

Office of State Procurement
State of Louisiana
Division of Administration

JOHN BEL EDWARDS
Governor



JAY DARDENNE
Commissioner of Administration

STATE CONTRACT QUESTIONNAIRE

A. Name of Organization: _____
Address: _____ City/State/Zip Code: _____
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

Signature of Authorized Person (Date)

(Print - Name & Title of Authorized Person)

FOR OFFICE USE ONLY

By: _____

Date: _____