

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
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:	