

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008**

**APPENDIX D REQUIRED FORMS - EXHIBIT 4 (REVISED)  
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Proposer's Name:** \_\_\_\_\_

List of all **non-profit and** public entities **contracts** for which the Proposer has provided **the same or similar** services within the last **five** (~~5~~ ~~three (3)~~) years. Use additional sheets if necessary.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> ( )	<b>Email</b>
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> ( )	<b>Email</b>
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> ( )	<b>Email</b>
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> ( )	<b>Email</b>
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
<b>5. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> ( )	<b>Email</b>
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.