



STATE OF LOUISIANA

LDH Medical Vendor Administration
REQUEST FOR PROPOSAL

RESPONSES WILL BE
PUBLICLY OPENED

09/10/2021
03:00 PM CST

Vendor No.: _____
Solicitation: 3000017417
Opening Date: 09/10/2021

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:

System correction to change submission deadline and opening date to 9/10/2021 (amended via Addendum 5).

RFx text:

Addendum 6

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)	