

## REFERENCES

Applicant Name \_\_\_\_\_

List three (3) contract references where the same or similar scope of services (e.g., case management, home visiting, or other social support services to expectant and parenting persons) were provided in order to meet the minimum requirements stated in this request for application.

### REFERENCE #1

Organization \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Contract Name or No. \_\_\_\_\_ Contract Term (in Years) \_\_\_\_\_

Type of Service \_\_\_\_\_ Amount \$ \_\_\_\_\_

### REFERENCE #2

Organization \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Contract Name or No. \_\_\_\_\_ Contract Term (in Years) \_\_\_\_\_

Type of Service \_\_\_\_\_ Amount \$ \_\_\_\_\_

### REFERENCE #3

Organization \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Contract Name or No. \_\_\_\_\_ Contract Term (in Years) \_\_\_\_\_

Type of Service \_\_\_\_\_ Amount \$ \_\_\_\_\_