

Request for Proposal No. 2009-5330

Attachment I

Page 1 of 1

Client Reference and Contractor History

Proposing Firm's Name: Creative Investment Research, Inc.

NOTE TO PROPOSER: Attach SECTION III SERVICES TO BE PROVIDED to this form as a reference for the client evaluator. (See page 2.)

CLIENT EVALUATOR SECTION

Client Name: ICCR _____	Contact Name: Gary Brouse _____
Address: 475 Riverside Drive	Phone No. 212-870-2316 _____
Project Name: SEC Conference/Policy review	Dates of Service: 2007, 2008, 2009 _____
Total Hours N/M _____	Contract Amount: Volunteer

This form must be completed based on the description of services that the Proposer has attached to this form (Request for Proposal No. 2009-5330, SECTION III SERVICES TO BE PROVIDED). Please review the description of the services for which you are providing this reference. Provide a brief description of the project(s) completed or substantially completed for your organization by the Proposer.

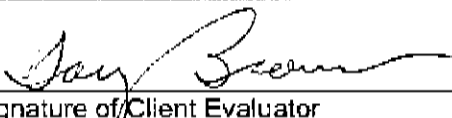
(Provide response here) *The area must be completed by the Client.*

William Michael Cunningham and Creative Investment Research, Inc. have, on a volunteer basis, provided assistance in the formulation, analysis, and implementation of key policy issues. This has included interaction with government regulatory agencies and industry groups. Mr. Cunningham has also been a speaker on several ICCR Corporate Governance Policy Group conference calls. He has provided fundamental research (industry specific) on trends in social investing and assistance with certain aspects of our engagement strategy (formulation).

CUSTOMER SATISFACTION RATING: Rate the overall performance for projects completed or substantially completed for your organization by the Proposer. Rate the Proposer on a scale from (1) to ten (10) – with ten being the highest rating.

Client Score -
Must use
whole #
(between 1 &
10)

I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representation made herein, and to the best of my knowledge and belief, all information is accurate.



Signature of Client Evaluator

Gary Brouse, Program Director, Policy and Governance _____
Name and Title of Client Evaluator (Please Print)