

# **ATTACHMENT B**

## **References**

**Palm Beach State College RFP 15/16-05**  
**VoIP Voice Over Internet Protocol Unified Messaging System**

Date: \_\_\_\_\_ Number of pages including cover: 2  
To: \_\_\_\_\_ (your client) Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Subject: Performance Evaluation of \_\_\_\_\_ (your company)

To Whom It May Concern:

Palm Beach State College has implemented a process that collects past performance information on various Contractors that provide VoIP Voice over Internet Protocol Unified Messaging System to the College. The information will be used to assist the College Evaluation Committee in the evaluation of the Contractors which provided services to your agency or company.

The company listed in the subject line above has chosen to participate in this program. They have listed you as a past client that they provided VoIP Voice Over Internet Protocol Unified Messaging System Services for. Both the Company and Palm Beach State College would greatly appreciate you taking five to 10 minutes out of your busy day to complete the accompanying questionnaire.

Please review all items in the following Attachment B1 and answer the questions to the best of your knowledge. If you cannot answer a particular question, please write "Not Applicable". Please have the client return this questionnaire directly to David Chojnacki, Procurement Director by **2 p.m. local time, 03/01/16** or earlier by fax: 561-868-3460, email [purchasing@palmbeachstate.edu](mailto:purchasing@palmbeachstate.edu) or mail to David Chojnacki, Procurement Director, Purchasing Department MS 27, Palm Beach State College, 4200 Congress Avenue, Lake Worth, FL 33461.

Thank you for your time and effort.

David Chojnacki  
Procurement Director

**Palm Beach State College**  
**RFP 15/16-05 Title: VoIP Voice Over Internet Protocol Unified Messaging System**  
**REFERENCE PERFORMANCE EVALUATION SURVEY To**  
**be completed by the Client Only**

Client Company Name: _____
Point of Contact: _____
Phone number and Email Address: _____
Fax No. ( _____ ) _____
Proposer Company Name "Firm" (who listed your company as a reference): _____

Client representative providing the reference (name and title): \_\_\_\_\_

Phone numbers and email address of individual providing the reference: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Annual Aggregate Dollar Amount of Service: \$\_\_\_\_\_

Please evaluate the performance of the Proposer noted above using the following scales:

- 4 = Exceptional (always exceeds your expectations)
- 3 = Good (meets defined minimum requirement and occasionally exceeds your expectations)
- 2 = Average (meets minimum requirements)
- 1 – Does Not Meet Minimum Standards
- 0 = Do Not Hire (our company would not hire them again)

No	Reference Criteria for VoIP Voice Over Internet Protocol Unified Messaging System	Scale Range	Your Score
1	Quality of Service as it relates to the ability to provide Firm's services.	1 – 4	
2	Firm's ability to interact with its sub-consultants.	1 – 4	
3	Satisfaction with the Contract Administration (verbal and written) during the progression of the project(s).	1 – 4	
4	Ability to timely resolve issues.	1 - 4	
5	Accuracy of the cost estimate for the project and materials.	1 - 4	
6	Project Design Work on time completion and within budget.	1 – 4	
7	Project Firm's knowledgeable about project.	1 – 4	
8	Project Firm's readily available during project.	1 – 4	
9	Overall satisfaction of finished product.	1 – 4	
10	Overall customer satisfaction and hiring this Firm again based on performance (comfort level in hiring Firm's company again)	1 - 4	

Overall Comments:

\_\_\_\_\_

Please forward completed questionnaire to fax: 561-868-3460, email [purchasing@palmbeachstate.edu](mailto:purchasing@palmbeachstate.edu) or mail to David Chojnacki, Procurement Director, Purchasing Department MS 27, Palm Beach State College, 4200 Congress Avenue, Lake Worth, FL 33461, **prior to 2 p.m. local time, 03/01/16.**