

RFP 53-23 Employment Related Health Care Services

Exhibit B – Reference Form

Company under Review: _____

RFP No.: _____

Reference (Name): _____

RFP Title: _____

Name/Title: _____

Phone: (____) _____

Project: _____

Fax: (____) _____

Project Manager: _____

Total Project Cost: _____

Other Key Project Personnel: _____

Describe the scope of work of the contract awarded by your company/agency to this firm. Please include year of project completion:

No.	Questions	Rating	Comments
1.	Rate the level of commitment of the firm to your project. Did they devote the time and management staff necessary for successful and timely work?		
2.	Rate the quality of customer service and the competence and accessibility of the personnel.		
3.	Rate how well the firm listened and understood the project specific needs of your organization.		
4.	Rate how well the firm met the major schedule milestones for the project		
5.	Rate the firm's success at minimizing and controlling potential mistakes		
6.	Rate the overall quality of the work.		
7.	Rate the technical competence of the firm and its consultants		
8.	Rate the integrity and professionalism of the firm		
9.	If you have a similar contract to undertake in the future, would the firm be considered? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Rating: 1=Poor 2=Fair 3=Average 4=Good 5=Excellent

Signature

Date