

ATTACHMENT 19 – IMPLEMENTATION SERVICES REFERENCE FORM

Please provide references for implementation services for the proposed solution that most closely reflect consulting Projects that are similar to THE DISTRICT’s scope of work. Offerors must use the following format to submit references. NOTE: THE DISTRICT will not accept responses that indicate that references will be provided at a later time.

GENERAL BACKGROUND

Name of Client:			
Number of Employees:		Size of Operating Budget:	
Contact Name:		Contact Title:	
Contact Phone:		Contact Email:	

TECHNOLOGY INFORMATION (Indicate Role with “P” or “SP”)

Please indicate whether your firm served as prime “P” or as a sub-prime “SP” to complete the tasks below.

Financials					
Role	Task	Role	Task	Role	Task
	Project Management		Design		Configuration
	Development		Testing		Post Production Support

OTHER INFORMATION

Date of Initial Go-Live:		Upgrade Date:	
Current Version of Software:			

Type of Deployment (Place an X in all boxes that apply):

<input type="checkbox"/>	On-Premise	<input type="checkbox"/>	Hosted Service	<input type="checkbox"/>	Managed Service	<input type="checkbox"/>	SaaS
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Please describe deployment method used (Attach separate sheets as needed.):

Maryland's Largest School District

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

RFP #4949.1

Benefit Carrier Enrollment Data Exchange Solutions

Other Comments (attached separate sheets as needed):