**Instructions:** Provide a total of **three (3)** references for organizations that were listed in your response to WOS, Exhibit 1 – Response to Requested Information, Question 3.1 – Minimum Requirements. At least **two (2)** references must be from an organization serving at least one (1) of the following priority communities below:

• South Los Angeles (Compton, Watts, Willowbrook)

• East Los Angeles, Boyle Heights

• Lennox, Hawthorne, Inglewood, Lynwood

• Lancaster

• Palmdale

• Long Beach

• Pacoima

• El Monte

• Pomona

• San Pedro, Wilmington

• Paramount, South Gate, Downey

• Downtown Los Angeles (Wholesale District)

• Westlake, Pico Union

It is the Respondent’s sole responsibility to ensure that the reference contact names, phone numbers, and e-mail addresses are accurate and that all fields identified completed.

The County may disqualify a Respondent if:

* The references fail to substantiate that the Respondent, as an entity, provided the services; or
* The references fail to substantiate the Respondent’s description of the services provided; or
* The references fail to support that the Respondent has a continuing pattern of providing fiscal sponsorship support; or
* DHS is unable to reach the point of contact with reasonable effort. It is the Respondent’s responsibility to inform the references’ point of contacts of County’s normal working hours – Monday through Friday, 8:00 a.m. - 5:00 p.m. local time.

**RESPONDENT’S NAME:**

**Reference 1**

|  |
| --- |
| **Name of Firm:**      |
| **Address of Firm:**      |
| **Contact Person:**      |
|  **Telephone No.:**    -   -           |
| **E-mail Address:**      |
| **Project Name or Contract No.**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Type of Service:**      | **Annual Dollar Amount:**$      |

**Reference 2**

|  |
| --- |
| **Name of Firm:**      |
| **Address of Firm:**      |
| **Contact Person:**      |
|  **Telephone No.:**    -   -           |
| **E-mail Address:**      |
| **Project Name or Contract No.**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Type of Service:**      | **Annual Dollar Amount:**$      |

**Reference 3**

|  |
| --- |
| **Name of Firm:**      |
| **Address of Firm:**      |
| **Contact Person:**      |
|  **Telephone No.:**    -   -           |
| **E-mail Address:**      |
| **Project Name or Contract No.**      | **Specific Date of Contract – From - To**  -  -     -   -  -     |
| **Type of Service:**      | **Annual Dollar Amount:**$      |