VENDOR INFORMATION SHEET FOR RFP 1948

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
B) Type or print responses; and
C) Include this Vendor Information Sheet in Tab III, State Documents of the Technical Proposal.

V1	Firm Name	LogistiCare Solutions, LLC

V2	Street Address	1275 Peachtree Street 6th Floor

V3	City, State, ZIP	Atlanta, GA 30309

V4	Telephone Number		
	Area Code: 404	Number: 888-5800	Extension:

V5	Facsimile Number		
	Area Code: 404	Number: 888-5999	Extension:

V6	Toll Free Number		
	Area Code:	Number: 800-486-7647	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Albert Cortina
	Title: Chief Administrative Officer
	Address: 1275 Peachtree Street, 6th Floor
	Email Address: albertc@logisticare.com

V8	Telephone Number for Contact Person		
	Area Code: 404	Number: 888-5800	Extension: 457

V9	Facsimile Number for Contact Person		
	Area Code: 404	Number: 888-5999	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Herman Schwarz	Title: Chief Executive Officer

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 11/15/2011