**Corporate references Template**

The Offeror is required to provide a minimum of three (3) client references for each Medicaid project and for each project providing services similar to those being requested by this RFP. Specifically, corporate references should be provided for at least one Core MMIS client. Each client reference must include the client’s name and address and the current telephone number and e-mail address of the client’s responsible project administrator or of a senior official of the client who is familiar with the Offeror’s performance and who may be contacted by DOM during the evaluation process.

|  |  |
| --- | --- |
| Client | **Client Name** |
| Project | **Project Name** |
| Timeframe | Month XXXX – Month XXXX |
| Description of Work Performed |  |
| Prime or Subcontractor |  |
| Project Personnel Requirements |  |
| # of FTEs and Total Staff Hrs Expended |  |
| Publically Funded Contract Cost |  |
| Client References | |  |  |  | | --- | --- | --- | | Name  Title / Position  Address  [Email](mailto:cynthia.crone@arkansas.gov)  Phone | Name  Title / Position  Address  [Email](mailto:cynthia.crone@arkansas.gov)  Phone | Name  Title / Position  Address  [Email](mailto:cynthia.crone@arkansas.gov)  Phone | |