Department of
MANAGEMENT
SERVICES

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Ron DeSantis, Governor
Tom Berger, Secretary

FORM 7 – CLIENT REFERENCE FORM

FOR

MyFloridaNetwork-3

ITN NO: 26/27-025

THE STATE OF FLORIDA

DEPARTMENT OF MANAGEMENT SERVICES

FORM 7 – CLIENT REFERENCE FORM

Respondent should complete this Client Reference Form with the names and contact information of at least three (3) client references and submit the form with its Reply.

The Department reserves the right to conduct reference checks beyond those provided by client references.

References should not be provided from:

- Individuals no longer with the organization the Respondent is listing as a client;
- The Department;
- Persons currently or formerly employed by the Respondent's organization;
- Board members of the Respondent's organization;
- Relatives;
- Organizations based solely in a foreign country;
- A member of the Respondent's organization, who has written, completed, and submitted the form on behalf of the client reference;
- Subcontractors of the Respondent;
- Entities having an affiliation with the Respondent (i.e., current parent or subsidiary having common ownership, having common directors, officers or agents, or sharing profits or liabilities).

The same client reference may not be listed for more than one (1) reference and confidential clients shall not be included.

In the event the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time should be provided in the space provided for Respondent's Name.

The Department reserves the right to contact references other than those identified by the Respondent to obtain additional information regarding past performance. Any information obtained as a result of such contact may be used to determine whether the Respondent is a "responsible vendor," as defined in Section 287.012(25), Florida Statutes.

The Department may contact any of the references listed to inquire about the Respondent's services, the Respondent's performance, and the degree of client satisfaction.

[complete form provided on next page]

Client References

Client #1: _____
Address: _____
Reference Name: _____
Current Phone Number: _____

Client #2: _____
Address: _____
Reference Name: _____
Current Phone Number: _____

Client #3: _____
Address: _____
Reference Name: _____
Current Phone Number: _____

Client #4: _____
Address: _____
Reference Name: _____
Current Phone Number: _____

Client #5: _____
Address: _____
Reference Name: _____
Current Phone Number: _____