**ATTACHMENT H**

# REFERENCE QUESTIONNAIRE

**Department of Economic Opportunity**

**Respondent’s Company Name (“Respondent”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Respondent listed above intends to submit a reply to the State of Florida, Department of Economic Opportunity, in reply to an Invitation to Negotiate (ITN) for Reemployment Assistance (RA) Contact Center Self Service Enhancements. As a part of its reply, the Respondent is required to submit a number of reference questionnaires, which have been completed by the individuals who sign and return the forms as specified below. **USE OF THIS FORM IS REQUIRED**.

Each individual replying to this reference questionnaire is asked to follow these instructions:

* **Complete this questionnaire using the space provided. Attach additional pages if necessary;**
* **Sign and date the completed questionnaire;**
* **Seal the completed, signed, and dated questionnaire in a new standard #10 envelope;**
* **Sign in ink across the sealed portion of the envelope; and**
* **Return the sealed envelope containing the completed questionnaire directly to the Respondent for inclusion in its reply.**
1. What is the name of the company or organization replying to this reference questionnaire?
2. Please provide the following information about the individual completing this reference questionnaire on behalf of the above-named Respondent.

|  |  |
| --- | --- |
| **NAME:**  |  |
| **TITLE:**  |  |
| **TELEPHONE #**  |  |
| **E-MAIL ADDRESS:**  |  |

1. What services does /did the Respondent provide to your company or organization? Attach additional pages to this questionnaire if necessary.
2. What is the level of your overall satisfaction with the Respondent for the services described above?

*Please respond by circling the appropriate number on the scale below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  **1** |  **2** |  **3** |  **4** |  **5** |  |
| **least satisfied** |  |  |  |  |  | **most satisfied** |

If you circled 3 or less in the scale above, what could the Respondent have done to improve the rating?

1. Were the services completed, or are they being completed, in compliance with the terms of the Contract, on time, and within budget? If not, please explain.
2. How satisfied are you with the Respondent’s ability to perform based on your expectations and according to the contractual scope of work?
3. In what areas of service delivery does /did the Respondent excel? What are/were its strong points?
4. In what areas of service delivery does /did the Respondent fall short? What are/were its weaknesses?
5. What is the level of your satisfaction with the Respondent’s project management approach, processes, and personnel?

*Please respond by circling the appropriate number on the scale below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  **1** |  **2** |  **3** |  **4** |  **5** |  |
| **least satisfied** |  |  |  |  |  | **most satisfied** |

 What, if any, comments do you have regarding the score selected above?

1. If the Respondent used subcontractors, what areas of the services were assigned to the subcontractor and why? How well did the Respondent manage the subcontractors?
2. Would you Contract again with the Respondent for the same or similar services? Do you have any reservations about recommending a future Contract award to or relationship with the Respondent?

|  |  |
| --- | --- |
| **REFERENCE SIGNATURE:** (by the individual completing this reference questionnaire) |  |
| **DATE:** | (must be the same as the signature across the envelope seal) |