# Attachment A – Respondent Questionnaire

**PART 1 – RESPONDENT EXPERIENCE / ORGANIZATION**

1. **Respondent’s Contact Information**

*Complete the following table for your Sole Point of Contact During RFP Process.*

| **Single Point of Contact for RFP** | **Respondent Response** |
| --- | --- |
| 1. Name |  |
| 1. Title |  |
| 1. Address |  |
| 1. E-mail |  |
| 1. Phone Number |  |

*Complete the following table for your firm’s Partner and or Manager(s) that will be in charge of this project if awarded.*

| **Partner and or Manager Contact Details** | **Respondent Response** |
| --- | --- |
| 1. Name |  |
| 1. Title |  |
| 1. Address |  |
| 1. E-mail |  |
| 1. Phone Number |  |

1. **Respondent Background Information**

Complete this table with your background information. Proposals by a partnership or joint venture shall list the full names and addresses of all parties to the joint venture by completing this table for all parties.

|  | **Respondent Response** |
| --- | --- |
| 1. Full legal business name. |  |
| 1. Full legal business address of the firm’s principal place of business and, if different, the location of the place of performance of the contract. |  |
| 1. Business entity designation, e.g., sole proprietor, Inc., LLC, or LLP. |  |
| 1. Current tax status and Federal Employer Identification Number (FEIN) (if applicable). |  |
| 1. State company formed in. |  |
| 1. Company phone number. |  |
| 1. Website address (if applicable). |  |
| 1. Number of years in business. |  |
| 1. Average number of employees during each of the last three (3) years. |  |
| 1. Does your company have experience working with the City of Detroit? If so, please list the contracts you hold or have held with the City of Detroit for the last 5 years. |  |
| 1. Identify any claims or lawsuits that have been brought against your organization as a result of any services provided within the last ten (10) years. |  |
| 1. Identify any projects in which your contract was terminated for any reason. |  |

1. **Prior Experience (Respondent)**

Describe at least **three (3)** relevant experiences from the last five (**5) years** supporting your ability to successfully manage a contract of similar size and scope for the work described in this RFP, by completing the table(s) below.

|  |  |
| --- | --- |
| **Reference Form #1** | **Respondent Response** |
| 1. Name of Reference (Company Name) |  |
| 1. Project Name/Title |  |
| 1. Client Location |  |
| 1. Contact Person Name |  |
| 1. Contact Person Title |  |
| 1. Contact Person Phone Number |  |
| 1. Contact Person E-mail Address |  |
| 1. Dates of Service (mm/yy – mm/yy) |  |
| 1. Description of Services Provided |  |
| 1. Identify respondent’s key personnel working on this project (if applicable) |  |

|  |  |
| --- | --- |
| **Reference Form #2** | **Respondent Response** |
| 1. Name of Reference (Company Name) |  |
| 1. Project Name/Title |  |
| 1. Client Location |  |
| 1. Contact Person Name |  |
| 1. Contact Person Title |  |
| 1. Contact Person Phone Number |  |
| 1. Contact Person E-mail Address |  |
| 1. Dates of Service (mm/yy – mm/yy) |  |
| 1. Description of Services Provided |  |
| 1. Identify respondent’s key personnel working on this project (if applicable) |  |

|  |  |
| --- | --- |
| **Reference Form #3** | **Respondent Response** |
| 1. Name of Reference (Company Name) |  |
| 1. Project Name/Title |  |
| 1. Client Location |  |
| 1. Contact Person Name |  |
| 1. Contact Person Title |  |
| 1. Contact Person Phone Number |  |
| 1. Contact Person E-mail Address |  |
| 1. Dates of Service (mm/yy – mm/yy) |  |
| 1. Description of Services Provided |  |
| 1. Identify respondent’s key personnel working on this project (if applicable) |  |

1. **Respondent’s Subcontractor(s) Prior Experience (if applicable)**

| **Question** | **Respondent Response** |
| --- | --- |
| 1. Do you intend to utilize any subcontractors?   *If yes, provide their legal business name and address, and a description of the goods/services they will supply. Also complete the Subcontractor Reference Form provided below for each subcontractor.* |  |

If applicable, describe below at least **one (1)** relevant experience from the last five (**5) years** supporting your subcontractor’s ability to successfully perform similar work as set forth in your company’s proposal.

|  |  |
| --- | --- |
| **Subcontractor Reference Form** | **Respondent Response** |
| 1. Name of Reference (Company Name) |  |
| 1. Project Name/Title |  |
| 1. Client Location |  |
| 1. Contact Person Name |  |
| 1. Contact Person Title |  |
| 1. Contact Person Phone Number |  |
| 1. Contact Person E-mail Address |  |
| 1. Dates of Service (mm/yy – mm/yy) |  |
| 1. Description of Services Provided |  |

**PART 2 – RESPONDENT CAPACITY**

1. **Respondent Capacity and Staffing**

[**Read and delete:** review questions and include this table if you are seeking details on staffing.]

The Respondent must submit documentation indicating their capacity to perform the variety of services described in this RFP. Documentation should indicate, at a minimum, the following:

Respondent shall provide an organization chart indicating the key personnel who will provide services resulting from this RFP.

Respondent shall provide a resume for each of the key personnel who will provide services resulting from this RFP.

[**Read and delete:** These capacity questions are additional examples from RFP’s to consider using or modifying. Delete those that are not applicable to your RFP]

Respondent shall indicate the quantity of employees that can be dedicated these services.

Respondent shall indicate the experience and of listed employees.