**ATTACHMENT C – REFERENCES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization/Agency Legal Name: | |  | | | | | | | | |
| Please list three references for contracts your agency was awarded to implement Family Support Services within the last three to five years. If three references cannot be provided, please explain why on an attached sheet of paper. The references listed below may be contacted by the Commission to substantiate your agency’s experience in the area of financial/administrative management and social service delivery. | | | | | | | | | | |
| **REFERENCE 1** | | | | | | | | | | |
| Name of Funding Organization |  | | | | | | | | | |
| Address |  | | City | |  | State | |  | Zip |  |
| Contact Person |  | | | Telephone Number | | |  | | | |
| Contract Period |  | | | Funded Amount: | | | $ | | | |
| Brief Description of Service Provided: | | | | | | | | | | |
| **REFERENCE 2** | | | | | | | | | | |
| Name of Funding Organization |  | | | | | | | | | |
| Address |  | | City | |  | State | |  | Zip |  |
| Contact Person |  | | | Telephone Number | | |  | | | |
| Contract Period |  | | | Funded Amount: | | | $ | | | |
| Brief Description of Service Provided: | | | | | | | | | | |
| **REFERENCE 3** | | | | | | | | | | |
| Name of Funding Organization |  | | | | | | | | | |
| Address |  | | City | |  | State | |  | Zip |  |
| Contact Person |  | | | Telephone Number | | |  | | | |
| Contract Period |  | | | Funded Amount: | | | $ | | | |
| Brief Description of Service Provided: | | | | | | | | | | |