

# ATTACHMENT B – REFERENCES

Attachment B-1

**Palm Beach State College**  
**RFP #12/ 13-12**  
**Title: District Security – Surveillance Camera Initiative**

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 CCTV / Video Surveillance Services 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 CCTV / Video Surveillance 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 B-2 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 Jodi Hart, Purchasing Director by **3 p.m. local time, ~~January 7, 2014~~ JAN 27, 2014** or earlier by fax: 561-868-3460, email [purchasing@palmbeachstate.edu](mailto:purchasing@palmbeachstate.edu) or mail to Jodi Hart, M.B.A., Purchasing Director, Purchasing Department MS 27, Palm Beach State College, 4200 Congress Avenue, Lake Worth, FL 33461.

Thank you for your time and effort.

Jodi Hart  
Purchasing Director

**Palm Beach State College**  
**RFP #12/ 13-12**  
**Title: District Security – Surveillance Camera Initiative**  
**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 (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 of <b>Contracting Services for:</b>	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 company again)	1 - 4	

Overall Comments: \_\_\_\_\_

Please forward completed questionnaire to fax: 561-868-3460, email purchasing@palmbeachstate.edu or mail to Jodi Hart, M.B.A., Purchasing Director, Purchasing Department MS 27, Palm Beach State College, 4200 Congress Avenue, Lake Worth, FL 33461, **prior to 3 p.m. local time,**

~~January 7, 2014~~ **Date Revised to JAN 27, 2014.**