



**BOBBY JINDAL**  
GOVERNOR

**KRISTY H. NICHOLS**  
COMMISSIONER OF ADMINISTRATION

# State of Louisiana

Division of Administration  
Office of State Procurement

## STATE CONTRACT QUESTIONNAIRE

A. Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

B. Please cite the enabling legislation, if any, that set up your organization.

C. List the source and percentage of your organization funding that is derived from public (city, parish, state or federal) sources.

D. If your answer to (C) is 100%, stop. If your answer to (C) is less than 100%, proceed to question (E).

E. List any programs operated by your organization that are themselves 100% publicly funded programs?

If approved, do you wish to receive procurement email notifications?     Yes     No

Note: Louisiana state contracts may be viewed on the Internet at:  
[http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/eCat/dsp\\_eCatSearch.cfm](http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/eCat/dsp_eCatSearch.cfm)

\_\_\_\_\_  
Signature of Authorized Person      (Date)

\_\_\_\_\_  
(Print - Name & Title of Authorized Person)

<b><u>FOR OFFICE USE ONLY</u></b>
_____
By: _____
Date: _____