Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**RFP ETC0051 Strategic Partner for Pension Administration System**

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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) clients for which you have provided, or currently provide, services that are similar to the services requested in this RFP ETC0051.

***At least one reference must*** be a public entity for whom your firm has provided services such as those described in RFP Section 5.

***At least one reference should*** be a public sector employer plan with 300,000 or more eligible employees and at least 1000 employers. If you don’t have such a reference please provide a reference for your largest public sector employer client.

***At least one reference must*** be from a company/agency that you have provided services for, for a minimum of two consecutive years.

***Do not list the Department as a reference.***

References must be *responsive* to **the Department**’s inquiries. Proposers may be scored lower on their responses to the general and technical questionnaires or disqualified from further scoring if references do not respond to **the Department**’s requests for information about the Proposer. It is the responsibility of the Proposer to ensure reference names, addresses, telephone numbers, and e-mail addresses remain current throughout the RFP process.

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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. |
| Dates and # of years Proposer has worked with this client. Proposer’s services offered by this reference and number of client’s employees who utilize Proposer’s services: 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. |
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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. |
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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. |
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Add additional pages as necessary.