

**APPLICANT REFERENCES FORM
TO BE INCLUDED IN APPLICATION**

Submission of this form is *mandatory*. Failure to complete and return this attachment with your application may cause your application to be rejected and deemed non-responsive. By furnishing the references, the applicant authorizes the State to contact the named company, person or entity to discuss the Applicant's past performance.

Complete the below table listing information for three references that can speak to how the Applicant could fulfill the goals of the program.

REFERENCE 1

Name of Firm:

Street Address

City

State

Zip Code

Contact Person:

Telephone Number:

Dates of Service:

Value or Cost of Service:

Brief Description of Service Provided

FOR OPR INTERNAL USE:

REFERENCE 2

Name of Firm:

Street Address

City

State

Zip Code

Contact Person:

Telephone Number:

Dates of Service:

Value or Cost of Service:

Brief Description of Service Provided

REFERENCE 3

Name of Firm:

Street Address

City

State

Zip Code

Contact Person:

Telephone Number:

Dates of Service:

Value or Cost of Service:

Brief Description of Service Provided