Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETJ0057 – Competency Based Performance Management Services**

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| **Proposer Company Name:** Click or tap here to enter text. |

Instructions: Provide the requested information for a minimum of four (4) entities for which you have provided, or currently provide, services that are similar to the services requested in this RFP. Do not include the State of Wisconsin as a reference.

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| Entity Name: Click or tap here to enter text. |
| Contact Person Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. |

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| Entity Name: Click or tap here to enter text. |
| Contact Person Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. |

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