# ATTACHMENT D

### REFERENCES

**Submit a total of Three (3) references (Section 6.1.G) using this form.**

**Expand fields and duplicate this page as necessary.**

|  |
| --- |
| **RFP 16680 – Operational Design of Young Adult Special Population Programs** |
| **BIDDER:** |  |
| **Provide the following information for each reference submitted. Fields will expand as you type.** |
| **Reference Company #1:** | Click here to enter text. |
| **Contact Person:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **City, State, Zip:** | Click here to enter text. |
| **Telephone Number:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Number of years Bidder provided services to this entity:** | Click here to enter text. |
| **Brief description of the services provided:** | Click here to enter text. |
| **Reference Company #2:** | Click here to enter text. |
| **Contact Person:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **City, State, Zip:** | Click here to enter text. |
| **Telephone Number:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Number of years Bidder provided services to this entity:** | Click here to enter text. |
| **Brief description of the services provided:** | Click here to enter text. |
| **Reference Company #3:** | Click here to enter text. |
| **Contact Person:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **City, State, Zip:** | Click here to enter text. |
| **Telephone Number:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Number of years Bidder provided services to this entity:** | Click here to enter text. |
| **Brief description of the services provided:** | Click here to enter text. |