

ATTACHMENT E | CONTACT INFORMATION & BID AUTHORIZATION

| | |
|--------------------------------------|--|
| Primary Contact Name | |
| Primary Contact Phone Number | |
| Primary Contact Email Address | |

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|--|--|
| Company Legal Name | |
| Company Address | |
| Company Phone Number | |
| Company Website | |
| Year Company Founded | |
| Years Operating with K-12 school client | |
| Years Operating in Louisiana | |
| Number of Clients | Total: _____ Louisiana: _____ New Orleans: _____ |
| Number of Employees | |
| Certified SLDBE (yes/no) | |
| If YES, Year Certified | |

By signing the box below I am submitting my bids for RFP No. CA_Transportation_NOLA_RFQ_2024:

| | |
|--|--|
| Authorized Representative Name | |
| Authorized Representative Signature | |
| Date of RFP Bid Submittal | |