EXHIBIT C
REFERENCE CONTACT SHEET

REFERENCE 1

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 2

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 3

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 4

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 5

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 6

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

REFERENCE 7

Name of Company:_____

Size of Company: _____

Dates of Service:_____

Contact Person & Title:_____

Address:_____

City/State/Zip:_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Alternative Contact Person (optional):_____

Telephone Number:_____

Cell Number:_____

E-mail:_____

Respondents must submit at least 6 references with 3 preferences being governmental clients and largest clients. References will be contacted in order listed until a minimum of 3 references have been interviewed. Each reference will be asked to provide a brief description of the Contractor's services and the duration of the Contractor's services.

In addition, please provide the names of all employer clients who have terminated their relationship with the Respondent's organization in the past year. Include the client name, a contact person, full address, and telephone, membership size, duration of relationship, and the reason for termination.