

## VENDOR REFERENCE FORM

City of Hollywood Solicitation #: \_\_\_\_\_  
 Respondent/Firm Name: \_\_\_\_\_

Organization/Firm Name providing reference: \_\_\_\_\_

Organization/Firm Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Referenced Project: \_\_\_\_\_

Date Services were provided: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Contract No: \_\_\_\_\_

Project \_\_\_\_\_

Amount: \_\_\_\_\_

Referenced Vendor's role in Project:  Prime Vendor

Subcontractor/  
Subconsultant

Would you use the Vendor again?  Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

---



---



---

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

---



---

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date: