NAME OF APPLICANT: ________________________________________________

Please complete the following information for two (2) references. References must be organizations and/or individuals for whom the applicant has provided services similar to those being solicited through this RFQ, and must be able to provide information regarding the applicant’s capacity and performance regarding the provision of such services. The Primary Contact should be the person in the organization who serves or served as the lead project manager for your client. You are responsible for notifying your clients and securing their permission to be contacted as a reference.

REFERENCE #1

Organization Name
Primary Contact
Name Primary
Contact Title Phone
Email
Date(s) of project
Project Description/Objective (25 words max)

REFERENCE #2

Organization Name
Primary Contact
Name Primary
Contact Title Phone
Email
Date(s) of project
Project Description/Objective (25 words max)