



# STATE OF LOUISIANA

Dept of Children and Family Svcs

## REQUEST FOR PROPOSAL

**RESPONSES WILL BE  
PUBLICLY OPENED**

11/10/2016  
00:00 AM CST

Vendor No.: \_\_\_\_\_  
Solicitation: 3000006591  
Opening Date: 11/10/2016

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

**SUBMIT NON-ELECTRONIC RESPONSE  
TO : PRG2 - CW THER FC CHD SPEC  
1201 Capitol Access Road  
Baton Rouge LA 70802**

**RFx Number:** 3000006591

**Version:** 1

**Buyer:** DIANNE COLEMAN

**Buyer Phone:**

**E-Mail:** dianne.coleman@la.gov

**Scheduled Begin Date:**

**Scheduled End Date:**

**T-Number:**

**Name of Solicitation:** Chafee Foster Care Independence Program

**Notice to bidder:**

To provide services to youth residing in Louisiana on Foster Care thru DCFS, another state child welfare system, juvenile justice system of Louisiana, or a federal tribe, ages 14 up to age 18.

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	<b>Product Category:93141500</b> Foster Care	1	MON	_____	_____
3	<b>Product Category:93141500</b> Foster Care	1	MON	_____	_____
4	<b>Product Category:93141500</b> Foster Care	1	MON	_____	_____

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