

ORGANIZATIONAL REFERENCE QUESTIONNAIRE
RFP#20-770-19-06067
ORGANIZATIONAL REFERENCE QUESTIONNAIRE
FOR:

 (Name of Contractor proposing on the RFP)

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 New Mexico Corrections Department via facsimile or e-mail at:

Name: **Kathleen Branchal Garcia, Procurement Manager**
 Address: 4337 State Rd. 14
 PO Box 27116
 Santa Fe, NM 87502-0116
 Telephone: (505) 827-8673
 Fax: (505) 827-8634
 Email: kathleen.branchal2@state.nm.us

No later than and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of New Mexico 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 e-mail address	
Services Provided by Contractor	
Service dates (starting and ending);	

QUESTIONS:

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

COMMENTS:

2. How would you rate this firm's knowledge and expertise? _____
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)
COMMENTS:
3. How would you rate the vendor's flexibility relative to changes in services needs and timelines? _____
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)
COMMENTS:
4. What is your level of satisfaction with hard-copy materials produced by the vendor? _____
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)
COMMENTS:
5. How would you rate the dynamics/interaction between the vendor and your staff? _____
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)
COMMENTS:
6. Who were the vendor's principal representatives involved in the services 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:

7. How satisfied are you with the services provided by the vendor? _____
(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

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

COMMENTS:

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

COMMENTS:

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

COMMENTS: