

ATTACHMENT D - 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.
- Email your completed questionnaire prior to June 15, 2021 to:

OMES Central Purchasing
Solicitation # 0900000488
OMESCPeBID@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. Did the vendor keep you informed of delivery or back orders?

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

4. 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)

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

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

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

No _____ Yes _____
Points (5) (0)

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

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

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

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

9. 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.
