



**Confidentiality Notice:**

Information provided in this questionnaire will be used solely for procurement evaluation purposes and may be subject to applicable public records laws. Respondents should clearly mark any proprietary or confidential information and provide a redacted version suitable for public release if required.

This form is designed to gather information about the proposed vendor listed below to assist the State Road and Tollway Authority (SRTA) in evaluating qualifications and past performance.

Please complete all applicable sections and return the form via email to [procurement@srta.ga.gov](mailto:procurement@srta.ga.gov) by the response due date indicated in the RFQ.

Vendor Information	
Name of Proposed Vendor:	

Reference Contact Information	
Name:	
Title:	
Agency/Organization:	
Business Address:	
Email:	
Phone:	

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Relationship and Role
Briefly describe your role and responsibilities in working with the above vendor, including the nature of your interactions and level of involvement.

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<b>Contact History</b>	
Has this vendor provided services to your organization within the past five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe the services performed and identify the primary vendor personnel your organization interacted with during the engagement. Indicate whether those individuals are still employed by the vendor, if known.	
Empty space for text input	
What was the approximate length of the engagement (years)?	
Empty space for text input	

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## 1.1 Performance Evaluation

Using a scale of **1 (Poor)** to **5 (Excellent)**, please rate the vendor in the following areas:

Evaluation Area	1	2	3	4	5
Responsiveness	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Technical Expertise	<input type="checkbox"/>				
Execution of Customer Service Center Operations	<input type="checkbox"/>				
Quality of Deliverables	<input type="checkbox"/>				
Adherence to Schedule	<input type="checkbox"/>				
Adherence to Budget	<input type="checkbox"/>				
Professionalism	<input type="checkbox"/>				
Collaboration	<input type="checkbox"/>				
Responsiveness to Feedback	<input type="checkbox"/>				

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### 1.3 Professionalism, Collaboration, and Responsiveness

Describe the vendor’s professionalism, collaboration, and responsiveness throughout the engagement. In your response, comment on the quality of communication, effectiveness of issue resolution, and overall working relationship with your organization. Include specific examples where applicable.

## 1.4 Future Consideration

Would you engage this vendor again for similar work in the future?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Please explain your response.	

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## 1.5 Additional Comments

Please share any other feedback or remarks that may assist SRTA in its evaluation.

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