

## **ATTACHMENT A**

### **REFERENCES**

#### **1. CONTACT INFORMATION**

Name of Company \_\_\_\_\_

Name of Contact Individual \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact City, State, Zip \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

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

#### **2. REFERENCES:**

Please provide references related to the scope of work.

##### **Reference #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project/Contract Title: \_\_\_\_\_

Project Contract Number: \_\_\_\_\_

Project/Contract Amount: \_\_\_\_\_

Project/Substantial Completion Date or Percent Complete: \_\_\_\_\_

##### **Reference #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project/Contract Title: \_\_\_\_\_

Project Contract Number: \_\_\_\_\_

Project/Contract Amount: \_\_\_\_\_

Project/Substantial Completion Date or Percent Complete: \_\_\_\_\_

**Reference #3:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Project/Contract Title: \_\_\_\_\_  
Project Contract Number: \_\_\_\_\_  
Project/Contract Amount: \_\_\_\_\_  
Project/Substantial Completion Date or Percent Complete: \_\_\_\_\_

**Reference #4:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Project/Contract Title: \_\_\_\_\_  
Project Contract Number: \_\_\_\_\_  
Project/Contract Amount: \_\_\_\_\_  
Project/Substantial Completion Date or Percent Complete: \_\_\_\_\_

3. **SUBCONTRACTORS** (for informational purposes only): If the Respondent intends to use subcontractors, please provide the information below. All subcontractors listed remain subject to approval by the City.

Name of subcontractors to be utilized and type of work:

Name	Type of Work	VBE Certified? (Y or N)
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\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_