

Office of State Procurement
State of Louisiana
Division of Administration

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
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.

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

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 Office of State Procurement email notifications? Yes No

Note: Louisiana state contracts may be viewed on the Internet on eCat at:

https://wwwcfprd.doa.louisiana.gov/osp/lapac/ecat/dsp_ecatsearchlagov.cfm

Signature of Authorized Person (Date)

(Print - Name & Title of Authorized Person)

FOR OFFICE USE ONLY

By: _____

Date: _____