EXHIBIT C – REFERENCE FORM

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| **BIDDER REFERENCE FORM**  |
| **Organization Legal Name:**      |
| **Contact Name:**      | **Contact Title:**      |
| **Contact's Phone Number:**      | **Contact Email Address:**      |
| **Time Frame of Services Provided:**      |
| **Description of Services Performed:**      |
| **Names and Titles for Bidder Team Members who Provided the Services:**      |

Return Exhibit C- Reference Form as part of your bid submittal to Procurement Coordinator at:
HCAProcurements@hca.wa.gov