**Respondent’s Name:**

**Instructions:** Provide two references for project(s) who can validate your experience and years of service for project(s)/contract(s) that were provided in your response to WOS, Exhibit 3, RESPONSE TO REQUESTED INFORMATION, Section 3.1, Minimum Requirements. It is each Respondent’s sole responsibility to ensure that the reference contact names, phone numbers, and e-mail addresses are accurate and that all fields are completed.

The County may disqualify a Respondent if:

* The References fail to substantiate that the Respondent, as an entity, provided the services; or
* The Reference fails to substantiate the Respondent ‘s description of the services provided; or
* The Reference fails to substantiate the Respondent ‘s years of service provided; or
* The Reference fails to support that the Respondent has a continuing pattern of providing capable, productive and skilled personnel; or
* The County is unable to reach the point of contact with reasonable effort. It is the Respondent ‘s responsibility to inform the references’ point of contact of County’s normal working hours: Monday through Friday, 8 a.m. – 5 p.m. Pacific time.

**Reference 1:**

|  |  |
| --- | --- |
| **Name of Firm:** | **Firm has been notified about this Reference Check:** |
| **Address of Firm:** | |
| **Contact Person:** | |
| **Telephone #:**     -   - | |
| **E-mail Address:** | |
| **Project Name or Contract No.** | **Specific Date of Contract – From - To**    -  -     -   -  - |
| **Type of Service:** | **Annual Dollar Amount:**  $ |

**Reference 2:**

|  |  |
| --- | --- |
| **Name of Firm:** | **Firm has been notified about this Reference Check:** |
| **Address of Firm:** | |
| **Contact Person:** | |
| **Telephone #:**     -   - | |
| **E-mail Address:** | |
| **Project Name or Contract No.** | **Specific Date of Contract – From - To**    -  -     -   -  - |
| **Type of Service:** | **Annual Dollar Amount:**  $ |