



# STATE OF LOUISIANA

## REQUEST FOR INFORMATION

**RESPONSES WILL BE  
PUBLICLY OPENED**

08/19/2022

05:00 PM CST

Vendor No.: \_\_\_\_\_  
Solicitation: 3000019500  
Opening Date: 08/19/2022

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

### SUBMIT NON-ELECTRONIC RESPONSE TO:

**RFx Number:** 3000019500

**Version:** 1

**Buyer:** SHEILA ROBINSON

**Buyer Phone:** 504-568-3504

**E-Mail:** sheila.robinson@la.gov

**Scheduled Begin Date:**

**Scheduled End Date:**

**T-Number:**

**Name of Solicitation:** Deaf, DeafBlind or hard of hearing

LINE	Description
1	<b>Product Category:82112000</b> Communications Accessibility-Interpret
2	<b>Product Category:42144000</b> Assistive Hearing Technology
3	<b>Product Category:80141700</b> Telecommunications Equipment Distributio

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