

**Illinois Program of All-Inclusive Care for the Elderly
Request for Application (RFA) 2021**

Attachment 2

REFERENCE FORM

Provide references from established firms or government agencies other than the procuring agency that can attest to the Applicant's experience and ability to perform the contract that is the subject of this RFA.

At least two (2) references should come from public sector organizations.

1. Reference Firm/Government Agency/Organization (Name): _____

Contact Person (name, email address, address, and phone: _____

Date of Supplies/Services Provided: _____

Type of Supplies/Services Provided: _____

2. Reference Firm/Government Agency/Organization (Name): _____

Contact Person (name, email address, address, and phone: _____

Date of Supplies/Services Provided: _____

Type of Supplies/Services Provided: _____

3. Reference Firm/Government Agency/Organization (Name): _____

Contact Person (name, email address, address, and phone: _____

Date of Supplies/Services Provided: _____

Type of Supplies/Services Provided: _____

Signature of Authorized Representative: _____

Printed Name of Signatory: _____

Position: _____

Applicant Name: _____

Date: _____

Phone: _____

Email: _____