

Attachment B
Reference Survey Score Sheet
RFA: Certified Public Accountant
RFX #3150005159
To be filled out by DOM Staff Only

Procurement: Certified Public Accountant	Date/Time:
Company Name:	
Reference Name:	Title:
Phone Number:	Email:
Past Performance of:	
Employment/Service Dates:	

The Mississippi Division of Medicaid (DOM) requests past performance information on a prospective contractor. The entity listed above was listed as a reference for which they have previously performed work.

DOM appreciates your time in completing this survey with us. You will be asked general information and yes/no questions regarding your satisfaction in the applicant's current and/or past performances with your entity.

#	QUESTIONS	RESPONSE		EXPLANATION
		YES	NO	
	Are you or were you satisfied with the contractor/employee's:			
1	Ability to obtain goals and objectives? If no, please explain.			
2	Ability to complete project(s) within budget and on schedule? If no, please explain.			
3	Experience relevant to the work performed for your entity? If no, please explain.			
4	Professionalism? If no, please explain.			
5	Qualifications? If no, please explain.			
6	Cooperation / Flexibility? If no, please explain.			

#	QUESTIONS	RESPONSE		EXPLANATION
		YES	NO	
7	Ability to operate the day-to-day functions of the work assigned? If no, please explain.			
8	Ability to assess work risks and provide solutions? If no, please explain.			
9	Ability to adhere to contract/work requirements? If no, please explain.			
10	Approach to problem identification and resolution? If no, please explain.			
11	Software capabilities? If no, please explain.			
12	Work product? If no, please explain.			
13	Ability to communicate with your entity's staff members? If no, please explain.			
	General Questions			
14	Would you enter into a work arrangement with the employee/contractor again? If no, please explain.			
15	Would you recommend this employee/contractor? If no, please explain.			

Each "Yes" is one point; each "No" is zero points. Applicant must have a minimum score of 14 out of a possible 15 each from two references (total of 28 points) to be considered responsible and for the applicant to be considered.

SCORE: _____

16	If this is a contractor, do you have business, professional or personal interest in the Contractor? If this is not a contractor select no. If this is a contractor and the above relationship exist, select yes and please explain.			
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A "Yes" to Question 16 above may result in automatic disqualification of the provided reference; therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

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