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](mailto:HCAProcurements@hca.wa.gov)