**ATTACHMENT H**

**The Workforce Innovation and Opportunity Act One Stop Operator RFP**

**REFERENCES PAGE**

(Completed Form Shall Be Submitted with the Proposal)

ORGANIZATION NAME:

**Reference 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business, City, County or Agency | Street Address | City & State | Contract Dates |
|  |  |  |  |
| Contact | Title | Telephone | Email Address |
|  |  |  |  |
| Contract Amount: | $ |
| Description of Work Performed/Results Achieved: |

**Reference 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business, City, County or Agency | Street Address | City & State | Contract Dates |
|  |  |  |  |
| Contact | Title | Telephone | Email Address |
|  |  |  |  |
| Contract Amount: | $ |
| Description of Work Performed/Results Achieved: |

**Reference 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business, City, County or Agency | Street Address | City & State | Contract Dates |
|  |  |  |  |
| Contact | Title | Telephone | Email Address |
|  |  |  |  |
| Contract Amount: | $ |
| Description of Work Performed/Results Achieved: |