

**PERFORMANCE REFERENCE
VERIFICATION SURVEY FORM**

RFP # _____

Vendors Name:
Agency Providing Reference:
Agency Contract:
Contact E-mail:
Contact Phone #:
Solicitation Name:

Please rate your experience with the vendor. The completed questionnaire form must be attached with your response. Thank you.

Please use the following rating scale to answer the questions:

Ratings: 1 Poor 2 Good 3 Exceptional 4 Not Applicable

1. Rate the level of commitment of the Contractor when performing the work. ____
2. Rate the competency and accessibility of the personnel performing the work. ____
3. Rate the vendor's success at keeping you updated and informed of problems and issues.

4. Rate the vendor's knowledge of procedures required by regulatory agencies. ____
5. Rate the vendor's ability to meet deadlines. ____
6. Rate the vendor's ability to complete punch list items. ____
7. Rate the vendor's commitment to safety. ____
8. Rate the level of comfort and confidence you had in the contractor during the project.

9. Rate the overall performance of the vendor. ____

Additional comments:

Vendor Name: _____ Title: _____
(Please print – Person completing survey)

Signature: _____ Date: _____
(Person completing survey)

Reference verified by City Employee: _____ Date: _____