

Attachment I
Client History Form
Telephone Answering Services
IFB # 710-24-058

Attachment I

Telephone Answering Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Telephone Answering Services' experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Proposal Signature Page*.

1. Please list at least two (2) clients where you (the prime contractor only) **served as the prime contractor** for operating as a telephone answering services vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____