REFERENCES

1. Last three (3) Implementations 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:		

2. Last three (3) Implementations for this proposed product for schools systems greater than 50,000 students.		
School System Name/ 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:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		
2c.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		

3. Three (3) Maryland Clients 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:		
3b.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		
3c.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		

ATTACHMENT D CONTINUED: SUBCONTRACTOR REFERENCES

4. SUBCONTRACTOR REFERENCES:		
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:		
1c.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		
Subcontractor #2 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:		
1c.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		
Subcontractor #3 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:		
1c.	Contact Name:	Date Contract Signed:
	Contact Phone:	Date Implementation Completed:
#Students:	Contact Email:	
Description of Services:		