**Attachment D**

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| **1. List three references that we may contact who will be able to attest to your experience working with individuals with developmental disabilities and /or in underserved communities in a professional capacity:** | | | | |
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| Reference #1: |  |  |  |  |
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| Reference #2: |  |  |  |  |
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| Reference #3: |  |  |  |  |
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| **I hereby give permission to the Regional Center of the East Bay to contact the above named references.**  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **2. Attach to this form at least one professional letter of reference describing your abilities and qualifications in regards to this proposal.** | | | | |
|  |  |  |  |  |
| **3. List any and all services or programs you are currently operating, are associated with, or are developing.** | | | | |
| Name of Service | Type of Service | In development or operational? | Number of years in operation (if applicable) | Funding source |
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