**Attachment 12**

**Qualifications Reference Sheet**

**PROPOSER INFORMATION**

|  |  |
| --- | --- |
| Company Name |  |
| Name |  | Title |  |
| Address |  |
| Phone |  | Email |  |

**PROFESSIONAL REFERENCES**

Provide a minimum of two references, at least one for each individual project, to demonstrate that your organization has successfully implemented an Integrated Workplace Management System (IWMS) for a minimum of two (2) organizations and within the last three (3) years. The number of users for each of the IWMS implementations must be 900 or more.

|  |  |  |
| --- | --- | --- |
| **1** | Organization Name |  |
| Contact Person |  | Title |  |
| Address |  |
| Phone |  | Email |  |
| Implementation Date |  | Number of Users |  |
| Product Implemented |  |
| Project Details |  |

|  |  |  |
| --- | --- | --- |
| **2** | Organization Name |  |
| Contact Person |  | Title |  |
| Address |  |
| Phone |  | Email |  |
| Implementation Date |  | Number of Users |  |
| Product Implemented |  |
| Project Details |  |

|  |  |  |
| --- | --- | --- |
| **3** | Organization Name |  |
| Contact Person |  | Title |  |
| Address |  |
| Phone |  | Email |  |
| Implementation Date |  | Number of Users |  |
| Product Implemented |  |
| Project Details |  |

|  |  |  |
| --- | --- | --- |
| **4** | Organization Name |  |
| Contact Person |  | Title |  |
| Address |  |
| Phone |  | Email |  |
| Implementation Date |  | Number of Users |  |
| Product Implemented |  |
| Project Details |  |

**Five (5) Years in Business:**

The Proposer shall have been in business for five (5) years or longer.

I declare that the foregoing information is true and understand that the persons named above may be contacted to provide additional information to verify that the information provided is correct. I furthermore understand that proposals that cannot be verified to meet the minimum qualifications will be marked as non-compliant and removed from further participation in the RFP.

Signature:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |