

ATTACHMENT C-1 - REFERENCE QUESTIONNAIRE

PROPOSING VENDOR: _____

DATE: _____

REFERENCE: _____

PHONE: _____

CONTACT NAME: _____

TITLE: _____

I. INSTRUCTIONS

A. Proposing Vendor

- Print the name of your reference on "Reference" line.
- Print your company name on "Proposing Vendor" line.
- Send this form to your reference. Three references are required. To ensure receipt of an adequate number of reference responses, send a Reference Sheet to more than three vendors.
- It will be your responsibility to follow up with your references to ensure timely receipt of all questionnaires.

B. Instruction for Reference

- Print the responding individual's name, title, phone # and date on the appropriate lines.
- Type your response in the following manner. Use this form or using a separate sheet of paper, restate each question followed by your answer.
- Mail or send via Email your completed questionnaire to:

OMES Central Purchasing
Attn: Solicitation #
5005 N. Lincoln, Suite 200
Oklahoma City, Oklahoma 73105
Lisa.Bradley@omes.ok.gov

This completed questionnaire MUST be received by the proposal due date. DO NOT return this questionnaire to the Proposing Vendor.

II. Questions

A. What was the scope of the project you obtained from the vendor?

B. Did the vendor deliver as scheduled?

If project is not completed give projected date of completion. _____

C. Please answer the following ten (10) questions using the scale provided:

1. Would you rate the quality of the vendor's service as:

Excellent _____ Good _____ Fair _____ Poor _____
Points (5) (4) (2) (0)

2. How would you rate the response time of this vendor?

Excellent _____ Good _____ Fair _____ Poor _____
Points (5) (4) (2) (0)

3. Were the timelines identified for the project schedule consistently met?

Always _____ Usually _____ Sometimes _____ Never _____
Points (5) (4) (2) (0)

4. Did the vendor keep you informed of progress?

Always _____ Usually _____ Sometimes _____ Never _____
Points (5) (4) (2) (0)

5. Did the vendor keep you informed of problems that would affect the timely delivery of the project?

Always _____ Usually _____ Sometimes _____ Never _____
Points (5) (4) (2) (0)

6. Rate their efforts to maintain contact with you on progress, meeting milestones, etc:

Excellent _____ Good _____ Fair _____ Poor _____
Points (5) (4) (2) (0)

7. Did you experience any problems with the accuracy of any invoicing/billing:

No _____ Yes _____
Points (5) (0)

8. Rate how quickly and thoroughly the vendor resolved any invoicing/billing issues:

Excellent _____ Good _____ Fair _____ Poor _____
Points (5) (4) (2) (0)

9. Have the problems you have experienced been dealt with to your satisfaction?

Always _____ Usually _____ Sometimes _____ Never _____
Points (5) (4) (2) (0)

10. Was this Vendor flexible in meeting your requirements?

Yes _____ No _____
Points (5) (0)

If no, why? _____

D. What would you do differently the next time you undertake a similar contract?

E. Explain why you would or would not do business with this vendor again.
