



**BUSINESS REFERENCE'S RESPONSE TO REFERENCE QUESTIONNAIRE FOR  
REQUEST FOR PROPOSAL (RFP) #1535VF**

**Buffalo & Erie County Public Library System Database Packages**

**PART A – TO BE COMPLETED BY PROPOSING VENDOR:**

Company Name Submitting Proposal:	
-----------------------------------	--

Reference is requested for vendor as identified above; or

Company Name acting as subcontractor for vendor identified above

**PART B – BUSINESS REFERENCE INSTRUCTIONS**

- |    |   |
|----|---|
| 1. | This Reference Questionnaire is being submitted to your organization for completion as a business reference for the company listed in Part A, above.  |
| 2. | Business reference is requested to submit the completed Reference Questionnaire via email or facsimile to:<br><br>Buffalo & Erie County Public Library<br>Subject: <b>RFP #1535VF</b><br><b>Attention: Dawn Peters, Assistant Deputy Director of Public Services</b><br>Email: <i>petersd@buffalolib.org</i><br>Fax: <i>716-858-6211</i><br><br>Please reference the RFP number in the subject line of the email or on the fax. |
| 3. | The completed Reference Questionnaire <b>MUST</b> be received no later than <b>2:00 PM PT 11/05/2015</b>  |
| 4. | Do <b>NOT</b> return the Reference Questionnaire to the Proposer (Vendor).  |
| 5. | In addition to the Reference Questionnaire, the B&ECPL may contact references by phone for further clarification, if necessary.   |
| 6. | Questions regarding the Reference Questionnaire or process should be directed to the individual identified on the RFP cover page.   |
| 7. | When contacting the B&ECPL, please be sure to include the RFP number listed at the top of this page.  |
| 8. | We request all questions be answered. If an answer is not known please answer as "U/K". If the question is not applicable please answer as "N/A".   |
| 9. | If you need additional space to answer a question or provide a comment, please attach additional pages. If attaching additional pages, please place your company/organization name on each page and reference the RFP # noted at the top of this page.  |

**CONFIDENTIAL INFORMATION WHEN COMPLETED (Please print)**

Company Providing Reference:	
Contact Name:	
Title:	
Contact Telephone Number:	
Contact Email Address:	

**RATING SCALE:**

Where a rating is requested and using the Rating Scale provided below, rate the following questions by noting the appropriate number for each item. Please provide any additional comments you feel would be helpful to the B&ECPL regarding this contractor.

Category	Rating
Poor or Inadequate Performance	0
Below Average Performance	1 – 3
Average Performance	4 – 6
Above Average Performance	7 – 9
Excellent Performance	10

**PART C – QUESTIONS:**

1. In what capacity have you worked with this vendor in the past?

2. Rate the firm’s knowledge and expertise.	<b>RATING:</b>
<b>Comments:</b>	

3. Rate the vendor’s flexibility relative to changes in the project scope and timelines.	<b>RATING:</b>
<b>Comments:</b>	

4. Rate your level of satisfaction with hard copy materials produced by the vendor.	<b>RATING:</b>
<b>Comments:</b>	

5. Rate the dynamics/interaction between the vendor and your staff.	<b>RATING:</b>
<b>Comments:</b>	

6. Rate your satisfaction with the products developed by the vendor.	<b>RATING:</b>
<b>Comments:</b>	

7. Rate the usefulness of the product.	<b>RATING:</b>
<b>Comments:</b>	

8. Rate the patron interest/usage of the database.	<b>RATING:</b>
<b>Comments:</b>	

9. Rate the ease of use of the interface.	<b>RATING:</b>
<b>Comments:</b>	

10. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. <i>(This pertains to delays under the control of the vendor.)</i>	<b>RATING:</b>
<b>Comments:</b>	

11. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions.	<b>RATING:</b>
<b>Comments:</b>	

12. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted.	<b>RATING:</b>
<b>Comments:</b>	

13. Rate the accuracy and timeliness of the vendor's billing and/or invoices.	<b>RATING:</b>
<b>Comments:</b>	

14. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided.	<b>RATING:</b>
<b>Comments:</b>	

15. Rate the vendor's flexibility in meeting business requirements.	<b>RATING:</b>
<b>Comments:</b>	

16. Rate the likelihood of your company/organization recommending this vendor to others in the future.	<b>RATING:</b>
<b>Comments:</b>	

17. With which aspect(s) of this vendor's services are you most satisfied?
<b>Comments:</b>

18. With which aspect(s) of this vendor's services are you least satisfied?
<b>Comments:</b>

19. Would you recommend this vendor to your organization again?
<b>Comments:</b>

***PART D – GENERAL INFORMATION:***

1. During what time period did the vendor provide these services for your organization?				
Month/Year:		TO:	Month/Year:	