

REFERENCE CHECK FORM

For Request for Proposal (RFP) No. RFP 01-0015 Student Healthcare Services

PART A

Company Name (Respondent to RFP):

Contact Name: _____

Telephone No.: _____ E-mail: _____

Signature

PART B

The above listed firm is responding to a Request for Proposal for a qualified and experienced Contractor to provide Student Healthcare Services.

You may either (1) complete Part B, or (2) confirm the information provided in Part B by the Respondent is accurate, by signing and returning the completed form to the Respondent.

Reference Company Information:

Name: _____

Address: _____

Contact Name: _____

Telephone No.: _____ E-mail: _____

Exhibit A

Similar Contract Information:

Term of Contract: From _____ To _____ Monetary Amount of Contact \$ _____

Description of Services Provided:

Rate Overall Performance:

Exceptional Above Standard Acceptable Needed Improvement

Please circle one and make any applicable comments below.

Rate Responsiveness to Requirements, Submission of Reports:

Exceptional Above Standard Acceptable Needed Improvement

Please circle one and make any applicable comments below.

Rate Company Personnel, Subcontractors, Quality and Accuracy of Work:

Exceptional Above Standard Acceptable Needed Improvement

Please circle one and make any applicable comments below.

Rate Company Response to Problems:

Exceptional Above Standard Acceptable Needed Improvement

Please circle one and make any applicable comments below.

Signature: _____

Date: _____

Title: _____

E-Mail Address: _____

(This form may be duplicated to submit information for multiple projects.)