**REFERENCE QUESTIONNAIRE**

# BUSINESS REFERENCE INSTRUCTIONS

## As part of a Request for Proposals (RFP) the State of Nevada is requesting Proposing Vendors submit references from current and/or former customers for projects of similar size and scope.

### This Reference Questionnaire is to provide a business reference for the company (Proposing Vendor) in *Section 2*.

### Once you have completed the Reference Questionnaire, please submit it to the email address in *Section 2*.

### Please reference the RFP Number in *Section 2* in the email subject line.

### The completed Reference Questionnaire must be received no later than the due date in *Section 2.*

### **Do not return the Reference Questionnaire to the Proposing Vendor.**

## In addition to the Reference Questionnaire, the State may contact references by phone for further clarification.

## The State requests all questions be answered.

### If an answer is not known, please answer as ‘U/K’.

### If the question is not applicable, please answer as ‘N/A’.

### If additional space is needed to answer a question or provide a comment, please attach additional pages.

### If attaching additional pages, please place your company/organization name on each page and reference the appropriate RFP number.

## Completed Reference Questionnaires are designated as confidential business information by the Administrator pursuant to NRS 333.020(5(b) and not public information pursuant to NRS 333.333.

# PROPOSING VENDOR TO COMPLETE

#### The evaluation committee would like to see a reference from each of the example projects you will be submitting for the initial review.

|  |  |
| --- | --- |
| RFP NUMBER | DUE DATE |
|  |  |
| STATE SINGLE POINT OF CONTACT EMAIL ADDRESS | |
|  | |
| NAME OF PROPOSING VENDOR | |
|  | |
| IF APPLICABLE, NAME OF SUBCONTRACTOR FOR PROPOSING VENDOR | |
|  | |

# COMPANY PROVIDING REFERENCE

|  |  |
| --- | --- |
| CONFIDENTIAL INFORMATION WHEN COMPLETED | |
| Company Providing Reference: |  |
| Contact Name: |  |
| Title: |  |
| Contact Telephone: |  |
| Contact Email Address: |  |

# RATING SCALE FOR RESPONSE TO QUESTIONS

## Where a rating is requested and using the Rating Scale provided below, rate the questions in *Section 5, Questions* by noting the appropriate number for each item.

## Please provide any additional comments you feel would be helpful to the State regarding this vendor.

|  |  |
| --- | --- |
| Category | Rating |
| Poor or Inadequate Performance | 0 |
| Below Average Performance | 1 – 3 |
| Average Performance | 4 – 6 |
| Above Average Performance | 7 – 9 |
| Excellent Performance | 10 |

# QUESTIONS

| QUESTION | COMMENT | RATING |
| --- | --- | --- |
| In what capacity have you worked with this vendor in the past? |  | N/A |
| Rate the vendor’s knowledge and expertise. |  |  |
| Rate the vendor’s flexibility relative to changes in the project scope and timelines. |  |  |
| Rate your level of satisfaction with soft and/or hard copy materials produced by the vendor. |  |  |
| Rate the dynamics/interaction between the vendor and your staff. |  |  |
| Rate your satisfaction with the products developed by the vendor. |  |  |
| Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. (This pertains to delays under the control of the vendor.) |  |  |
| Rate the overall customer service and timeliness in responding to customer service inquiries, issues, and resolutions. |  |  |
| Rate the knowledge of the vendor’s assigned staff and their ability to accomplish duties as contracted. |  |  |
| Rate the accuracy and timeliness of the vendors billing and/or invoices. |  |  |
| Rate the vendor’s ability to quickly, and thoroughly resolve a problem related to the services provided. |  |  |
| Rate the vendor’s flexibility in meeting business requirements. |  |  |
| Did the vendor have a local office and/or contact. If so, how satisfied were you with their response time and customer service. |  |  |
| Rate the likelihood of your company/organization recommending this vendor to others in the future. |  |  |
| With which aspect(s) of this vendor’s services are you most satisfied? |  | N/A |
| Would you recommend this vendor to your organization again? |  | N/A |

# GENERAL INFORMATION

## DATES OF SERVICES PROVIDED

### During what period did the vendor provide these services for your organization?

### Include both the month and the year in the table below:

|  |  |
| --- | --- |
| From: |  |
| To: |  |