## STATE OF LOUISIANA

### REQUEST FOR INFORMATION

**Name of Solicitation:** RFI Provision of Inpatient Psychiatric Services

<table>
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<th>LINE</th>
<th>Description</th>
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**Vendor Name and Address:** (to be completed by Vendor)

**SUBMIT NON-ELECTRONIC RESPONSE TO:**

- **RFx Number:** 3000019525
- **Version:** 2
- **Buyer:** ALEX ARNOLD
- **Buyer Phone:** 2253420859
- **E-Mail:** alex.arnold@la.gov
- **Scheduled Begin Date:**
- **Scheduled End Date:**
- **T-Number:**

**RESPONSES WILL BE PUBLICLY OPENED**

- **Date:** 10/28/2022
- **Time:** 00:00 AM CST

**VENDOR TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**Signature of Authorized Bidder**

**Name of Bidder**

( Typed or printed)