



# CITY OF NAPLES

## Purchasing Division

### REFERENCE QUESTIONNAIRE

**PROVIDED SAME OR SIMILAR SERVICES WITHIN THE LAST 3 YEARS.**

**It is the bidder's responsibility to contact the Purchasing Department prior to submitting their bid to verify receipt of the required number of references.**

Solicitation No. \_\_\_\_\_ FWQ/FWP Title: \_\_\_\_\_

Bidder/Respondent Name: \_\_\_\_\_

This reference questionnaire must be filled out by the company that has done business with the Bidder/Respondent in the past. If the item is not applicable, please state "n/a".

Relationship with Bidder/Respondent: \_\_\_\_\_

Title of last project: \_\_\_\_\_

Year last project completed \_\_\_\_\_

Contract Start/End Dates: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

How many projects performed: \_\_\_\_\_

Overall Performance: \_\_\_\_\_

Management Ability: \_\_\_\_\_

Ability to meet time schedule: \_\_\_\_\_

Ability of control costs: \_\_\_\_\_

Problems encountered: \_\_\_\_\_

Quality of Personnel: \_\_\_\_\_

How well Contractor coordinated with Owner: \_\_\_\_\_

Cooperation or Lack Thereof: \_\_\_\_\_

Quality of Subcontractors: \_\_\_\_\_

Subcontractor Payment Issues: \_\_\_\_\_

Were there any conflicts, disputes, or other problems:

Yes      No

If yes, were they reported early and were they managed well? How were they resolved? Were you satisfied the resolution was fair to both parties?

\_\_\_\_\_

How satisfied are you with the Bidder/Respondent's ability to perform based on your expectations and according to the contractual arrangements?

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Would you contract again with the Bidder/Respondent for the same or similar services? ? Do you have plans to contract with them again? Yes      No

Any additional comments?

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This REFERENCE QUESTIONNAIRE is provided by:

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Name and title of person filling out this reference questionnaire:

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Name of Company

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Address of Company

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Telephone No.

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Email address:

Date: \_\_\_\_\_

**This reference form must be emailed to [purchasing@naplesgov.com](mailto:purchasing@naplesgov.com) by the company who is providing the reference on or before FWQ/FWP OPENING DATE & TIME indicated on the Cover Sheet. Please add Solicitation Number to your E-mail subject line.**