

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: _____
Telephone: _____ Fax: _____
E-Mail: _____

B. Please cite the enabling legislation, if any that set up your organization.
[R.S. 17:470.33](#), [R.S. 39:1556 \(39\)](#) and [R.S. 46:1403\(A\)\(6\)](#).

C. List the source and percentage of your organization funding that is derived from public (city, parish, state or federal) sources.
[Varies by Early Learning Center - N/A - See R.S. 39:1556\(39\) and 39:1702\(B\)](#)

D. If your answer to (C) is 100%, stop. If your answer to (C) is less than 100%, proceed to question (E).
[N/A](#)

E. List any programs operated by your organization that are themselves 100% publicly funded programs?
[N/A](#)

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: _____