Attachment C: Client References Form

Solicitation #RFP-27-LESB-001

Statewide Law Enforcement Job Task Analysis and Training Recommendations

Offeror	
(Name of Offeror)	

The Offeror shall provide the following information for a minimum of three (3) clients who received services similar to those described in this RFP. At least two (2) shall be clients for whom the Offeror completed the job task analyses that qualify the Offeror under RFP Section 3.2. The LESB may contact any or all clients listed to inquire about the Offeror's services, performance, and degree of client satisfaction. Client #4 and Client #5 are optional.

CLIENT #1	
Client Organization Name	
Client Address	
Client Contact Name and Title	
Client Phone	
Client Email	
Project Dates (Start/Completion)	
Description of Services Provided	
Qualifying job task analysis under RFP Section 3.2?	☐ Yes ☐ No
Client Type and Jurisdiction (e.g., state POST; statewide or county law enforcement agency)	
Total Contract Value	

CLIENT #2	
Client Organization Name	
Client Address	
Client Contact Name and Title	
Client Phone	
Client Email	
Project Dates (Start/Completion)	
Description of Services Provided	
Qualifying job task analysis under RFP Section 3.2?	☐ Yes ☐ No
Client Type and Jurisdiction (e.g., state POST; statewide or county law enforcement agency)	
Total Contract Value	

CLIENT #3	
Client Organization Name	
Client Address	
Client Contact Name and Title	
Client Phone	
Client Email	
Project Dates (Start/Completion)	
Description of Services Provided	
Qualifying job task analysis under RFP Section 3.2?	☐ Yes ☐ No
Client Type and Jurisdiction (e.g., state POST; statewide or county law enforcement agency)	
Total Contract Value	

CLIENT #4	
Client Organization Name	
Client Address	
Client Contact Name and Title	
Client Phone	
Client Email	
Project Dates (Start/Completion)	
Description of Services Provided	
Qualifying job task analysis under RFP Section 3.2?	☐ Yes ☐ No
Client Type and Jurisdiction (e.g., state POST; statewide or county law enforcement agency)	
Total Contract Value	

CLIENT #5	
Client Organization Name	
Client Address	
Client Contact Name and Title	
Client Phone	
Client Email	
Project Dates (Start/Completion)	
Description of Services Provided	
Qualifying job task analysis under RFP Section 3.2?	☐ Yes ☐ No
Client Type and Jurisdiction (e.g., state POST; statewide or county law enforcement agency)	
Total Contract Value	