

Company Name:

Contact Name:

Contact Email:

Contact Telephone Number:

Vendor must type responses to the following questions (*handwritten responses are not acceptable*):

COMPANY NARRATIVE

1. Company Narrative - State your company's mission, vision, and its overall operation including company structure, office locations, type of services provided, geographic information, years of operation.

Vendor Response:

2. What sets your company apart from your competitors?

Vendor Response:

VENDOR EXPERIENCE & QUALIFICATIONS

3. Vendor's Experience - Describe your company's current or past experience in providing the proposed services, skill level, experience, and opportunities for creativity and innovation. Please include a list of services of similar size and scope as the project. Your response should correspond with references listed in question 7.

Vendor Response:

4. Does your company subcontract out any work? If yes, provide a list of subcontractors and the services you would use for this RFP and each subcontractor requirements for criminal background checks and drug testing, if any, for employees.

Vendor Response:

5. Does your company have the capacity to service Agency locations per Attachment ___?

Vendor Response:

6. Identify any requirements within this RFP of which your company is unable to fully comply.

Vendor Response:

7. *List three (3) **non** BakerRipley references of similar size and scope in which you have provided **Child Care Provide Training Services** within the last three (3) years. These references should correspond with vendor experience question number 3.

Company #1

Contact Name:		
Company Name:		
Address:		
Telephone Number (s)	Office:	Cell:
Email:		
Contract Term:	Start Date:	End Date:
Type of Business: (e.g., school, restaurant, bank, healthcare, etc.)		
# Of locations serviced:		
Services Provided:		

Company #2

Contact Name:		
Company Name:		
Address:		
Telephone Number (s)	Office:	Cell:
Email:		
Contract Term:	Start Date:	End Date:
Type of Business: (e.g., school, restaurant, bank, healthcare, etc.)		
# Of locations serviced:		
Services Provided:		

Company #3

Contact Name:		
Company Name:		
Address:		
Telephone Number (s)	Office:	Cell:
Email:		
Contract Term:	Start Date:	End Date:
Type of Business: (e.g., school, restaurant, bank, healthcare, etc.)		
# Of locations serviced:		
Services Provided:		

*It is important that you provide references. We will only contact your references if you are a finalist, and we will notify you first.

BACK-OFFICE ADMINISTRATION

8. Is your company MBE/WBE/HUB/SDVOSB certified? If yes, provide a copy your certification (s).

Vendor Response:

9. Describe your company's requirements for criminal background checks and drug testing, if any, for employees.

Vendor Response:

10. Is your company currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, please explain in detail.

Vendor Response:

11. Is your company currently or has been previously involved in any lawsuit or litigation, and/or any of your subcontractors within the last five (5) years? If yes, please explain in detail.

Vendor Response:

12. Is your company in good standing with the Internal Revenue Service (IRS)? If not, please explain in detail.

Vendor Response:

CUSTOMER SERVICE

13. How do you monitor customer satisfaction?

Vendor Response:

14. How do you handle customer complaints?

Vendor Response: