Attachment B 1. List three *professional* references that we may contact who will be able to attest to your

experience working with individuals with developmental disabilities in a professional capacity:					
Reference #1:					
Reference #2:					
Reference #3:					
I hereby give peri references.	mission to Redwood	d Coast Regional C	Center to contact the	e above named	
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 or are developing		ams you are currei	ntly operating, are a	associated with,	
Name of Service	Type of Service	In development or operational?	Number of years in operation (if applicable)	Funding source	