



# STATE OF LOUISIANA

LDH Office of Public Health  
REQUEST FOR PROPOSAL

**RESPONSES WILL BE  
PUBLICLY OPENED**

06/30/2020  
00:00 AM CST

Vendor No.: \_\_\_\_\_  
Solicitation: 3000014430  
Opening Date: 06/30/2020

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

**Ship To Address:**

LDH OPH/STD/HIV PROGRAM  
1450 POYDRAS ST, STE 2136, BENSON TOWER  
NEW ORLEANS, LA 70112

**SUBMIT NON-ELECTRONIC RESPONSE  
TO: CENTRAL OFFICE/HIV-AIDS  
SECTION/COMMUNIC  
1201 Capitol Access Road  
Baton Rouge LA 70802**

**RFx Number:** 3000014430  
**Version:** 2  
**Buyer:** CAPUCINCA HARRIS  
**Buyer Phone:** 504-568-7528  
**E-Mail:** capucinca.harris-roberts@la.gov  
**Scheduled Begin Date:**  
**Scheduled End Date:**  
**T-Number:**

**Name of Solicitation:** Health Insurance Continuation Program

**Notice to bidder:**

Firms or individuals who are interested in providing services requested under this RFP must submit an electronic proposal containing the mandatory information specified. The proposal must be received by electronic copy to the address specified within the RFP document on or before the date and time specified in the Schedule of Events. Email submission is the only acceptable method of delivery. Fax, mail and courier delivery shall not be acceptable. Proposers emailing their proposals should also allow sufficient time to ensure receipt of their proposal by the time specified.

The State assumes no liability for assuring accurate/complete e-mail transmission and receipt. The responsibility solely lies with each Proposer to ensure their proposal is received at the specified email address prior to the deadline for submission. Proposals received after the deadline, corrupted files, and incomplete submissions (e.g. Part 1 and Part 2 of 3 are received, but Part 3 is not) will not be considered.

**RFx text:**

Addendum III - Question and Answers Document.

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

Request for proposal: 3000014430  
Open Date: 06/30/2020  
T-Number:

Bidder:

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LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	<b>Product Category:93141500</b> FY20 Health Insurance Continuation Prgm. <b>Required:</b> 11/01/2020-10/31/2023	N/A	N/A	N/A	
2	<b>Product Category:93141500</b> FY22 Health Insurance Continuation Prgm. <b>Required:</b> 07/01/2020-10/31/2023	N/A	N/A	N/A	
3	<b>Product Category:93141500</b> FY23 Health Insurance Continuation Prgm. <b>Required:</b> 07/01/2021-10/31/2023	N/A	N/A	N/A	
4	<b>Product Category:93141500</b> FY24 Health Insurance Continuation Prgm. <b>Required:</b> 07/01/2022-10/31/2023	N/A	N/A	N/A	