

**REQUEST FOR PROPOSALS**

**HEALTH INSURANCE PROGRAM FOR PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

LOUISIANA DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH

STD/HIV/HEPATITIS PROGRAM

**RFP# 3000014430**

**Addendum I**

**\*\*\*Correction to Email Address for Proposal Submission, in Section 1.7\*\*\***

Please be advised that the proposal package must be emailed to: [SHHPRFPResponse@la.gov](mailto:SHHPRFPResponse@la.gov)