# **APPENDIX E – REFERENCE FORM**

Please provide a minimum of three (3) unique references from companies (DNSSAB excluded) for whom you have supplied, installed, and/or supported with the same or similar scope and magnitude of work requested in this RFP within the past five (5) years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Referee No. 1** | **Referee No. 2** | **Referee No. 3** |
| Has the Referee been Informed? |       |       |       |
| Referee’s Company |       |       |       |
| Referee’s Full Name |       |       |       |
| Referee’s Job Title |       |       |       |
| Referee’s Email Address |       |       |       |
| Referee’s Phone Number and Extension |       |       |       |
| Description of goods and/or services provided |       |       |       |
| Value of goods and/or services provided ($) |       |       |       |
| Date work commenced (month & year) |       |       |       |
| Date work ended (month & year) |       |       |       |

**Completed by:**

***I authorize the District of Nipissing Social Services Administration Board to contact the above references, as well as, complete verification for required licenses and/or credentials.***

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Company |  | Authorized Signature |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name |  | Title |

*I HAVE THE AUTHORITY TO BIND THE CORPORATION*