APPENDIX C
REFERENCE CHECK FORM

PART A
Company Name (Respondent to RFP):
________________________________________________________________________

Contact Name: __________________________________________________________________

Telephone No.: __________________________ E-mail: __________________________

Signature

PART B
The above listed firm is responding to a Request for Proposal.

You may either (1) complete Part B, or (2) confirm the information provided in Part B by the Respondent is accurate, by signing and returning the completed form to the Respondent.

Reference Company Information:

Name: ______________________________________________________________________

Address: _____________________________________________________________________

Contact Name: __________________________________________________________________

Telephone No.: __________________________ E-mail: __________________________
Similar Contract Information:

Term of Contract: From ________ To ________ Monetary Amount of Contact $ ________

Description of Services Provided:

________________________________________________________________________

________________________________________________________________________

Rate Overall Performance:

Exceptional    Above Standard    Acceptable    Needed Improvement

Please circle one and make any applicable comments below.

________________________________________________________________________

Rate Responsiveness to Requirements, Submission of Reports:

Exceptional    Above Standard    Acceptable    Needed Improvement

Please circle one and make any applicable comments below.

________________________________________________________________________

Rate Company Personnel, Subcontractors, Quality and Accuracy of Work:

Exceptional    Above Standard    Acceptable    Needed Improvement

Please circle one and make any applicable comments below.

________________________________________________________________________

Rate Company Response to Problems:

Exceptional    Above Standard    Acceptable    Needed Improvement

Please circle one and make any applicable comments below.

________________________________________________________________________

Signature: __________________________________________ Date: __________________

Title: ______________________________________________

E-Mail Address: ______________________________________

(This form may be duplicated to submit information for multiple projects.)