

## **REFERENCES**

1. Last three (3) Implementat	ions for this proposed product.		
School System Name/ Location / Student #	Contact Information	Project Information	
1a.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
1b.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:	•		
1c.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:	Johnson Emain		
	ons for this proposed product for schools syste	ma greater than 50 000 students	
School System Name/		ns greater than 50,000 students.	
Location / Student #	Contact Information	Project Information	
2a.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:		·	
2b.	Contact Name:	Date Contract Signed:	-
25.	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Finale:		
Description of Services:	Gorinado Erriani		
2c.	Contact Name:	Date Contract Signed:	
20.	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Findle:	Date implementation completed.	
Description of Services:	or Three (3) Geographically Closest Clients to	HCPSS using this proposed product.	
School System Name/ Location / Student #	Contact Information	Project Information	
3a.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
b.	Contact Name:	Date Contract Signed:	
JU.		Date Implementation Completed:	
JU.	Contact Phone:	Date implementation Completed:	
#Students:		Date implementation Completed:	
	Contact Phone: Contact Email:	Date Implementation Completed:	
#Students: Description of Services:	Contact Email:		
#Students:	Contact Email:  Contact Name:	Date Contract Signed:	
#Students: Description of Services:	Contact Email:		

## ATTACHMENT D CONTINUED: SUBCONTRACTOR REFERENCES

4. SUBCONTRACTOR REFEREI	NCES:		
Subcontractor #1 Name / Address:			
School System Name/ Location / Student #	Contact Information	Project Information	
1a.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
1b.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:		<u>'</u>	
1c.	Contact Name:	Date Contract Signed:	
16.	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Fmole:	Date implementation completed.	
Description of Services:	Oontact Email.		
Subcontractor #2 Name / Address	:		
School System Name/	Contact Information	Project Information	
Location / Student #			
la.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
1b.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
1c.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:	,		
Subcontractor #3 Name / Address			
	h.		
School System Name/ Location / Student #	Contact Information	Project Information	
1a.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:			
1b.	Contact Name:	Date Contract Signed:	
	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		
Description of Services:		·	
1c.	Contact Name:	Date Contract Signed:	
10.	Contact Phone:	Date Implementation Completed:	
#Students:	Contact Email:		