VENDOR REFERENCE FORM

City of Hollywood Solicitation #: _____

Respondent/Firm Name: _____

Organization/Firm Name providing reference: _____

Organization/Firm Contact Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Name of Referenced Project: _____ **Contract No:** _____

Date Services were provided: _____ **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
Vendor's Quality of Service				
a. Responsive	☐	☐	☐	☐
b. Accuracy	☐	☐	☐	☐
c. Deliverables	☐	☐	☐	☐
Vendor's Organization:				
a. Staff expertise	☐	☐	☐	☐
b. Professionalism	☐	☐	☐	☐
c. Staff turnover	☐	☐	☐	☐
Timeliness/Cost Control of:				
a. Project	☐	☐	☐	☐
b. Deliverables	☐	☐	☐	☐

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	**Email:**	☐	**Verbal:**	☐	**Mail:**	☐
Verified by:	**Name:**				**Title:**	
	Department:				**Date:**	