stress and Maternal Mental Health, as well as Infant and Toddler Mental Health. Clinicians reviewed a variety of cases and conseptualized to find appropriate treatment.

- **Additional pages are permitted if more space is required**

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CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

NA

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

11/14/2024
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Texas Department of
Agriculture

Form H2048
January 2008

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?
☐ Yes

☑ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered potential contractor:

☑ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded form participation in this contract by any federal department or agency or by the State of Texas.

☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.

Signature of Authorized Representative

11/14/2024
Date

Alejandra Alcaraz, MA, LPC
Printed/Typed Name and Title of Authorized Representative

Texas Department of
Agriculture

Form H2049
January 2008

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have peen paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

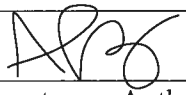
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?
☐ Yes
☐ No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.

Name of Authorized Representative	Title
Alejandra Alcaraz	Licensed Professional Counselor



Signature – Authorized Representative

11/14/2024
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Alejandra Alcaraz _____ owes no delinquent property taxes to Webb County.

Alejandra Alcaraz, MA, LPC _____ owes no property taxes as a business in Webb County.
(Business Name)

Alejandra Alcaraz, MA, LPC _____ owes no property taxes as a resident of Webb County.
(Business Owner)

Veronica R. Alvarado
Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb
Before me, a Notary Public, on this day personally appeared Alejandra Alcaraz, know to me (or proved to me on the oath of Veronica R. Alvarado to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 4th day of November 2024.

Notary Public, State of Texas

VERONICA R. ALVARADO
Notary Public, State of Texas
Comm. Expires 09-09-2026
Notary ID 133953827

Veronica R. Alvarado
(Print name of Notary Public here)

My commission expires the 09 day of September 2026

Offeror: Complete & Return this Form with Response Submission.

House Bill 89 Verification

I, Alejandra Alcaraz, the undersigned representative of (company or business name) Alejandra Alcaraz, MA, LPC (heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and

2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.

Signature of Company Representative

11/14/2024
Date

On this 14th day of November, 2024, personally appeared

Alejandra Alcaraz, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal

VERONICA R. ALVARADO
Notary Public, State of Texas
Comm. Expires 09-09-2028
Notary ID 133953277

Notary Signature

11/14/2024
Date

WEBB COUNTY PURCHASING DEPT.
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS
AFFIDAVIT FORM

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS

COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared Alejandra Alcaraz the herein-named "Affiant", who is a resident of Webb County, State of Texas, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: http://www.webbcountytx.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to joel@webbcountytx.gov.

Executed and dated this 14th day of November, 2024.

Signature of Affiant

Alejandra Alcaraz
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 14th day November, 2024

VERONICA R. ALVARADO
Notary Public, State of Texas
Comm. Expires 09-09-2026
Notary ID 133953827

NOTARY PUBLIC, STATE OF TEXAS

Offeror: Complete & Return this Form with Response Submission.

Senate Bill 252 Certification

SB 252 CHAPTER 2252 CERTIFICATION I, Alejandra Alcaraz, the undersigned representative of Alejandra Alcaraz, MA, LPC (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at joel@webbcountytx.gov

Alejandra Alcaraz
Name of Company Representative (Print)

Signature of Company Representative

11/14/2024
Date

Alejandra Alcaraz, MA, LPC
alejandraalcaraz@aalcaraztherapy.info
(956) 937-1585

EXHIBIT
B

Fees

Consultation fee per hour $140 less $15 in kind price is $125

- Meet with staff, review cases and guide towards possible treatment options, behavior analysis and evaluations
- Clinical assessment and classroom observations
- Guidance on referral process for further psychological and/or psychiatric evaluation
- Assistance with Behavior Modification Plans
- Guidance with healthcare staff and other service providers for diagnostic referrals and examinations to rule out physical or medical illness

Training & Workshop fee per hour (minimum 1 hr) $115 less $15 in kind price is $100

- Create trainings and develop mental health program activities & workshops to parents and staff
- Provide trainings and guidance on developmental screening and assessment measures

Treatment Planning and Reports fee per parent/report $ 190 less $15 in kind price is $175

Assessment report required if there is any mental health or behavioral assessment completed by the clinician, report must be completed and provided to parents

- Provide written treatment plan and case conceptualizations for parents and staff, assist in providing skills and behavioral techniques for children with typical and atypical behavioral patterns and special needs
- Meeting with parents and staff during parent conferences to assist in treatment options and modalities
- Orient and create supportive techniques to work with parents towards goals and objectives
- Reports not included are invoicing for state or federal mandated reports for services

Individual Counseling Fees per hour $ 125-150

- Individual counseling fee, working with 1 parent or 1 child **$125**,
- Family (Parenting) counseling fee, working with both parents **$150**

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Additional Services

- Services not listed above are to be executed by the clinician at the hourly rate of private pay, **$125**