
HEALTHCARE PROVIDER PROPOSAL

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION

Organization: _____

Primary Contact: _____

CERTIFICATION OF PROPOSAL. *On behalf of my organization, I am submitting this bid to the LHSAA to serve as the "Official Healthcare Provide of the LHSAA." I hereby acknowledge that I have read the provider requirements and can provide all services indicated with this RFP. This shall serve as a memorandum of understanding that this organization meets the requirements of the request for proposal. I further understand that this memorandum of understanding does not guarantee that this proposal is or will be a guarantee of proposal award. Signature on this proposal constitutes a contractual commitment and an irrevocable offer on behalf of the submitting organization. If this proposal is accepted by LHSAA, then it becomes a binding contract between the parties.*

Authorized organization representative:

Name: _____

Signature: _____

Title: _____

Organization: _____

Date: _____