



STATE OF LOUISIANA

LDH Medical Vendor Administration
REQUEST FOR PROPOSAL

RESPONSES WILL BE
PUBLICLY OPENED

09/03/2021
03:00 PM CST

Vendor No.: _____
Solicitation: 3000017417
Opening Date: 09/03/2021

Vendor Name and Address: (to be completed by Vendor)

Ship To Address:

Invalid Delivery Address
Invalid, LA 99999-9999

SUBMIT NON-ELECTRONIC RESPONSE TO:

RFx Number: 3000017417
Version: 2
Buyer: DOROTHY BAGBEY
Buyer Phone: 225-219-0206
E-Mail: ali.bagbey@la.gov
Scheduled Begin Date:
Scheduled End Date:
T-Number:

Name of Solicitation: Managed Care Organization

Notice to bidder:
Revision to Schedule of Events.

RFx text:
Addendum 5 - Schedule of Events

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	Product Category:85101700 SFY 23	N/A	N/A	N/A	

VENDOR TELEPHONE NUMBER: EMAIL ADDRESS:	TITLE	DATE
Signature of Authorized Bidder	Name of Bidder (Typed or printed)	