



STATE OF LOUISIANA

REQUEST FOR INFORMATION

**RESPONSES WILL BE
PUBLICLY OPENED**

08/22/2022

06:00 PM CST

Vendor No.: _____
Solicitation: 3000019490
Opening Date: 08/22/2022

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

SUBMIT NON-ELECTRONIC RESPONSE TO:

RFx Number: 3000019490

Version: 1

Buyer: ALEX ARNOLD

Buyer Phone: 2253420859

E-Mail: alex.arnold@la.gov

Scheduled Begin Date:

Scheduled End Date:

T-Number:

Name of Solicitation: 118 BED INTERM. PSYCH. FACILITY PROVIDER

LINE	Description
------	-------------

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