**RFEFERENCES**

Provide the information requested below for three of the Respondent agency’s funding sources for the last two years that the Respondent contracted with to provide similar services within the last two years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference #1** | | | | |
| Name of Organization: | | | | |
| Full Mailing Address: | | | | |
| Size of the Organization: | | Number of Years Respondent Provided Service(s): | | |
| Contact Person Who can Verify the Performance: | Name: | | Telephone #: | Fax Number # |
| Services Provided: | | | | |
| Performance Requirements: | | | | |
| Funding Level: | | | | |
|  | | | | |
| **Reference #2** | | | | |
| Name of Organization: | | | | |
| Full Mailing Address: | | | | |
| Size of the Organization: | | Number of Years Respondent Provided Service(s): | | |
| Contact Person Who can Verify the Performance: | Name: | | Telephone #: | Fax Number # |
| Services Provided: | | | | |
| Performance Requirements: | | | | |
| Funding Level: | | | | |
|  | | | | |
| **Reference #3** | | | | |
| Name of Organization: | | | | |
| Full Mailing Address: | | | | |
| Size of the Organization: | | Number of Years Respondent Provided Service(s): | | |
| Contact Person Who can Verify the Performance: | Name: | | Telephone #: | Fax Number # |
| Services Provided: | | | | |
| Performance Requirements: | | | | |
| Funding Level: | | | | |