**Instructions**

The Respondent must include a list of at least three (3) clients/customers for whom the Respondent has provided services that are the same or similar to those products and/or services requested in this RFP. References should demonstrate experience within the last three (3) years for projects of similar size and scope.

The Respondent must request their references complete and submit this form. References must submit completed forms in writing via email directly to IDOA (rfp@idoa.in.gov) no later than the proposal due date and time, **January 18, 2018 at 3:00 p.m. EST**. References should include the following phrase in the email subject line: “Customer Reference to RFS 18-042 BMV CDL Third Party Testing.” Confirmation will be provided when references are received by IDOA.

Required fields are highlighted in Yellow.

|  |  |
| --- | --- |
| **Procurement Number:** | RFS 18-042 |

**SECTION ONE:** Customer and Project Profile

|  |  |
| --- | --- |
| **Customer Information** |  |
| Legal Name of Company or Governmental Entity |  |
| Contact Person |  |
| Contact Phone Number |  |
| Contact E-mail |  |

|  |  |
| --- | --- |
| **Reference Information** |  |
| Legal Name of Company for whom you are providing this reference |  |
| Related procurement (name or number) |  |

| **Project Information** |  |
| --- | --- |
| Project Name |  |
| Project Scope (High level) |  |
| Respondent Role  |[ ]  Prime Contractor |
|  |[ ]  Subcontractor |
| Time Period in which Respondent Participated on Project |  |
| Number of separate data sources managed by the designed system  |  |
| Number of interfaces to external systems were managed by the designed system  |  |
| Number of supporting systems associated with the designed system |  |
| Number of business processes or transactions managed by the designed system |  |
| Number of transactions processed by the designed system annually |  |

**SECTION TWO:** Performance Rating

For each item below, rate the bidder on a scale of “Would Not Rehire” (lowest) to “Outstanding” (highest). Please add comments explaining your rating. The rating is to be confidential and will be used by the State of Indiana to determine service qualifications for the respondent who uses your State/agency as a customer reference.

**Survey**

1. How would you rate the bidder's attention to customer service?

| **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

2. How would you rate the bidder's understanding of your business practices and standards?

| **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

3. How would you rate the quality of the bidder’s services and deliverables?

| **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

4. How would you rate the bidder's estimating and actual performance on the budgeting, scheduling, and resourcing aspects of your specific services?

|  **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

5. How would you rate the respondent's flexibility and promptness in correcting problems or issues?

| **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

6. How would you rate the respondent’s overall performance on your specific services?

|  **Select** | **Item** |
| --- | --- |
|  | Outstanding (Highest) |
|  | Satisfactory |
|  | Unsatisfactory |
|  | Would Not Rehire (Lowest) |

| **Comments** |
| --- |
|  |

7. If we were to select this respondent, what would be your recommendations to us to ensure a successful outcome?

| **Comments** |
| --- |
|  |

8. Do you have any additional comments or feedback?

| **Comments** |
| --- |
|  |

Please submit completed form via email directly to IDOA (rfp@idoa.in.gov) by January 18, 2018. References should include the following phrase in the email subject line: **“Customer Reference to RFS 18-042 BMVCDL Third Party Testing”. Failure to do so may result in disqualification of this bidder.**