RFP Title: The California Parolee Reentry Evaluation Project

RFP Number: CPAS-201102-RB

ATTACHMENT 7 REFERENCE FORM

Please provide at least four (4) references for services that are similar to the size and scope of work outlined in this RFP that proposer has provided within the past five (5) years. Please use the following format in submitting the required references.

Please note: The contact person must be an employee of the reference, not of the proposer or a third-party firm. The reference may be contacted anytime after the proposal due date.

Name of Agency or Company:		Phone:
Address:		
Project Manager/Contact:	/ Title:	
Phone:	Email <u>:</u>	
Dates Services Were Provided:		
Summary of Services Provided:		
REFERENCE 2:		
		Phone:
Name of Agency or Company:		
Name of Agency or Company:	/ Title:	
Name of Agency or Company: Address: Project Manager/Contact: Phone:	/ Title: Email <u>:</u>	
Name of Agency or Company: Address: Project Manager/Contact: Phone: Dates Services Were Provided:	/ Title: Email <u>:</u>	
Name of Agency or Company: Address: Project Manager/Contact: Phone:	/ Title: Email <u>:</u>	

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Dates Services Were Provided:		
Summary of Services Provided:		
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REFERENCE 4:		
REFERENCE 4: Name of Agency or Company:		Phone:
Name of Agency or Company:		
Name of Agency or Company:Address:	/ Title:	
Name of Agency or Company:Address:Project Manager/Contact:	/ Title: Email <u>:</u>	
Name of Agency or Company:Address:Project Manager/Contact:Phone:	/ Title: _Email <u>:</u>	
Name of Agency or Company:Address:	/ Title: _Email <u>:</u>	