

APPENDIX C

APPENDIX C
Corporate Reference Questionnaire
RFA #22-18
Specialized Services for Persons with Disabilities and Nursing Home Transition

Purpose of this Questionnaire:

To obtain feedback from the Applicant/Subcontractor Reference Contacts

This questionnaire is to be completed by:

The Applicant/Subcontractor's Corporate Reference Contacts who receive this questionnaire.

Definitions:

“Applicant”: The entity submitting an application in response to RFA #22-18.

“Subcontractor”: An entity included in the Applicant's application to whom the Applicant intends to subcontract.

“Reference”: The entity providing the reference information.

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The Pennsylvania Department of Human Services appreciates your participation

Your specific responses and comments will be held in strictest confidence

Applicant/Subcontractor Organization about which this information is provided:

Reference Organization:

Reference Contact Name & Title:

Reference Email Address and Telephone Number:

Reference Contact Signature:

Date:

How long has the Applicant/Subcontractor Organization had a Business Relationship with the Reference Organization? Provide names of individuals proposed to work on the DHS Project that worked in the Reference Organization's Program. Include the individual's role(s) & estimated hours each individual worked on the Reference Organization's Program. Describe the nature of the work the Applicant/Subcontractor completed for the Reference Organization.

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Rating Guideline	
Rating	Description
10, 9	Excellent
8, 7	Very Good
6, 5	Good
4, 3	Fair
2, 1	Poor

Please Rate the Applicant/Subcontractor's Performance in the Following Areas

Circle the Applicable Rating

Please explain ratings of 1, 2 or N/A in the Comments section below.

Area	Rating	
1. If applicable, how successful was the Applicant at selecting capable Subcontractors who were able to provide value in support of the contract performance?	10 9 8 7 6 5 4 3 2 1	N/A
2. If applicable, how successful was the Applicant/Subcontractor in picking up the contract/project responsibilities during transition to the Applicant/Subcontractor from your staff or other contractor(s)	10 9 8 7 6 5 4 3 2 1	N/A
3. How successful was the Applicant/Subcontractor in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	N/A
4. How successful was the Applicant/Subcontractor in delivering products/services without waiver or extensions?	10 9 8 7 6 5 4 3 2 1	N/A
5. How successful was the Applicant/Subcontractor in managing project scope?	10 9 8 7 6 5 4 3 2 1	N/A
6. How successful was the Applicant/Subcontractor in delivering according to the established timelines?	10 9 8 7 6 5 4 3 2 1	N/A
7. How successful was the Applicant/Subcontractor in managing the project within the original project budget?	10 9 8 7 6 5 4 3 2 1	N/A
8. How successful was the Applicant/Subcontractor in administering a human services program	10 9 8 7 6 5 4 3 2 1	N/A
9. Applicant/Subcontractor accurately and timely determined eligibility for a human services program	10 9 8 7 6 5 4 3 2 1	N/A
10. Applicant/Subcontractor issued timely services to consumers	10 9 8 7 6 5 4 3 2 1	N/A
11. Applicant/Subcontractor reasonableness in resolving conflicts or problems	10 9 8 7 6 5 4 3 2 1	N/A
12. Applicant/Subcontractor personnel demonstrated professionalism and the necessary experience/skill	10 9 8 7 6 5 4 3 2 1	N/A
13. Applicant/Subcontractor cooperated and communicated successfully with your in-house staff, other contractors, subcontractors and customers	10 9 8 7 6 5 4 3 2 1	N/A

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Area	Rating	
14. Applicant/Subcontractor satisfactorily handled personnel issues (e.g. conflicts, turnover, providing experienced/skilled replacements)	10 9 8 7 6 5 4 3 2 1	N/A
15. Applicant/Subcontractor was responsive in taking corrective actions to address problems (issues) that arose during the project	10 9 8 7 6 5 4 3 2 1	N/A
16. Applicant/Subcontractor 's attitude towards customer service	10 9 8 7 6 5 4 3 2 1	N/A
17. Applicant/Subcontractor's technical skills and knowledge	10 9 8 7 6 5 4 3 2 1	N/A
18. Applicant/Subcontractor's ability to perform required work in a complex state-wide service delivery system	10 9 8 7 6 5 4 3 2 1	N/A
19. Applicant/Subcontractor provides comprehensive and consistent counseling and referral services	10 9 8 7 6 5 4 3 2 1	N/A
20. Applicant/Subcontractor manages budgets in a manner that maximizes expenditures, available funds and encumbrances	10 9 8 7 6 5 4 3 2 1	N/A
21. Applicant/Subcontractor performs accurate and timely data entry	10 9 8 7 6 5 4 3 2 1	N/A
22. Overall Applicant/Subcontractor performance	10 9 8 7 6 5 4 3 2 1	N/A
23. Overall Applicant/Subcontractor quality of work and contract/project deliverables	10 9 8 7 6 5 4 3 2 1	N/A
24. Would you recommend this Applicant/Subcontractor to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	N/A
25. Would you use this Applicant/Subcontractor in the future? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	N/A

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1) Please explain ratings of 1, 2 or N/A (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: