INSTRUCTIONS TO THE PROPOSER:

Proposers must submit three (3) completed reference questionnaires. The completed references questionnaires must be from individuals, companies, or agencies with knowledge of the proposer’s experience that is similar in nature to the products or services being requested by this RFP, and are within the last three (3) years from the date this RFP was issued.

References not received prior to the RFP Closing Date and time will receive a score of “0” for that reference. References outside the three (3) years and references determined to be not of a similar nature to the products or services requested by this RFP will also receive a score of zero (0) points. Determination of similar will be made by using the information provided by the reference in Section II of the Reference Questionnaire, General Information and any additional information provided by the reference.

If more than three (3) qualifying references are received, the first three (3) fully completed references received will be used for evaluation purposes. References will be averaged.

1. Proposers must complete the following information on page 2 of the “Reference’s Response To” document before sending it to the Reference for response.
   a. Print the name of your reference (company/organization) on the “REFERENCE NAME” line.
   b. Print the name of your company/organization on the “PROPOSER NAME” line.
   c. Enter the RFP Closing date and time in Instruction 5 (see the INSTRUCTIONS block.)
2. Send the “Reference’s Response To” document to your references to complete.

NOTE: It is the proposer’s responsibility to follow up with their references to ensure timely receipt of all questionnaires. Proposers may e-mail the Procurement Representative prior to the RFP closing date to verify receipt of references.
REFERENCE QUESTIONNAIRE
REFERENCE’S RESPONSE TO
RFP: Cybersecurity Assessment and Plan

REFERENCE NAME:

PROPOSER NAME (Company/Organization): ____________________________ has submitted a proposal to the Boston Public Health Commission, provide the following services: Cybersecurity Assessment and Plan. We’ve chosen you as one of our references.

INSTRUCTIONS

1. Complete Section I. RATING using the Rating Scale provided.

2. Complete Section II. GENERAL INFORMATION (This section is for information only and will not be scored.)

3. Complete Section III. ACKNOWLEDGEMENT by manually signing and dating the document. (Reference documents must include an actual signature.)

4. E-mail THIS PAGE and your completed reference document, SECTIONS I through III to:

   ITS Representative:

   E-mail: Jbeers@bphc.org

5. This completed document MUST be received no later than Friday, April 23 at 5:00 p.m. (Eastern Time). Reference documents received after this time will not be considered. References received without an actual signature will not be accepted.

6. DO NOT return this document to the Proposer.

7. In addition to this document, the Boston Public Health Commission may contact references by phone for further clarification if necessary.
Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or Inadequate Performance</td>
<td>0</td>
</tr>
<tr>
<td>Below Average</td>
<td>1 – 3</td>
</tr>
<tr>
<td>Average</td>
<td>4 – 6</td>
</tr>
<tr>
<td>Above Average</td>
<td>7 - 9</td>
</tr>
<tr>
<td>Excellent</td>
<td>10</td>
</tr>
</tbody>
</table>

Circle ONE number for each of the following numbered items:

1. Rate the overall quality of the firm’s services:
   
   10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this firm:
   
   10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. (This pertains to delays under the control of the firm):
   
   10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:
   
   10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the firm’s assigned staff and their ability to accomplish duties as contracted:
   
   10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the firm’s billing and/or invoices:
   
   10 9 8 7 6 5 4 3 2 1 0
7. Rate the firm’s ability to quickly and thoroughly resolve a problem related to the services provided:

   10  9  8  7  6  5  4  3  2  1  0

8. Rate the firm’s flexibility in meeting business requirements:

   10  9  8  7  6  5  4  3  2  1  0

9. Rate the likelihood of your company/organization recommending this firm to others in the future:

   10  9  8  7  6  5  4  3  2  1  0

____________________________________________________________

Section II. GENERAL INFORMATION

1. Please include a brief description of the services provided by this firm for your business:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. During what time period did the firm provide these services for your business?

   Month: _______ Year: _______ to Month: _______ Year: _______

____________________________________________________________

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

___________________________________________  _______________________________
Signature of Reference                    Date

___________________________________________  _______________________________
Print Name                               Title

___________________________________________  _______________________________
Phone Number                           Email Address