Appendix D

Parent Child Interaction Therapy Trainer RFQ
CLIENT REFERENCES INSTRUCTIONS

Please complete the following information for three to five current or previous clients for related projects (in process or completed within the past three years, including at least two who may be contacted as references. 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 consulting project
Project Description/Objective (25 words max)

REFERENCE #2

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

REFERENCE #3

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