

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____	Division: _____
_____	Branch/Office: _____
Contact Person: _____	Procurement Officer: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

PROTESTED MATTER	
☐ Competitive POS RFP No. _____	☐ Restrictive POS RH No. _____
Description of Health and Human Service Procured:	

REPLY BY PROVIDER

Pursuant to Section 3-148-305, HAR, the attached is submitted in reply to the state agency's response to the formal protest:

(Authorized official's position)