



# Corrections and Community Supervision

KATHY HOCHUL  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## ATTACHMENT 9 References

Submit a total of **THREE** references using this form.

**RFP #2022-01 – Medication Assisted Treatment Program**

Bidder: \_\_\_\_\_

Provide the following information for each reference submitted.

Reference Company #1:	
Contact Person:	
Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	
Number of years Bidder provided services to this entity:	
Brief description of the services provided	

**ATTACHMENT 9  
References (continued)**

<b>Reference Company #2:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Number of years Bidder provided services to this entity:</b>	
<b>Brief description of the services provided</b>	

**ATTACHMENT 9  
References (continued)**

<b>Reference Company #1:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Number of years Bidder provided services to this entity:</b>	
<b>Brief description of the services provided</b>	