**PART A – To be completed by respondent for RFP submission**

|  |  |  |
| --- | --- | --- |
| Company name of Respondent: |  | |
| Details of client for reference purposes: | Name: |  |
| Company name: |  |
| Contact details: |  |

**PART B – To be completed by reference and returned to ELIDZ evaluation team**

If the Service Provider has not done any of the tasks below for the Referee, please place Not Applicable (N/A).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate and rate whether the respondent has performed the attributes/tasks listed below.** | **Has the service been rendered**  **(Yes / No)** | | |  |  |  | | --- | --- | --- | | **Poor** | **Average** | **Good** | | **1** | **2** | **3** | |
| Did the service provider implement their last project successfully? |  |  |  |
| Was the solution delivered in the required time frame? |  |  |  |
| Was conformance to a project management standard adhered to? |  |  |  |
| Was the skill competency of the team relevant and adequate to deliver on the solution? |  |  |  |
| Were all meetings schedules adhered to? |  |  |  |
| Were you satisfied with the technical support provided during the project? |  |  |  |

\* **The ELIDZ reserves the right to verify references”**

Referee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Stamp**

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