



Government of Bermuda

Ministry of (insert name)

Department of (insert name)

REFERENCE CHECK FORM

For

[Enter Procurement Name]

Procurement No.: **[Enter #]**

Issued: **[Enter Date]**

Submission Deadline: **[Enter Date & Time]**

Addenda No, **[Enter #]**

REFERENCE CHECK Type: Questions and Responses / Clarification / Supplement (Delete as needed)



Government of Bermuda

REFERENCE CHECK FORM (SAMPLE)

(The person making the reference call should complete this document and include it in the procurement file. The questions below are examples only and they can be changed based on the solicitation undertaking.)

For: [Title of Solicitation]

Respondent Name: Click or tap here to enter text.

Company to be contacted as a Reference: Click or tap here to enter text.

Name and Title of Designated Reference: Click or tap here to enter text.

Contact Number for Designated Reference: Click or tap here to enter text.

Point of Contact Information for Individual Responding to Reference Check, if different than Point of Contact Designated in the Response: Click or tap here to enter text.

Introduction

Hello, my name is [caller's name] with [agency name]. We are currently evaluating vendor proposals for [solicitation title] and checking vendor references. Your name and number were provided to us as a reference for [vendor name]. Do you have a few minutes to answer some questions?

Questions

1. Has the vendor provided [description of products/services] to your organization in the past 3 years?

Yes No

2. How long has the vendor provided [description of products/services] to your organization?

3. What is the approximate annual value of the vendor's contract? Click or tap here to enter text.

4. Did the vendor stay within budget?

Yes No

On a rating scale of 0 to 3 – where (0) Unsatisfactory, (1) Marginally Satisfactory, (2) Satisfactory, (3) Exceeds Expectations, and (N/A) Not Applicable – please provide answers to the following questions:

1. How satisfied was your organization with the timeliness of the vendor’s delivery of products or performance of services under the contract?

1 2 3 NA Declined to Respond

2. How satisfied was your organization with the skill, knowledge, cooperativeness, and professional manner of the personnel assigned by the vendor?

1 2 3 NA Declined to Respond

3. How satisfied was your organization with the vendor’s ability to resolve problems?

1 2 3 NA Declined to Respond

4. How satisfied was your organization with the vendor’s customer service?

1 2 3 NA Declined to Respond

5. Overall, how satisfied was your organization with the vendor’s performance?

1 2 3 NA Declined to Respond

6. Do you have any comments? [Click or tap here to enter text.](#)

Reference check activities were unsuccessful for the following reason(s):

Designated point of contact declined to answer any questions.

Designated point of contact information provided in response was incorrect.

Designated point of contact was determined to be “unavailable” after [Click to enter number](#) unsuccessful attempts on the following dates and times:

[Click to enter dates and times](#)

Other: [Click or tap here to enter text.](#)

Reference Check Conducted By: [_Click or tap here to enter text.](#)

Date & Time: [_Click or tap here to enter text.](#)

X

Signature