

ATTACHMENT 5 - REFERENCE QUESTIONNAIRE
REFERENCE'S RESPONSE TO:
RFP #20240620
ISU ALBION POSTCARD CAMPAIGN FALL 2024

REFERENCE NAME (Company/Organization): _____

PROPOSER (Vendor) NAME (Company/Organization): _____

Has submitted a proposal to Idaho State University for Marketing Services. They have chosen you as one of their references.

INSTRUCTIONS:

1. Complete Section 1-RATING, using the Rating Scale provided.
2. Complete Section 2-GENERAL INFORMATION. (This section is for information only and will not be scored).
3. Complete Section 3-ACKNOWLEDGEMENT by manually signing and dating the document. (Reference documents must include an actual signature.)
4. E-mail **THIS PAGE** and your completed document, SECTIONS 1-3 to:

RFP Lead: Wendy Holder
E-mail: holdwend@isu.edu

5. This completed document **MUST** be received no later than July 26, 2024. Reference documents received after this time will not be considered. References received without an actual signature will not be considered.
6. **DO NOT** return this document to the Proposer (Vendor).
7. In addition to this document, the University may contact references by phone or e-mail for further clarification, if necessary.

Section 1 – RATING

Using the rating scale provided below, rate the following numbered items by circling the appropriate number for each item.

<u>Category</u>	<u>Score</u>
Poor or Inadequate Performance	0
Below Average	1 - 3
Average	4 - 6
Above Average	7 - 9
Excellent	10

Circle ONE number for each of the following numbered items:

1. Rate the overall quality of the vendor’s services.

10 9 8 7 6 5 4 3 2 1

2. Rate the response time of this vendor.

10 9 8 7 6 5 4 3 2 1

3. Rate how well the agreed upon schedule was consistently met. (This pertains to circumstances under the control of the vendor).

10 9 8 7 6 5 4 3 2 1

4. Rate the overall customer service of this vendor.

10 9 8 7 6 5 4 3 2 1

5. Rate the vendor’s ability to quickly and thoroughly resolve a problem related to the services provided.

10 9 8 7 6 5 4 3 2 1

6. Rate the likelihood of your company/organization recommending this vendor to others in the future.

10 9 8 7 6 5 4 3 2 1

7. Rate your satisfaction with the representative assigned to your account.
- 10 9 8 7 6 5 4 3 2 1
8. Were you satisfied with the contractor's experience and knowledge with this type of service?
- 10 9 8 7 6 5 4 3 2 1
9. Did the contractor have the appropriate level of expertise to meet the expectations your company required?
- 10 9 8 7 6 5 4 3 2 1
10. Rate the accuracy and timeliness of the vendor's billing and/or invoices:
- 10 9 8 7 6 5 4 3 2 1

Section 2 – General Information

1. Please include a brief description of the services provided by this vendor:
2. What time period did the vendor provide these services for your business:
- Month: _____ Year: _____ to Month: _____ Year: _____

Section 3 – Acknowledgement

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

Signature of Reference

Date

Print Name

Title

Number

E-Mail Phone