# ATTACHMENT C CLIENT REFERENCE FORM

**Respondent Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

On the following pages, the Respondent shall provide the information indicated for three separate and verifiable client references. The client references must be for work similar in nature to that specified in this solicitation. In the event the respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time must be provided in the space provided for Respondent’s Name (if different from above).

Entities having an affiliation with the Respondent (i.e., currently parent, subsidiary having common ownership, having common directors, officers or agents or sharing profits or liabilities) may not be accepted as client references under this solicitation.

Client contacts should be available for telephone contact during normal business hours, 9:00 AM through 5:00 PM, Eastern Time. AGFG will attempt to reach each client contact by telephone four times. In the event the client contact indicated cannot be reached following four attempts, the Respondent will receive a score of zero for that reference.

**AGFG reserves the right to contact sources other than the client references identified by the respondent to obtain additional information regarding the Respondent’s past performance. Information obtained from other contacted sources may be used to determine the quality of work done and overall satisfaction with the Respondent.**

# ATTACHMENT C CLIENT REFERENCE FORM

**Client # 1**

Respondent’s Name:

Client’s Name:

Address:

Primary Contact Person:

Primary Phone Number:

Primary Email Address:

Alternate Contact Person:

Alternate Phone Number:

Alternate Email Address:

Dates of Contract between Respondent and Client:

Please give a brief description of the services performed by the Respondent for the above named client below:

# ATTACHMENT C CLIENT REFERENCE FORM

**Client # 2**

Respondent’s Name:

Client’s Name:

Address:

Primary Contact Person:

Primary Phone Number:

Primary Email Address:

Alternate Contact Person:

Alternate Phone Number:

Alternate Email Address:

Dates of Contract between Respondent and Client:

Please give a brief description of the services performed by the Respondent for the above named client below:

# ATTACHMENT C CLIENT REFERENCE FORM

**Client # 3**

Respondent’s Name:

Client’s Name:

Address:

Primary Contact Person:

Primary Phone Number:

Primary Email Address:

Alternate Contact Person:

Alternate Phone Number:

Alternate Email Address:

Dates of Contract between Respondent and Client:

Please give a brief description of the services performed by the Respondent for the above named client below:

# ATTACHMENT C CLIENT REFERENCE FORM

**Client Reference Questionnaire for Past Performance**

**Respondents Name:**

**Client’s Name:**

|  |  |
| --- | --- |
| **Question** | **Score** |
| Describe the Services the Respondent Performed for your organization: | N/A |
| How would you rate your initial contract implementation on a scale of 1-5, 1 being poorest 5 being excellent? |  |
| How would you rate the performance of the Respondent in terms of meeting all of its deliverable deadlines on a scale of 1-5? |  |
| How would you rate the performance of the Respondent in terms of meeting all of its reporting deadlines and providing accurate information on a scale of 1-5? |  |
| How would rate the performance of the Respondent in terms of meeting overall contract requirements on a scale of 1-5? |  |
| How would you rate the adequacy of Respondent's staffing levels on a scale of 1-5? |  |
| How would rate the ability of the Respondent's Key Staff to maintain open communication with your organization? 1-5 |  |
| How would you rate the Respondents responsiveness in terms of providing information and resolving issues that arose? 1-5 |  |
| How would rate the knowledge and expertise of the Respondent in terms of the services provided to you? 1-5 |  |
| How likely would you be to contract with this Respondent again? 5 being definitely, 1 being definitely not. |  |

Reference Verified by:

Name: Title:

Signature: Date: