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| **ATTACHMENT B: REFERENCES**  **RFP 2025-027-SS**  **EACH REFERENCE MUST INCLUDE A COMPLETED VENDOR PERFORMANCE REFERENCE VERIFICATION SURVEY FORM, WHICH MUST BE FILLED OUT BY THE REFERENCE** | |
|  |  |
| **Name of Proposer:** | Click or tap here to enter text. |
|  |  |
| **Reference 1:** |  |
| Company/Entity Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State, Zip | Click or tap here to enter text. |
| Contact Name & Title | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Contact Phone No. | Click or tap here to enter text. |
| Dates of Service | Click or tap here to enter text. |
| Summary of Services Provided: | Click or tap here to enter text. |
| **Reference 2:** |  |
| Company/Entity Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State, Zip | Click or tap here to enter text. |
| Contact Name & Title | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Contact Phone No. | Click or tap here to enter text. |
| Dates of Service | Click or tap here to enter text. |
| Summary of Services Provided: | Click or tap here to enter text. |
| **Reference 3:** |  |
| Company/Entity Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State, Zip | Click or tap here to enter text. |
| Contact Name & Title | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Contact Phone No. | Click or tap here to enter text. |
| Dates of Service | Click or tap here to enter text. |
| Summary of Services Provided: | Click or tap here to enter text. |

CITY HALL 201 WEST PALMETTO PARK ROAD • BOCA RATON, FL 33432

PHONE: (561) 393-7700

(FOR HEARING IMPAIRED) TDD: (561) 367-7043

[www.myboca.us](http://www.myboca.us/)

VENDOR PERFORMANCE REFERENCE VERIFICATION SURVEY FORM

RFP 2025-027-SS

**Vendor Name Submitting Solicitation:** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

**Agency Contact:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone #**: Click or tap here to enter text.

Please rate your experience with vendor. The completed questionnaire form must be attached to your response.

This reference questionnaire must be filled out by the company that has done business with the Bidder/Respondent in the past.

Please use the following rating scale to answer the questions:

**Ratings: 0 Not Applicable, 1 Excellent, 2 Good, 3 Acceptable, 4 Poor, 5 Not Acceptable**

1. Rate the level of commitment of the Firm when providing services. Choose an item.
2. Rate the competency and accessibility of the personnel performing the work. Choose an item.
3. Rate the Firm's success at keeping you updated and informed. Choose an item.
4. Rate the Firm's knowledge of procedures required by regulatory agencies. Choose an item.
5. Rate the Firm's success at working cooperatively with personnel. Choose an item.
6. Rate the Firm's ability to meet deadlines. Choose an item.
7. Rate the Firm's ability to achieve the scope of services. Choose an item.

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1. Rate the level of comfort and confidence you had in the Firm during the process. Choose an item.
2. Rate the overall performance of the Firm. Choose an item.

Additional comments:

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature: Date: Click or tap here to enter text.

**Reference verified by City Employee: Date:**

**\*\*\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\*\***