

**RFP 2019-697 MUNICIPAL LEGAL SERVICES
 ORGANIZATIONAL REFERENCE QUESTIONNAIRE
 FOR: _____**

(Name of Offeror)

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the City of Aztec via facsimile or e-mail at:

Name: Kathy Lamb, Procurement Manager
 Address: 201 W Chaco, Aztec NM 87410
 Telephone: 505-334-7653
 Fax: 505-334-7649
 Email: klamb@aztecnm.gov

no later than June 20, 2019, and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the City of Aztec Procurement Manager listed above. When contacting us, please be sure to include the Request for Proposal number listed at the top of this page.

Company providing reference	
Contact name and title/position	
Contact telephone number	
Contact fax number	
Contact e-mail address	
Project description	
Project dates (starting and ending)	

QUESTIONS:

In what capacity have you worked with this vendor in the past?

How would you rate this firm's knowledge and expertise?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

How would you rate the vendor's flexibility relative to changes in the project scope and timelines?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

What is your level of satisfaction with hard-copy materials produced by the vendor?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

How would you rate the dynamics/interaction between the vendor and your staff?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

Who were the vendor's principal representatives involved in your project and how would you rate them individually? Would you comment on the skills, knowledge, behaviors or other factors on which you based the rating?

(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

Name: _____ Rating: _____
Name: _____ Rating: _____
Name: _____ Rating: _____
Name: _____ Rating: _____

COMMENTS:

How satisfied are you with the products developed by the vendor?

_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

With which aspect(s) of this vendor's services are you most satisfied?

With which aspect(s) of this vendor's services are you least satisfied?

Would you recommend this vendor's services to your organization again?