

REFERENCE FORM

Respondent's involvement with reference checks is not permitted. Only Hidalgo County Purchasing Department or authorized designees will conduct reference checks. Any deviation to this may result in rejection of your response.

Reference One

Client's Name: _____

Type of Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

Project Information

Name of Project: _____

Scope of Work: _____

Contract Period: From _____ to _____

Cost: Projected \$: _____ Actual \$: _____

Timeframe (Include Unit Measure) Projected _____ Actual _____

Status as of _____ (Circle One) Complete In Progress Canceled
Date

Reference Two

Client's Name: _____

Type of Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

Project Information

Name of Project: _____

Scope of Work: _____

Contract Period: From _____ to _____

Cost: Projected \$: _____ Actual \$: _____

Timeframe (Include Unit Measure) Projected _____ Actual _____

Status as of _____ (Circle One) Complete In Progress Canceled
Date

Reference Three

Client's Name: _____

Type of Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

Project Information

Name of Project: _____

Scope of Work: _____

Contract Period: From _____ to _____

Cost: Projected \$: _____ Actual \$: _____

Timeframe (Include Unit Measure) Projected _____ Actual _____

Status as of _____ (Circle One) Complete In Progress Canceled
Date

Reference Four

Client's Name: _____

Type of Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail: _____

Project Information

Name of Project: _____

Scope of Work: _____

Contract Period: From _____ to _____

Cost: Projected \$: _____ Actual \$: _____

Timeframe (Include Unit Measure) Projected _____ Actual _____

Status as of _____ (Circle One) Complete In Progress Canceled
Date