ATTACHMENT 12 – BIDDER EXPERIENCE

Submit three (3) forms; one for each client reference. Understand that each client may be contacted to verify the validity of the partnership between the Bidder and the client.

BIDDER REFERENCE EVALUATION FORM

Bidder Name:

Bid Number:

Bid Title:

Name of Organization Providing Reference:

Contact Person:

Date of Evaluation:

Email:

PLEASE CHECK THE APPROPRIATE STATEMENT THAT BEST DESCRIBES YOUR CLIENT EXPERIENCE WITH THE ABOVE REFERENCE BIDDER.

I. DELIVERY

_____ Vendor was always on time
_____ Vendor was usually on time
_____ Vendor was never on time
_____ Vendor never delivered product/service as ordered
_____ Vendor defaulted

_____
_____

II. PRODUCT QUALITY

_____ Vendor's product/service always performed as expected
_____ Vendor's product/service usually performed as expected
_____ Vendor's product/service never performed as expected
_____ Vendor's product had to be replaced
_____ OTHER: COMMENTS_____

_____
_____

III. PRODUCT SUBSTITUTION

_____ Vendor always substituted product/service
_____ Vendor never substituted product/service
_____ OTHER: COMMENTS

_____
_____
_____
_____

IV. PACKAGING

_____ Vendor's packaging was always satisfactory
_____ Vendor's packaging was usually satisfactory
_____ Vendor's packaging was sometimes satisfactory
_____ Vendor's packaging was never satisfactory
_____ OTHER: COMMENTS_____

_____
_____

V. INVOICING

_____ Vendor always invoiced correctly and on time
_____ Vendor usually invoiced correctly and on time
_____ Vendor sometimes invoiced correctly and on time
_____ Vendor never invoiced correctly and on time
_____ OTHER: COMMENTS_____
_____

_____
_____

VI. PROFESSIONALISM

_____ Vendor was always professional
_____ Vendor was usually professional
_____ Vendor was sometimes professional
_____ Vendor's product had to be replaced
_____ OTHER: COMMENTS_____

_____
_____

VII. ACCESSIBILITY

_____ Vendor was always accessible
_____ Vendor was usually accessible
_____ Vendor was sometimes accessible
_____ Vendor never accessible
_____ OTHER: COMMENTS_____
_____

_____
_____

VIII. OVERALL RATING

Recommend for new business ☐

Does not recommend for new business ☐

OVERALL STATEMENT OF VENDOR'S PERFORMANCE

_____
_____

CLIENT'S NAME:_____

SIGNATURE: _____ DATE: _____

VERIFIED BY: (PRINT NAME)_____ SIGNATURE:_____ DATE:_____

Revised 11/19/20