# SCMW REFERENCE FORM

Name of entity providing this reference: ­­­

Address:

Name of entity for which this reference is being provided:

Performance Period (Must be within the past 2 program years)

Type(s) of program(s) operated

Contract amount:

Did the program operated by the entity for which this reference is being completed attain at least 75% of the above contract’s goals? Yes (+2) No (0)

Were there any significant or material adverse findings and/or any disallowed and/or questioned costs related to the contract described above? Yes (0) No (+2) If Yes, please attach information and documentation relevant to the history and current status of the significant or material findings and/or disallowed and/or questioned costs.

Please rate the above provider according to the following criteria by circling the appropriate score:

1. Innovation – the degree to which the provider made or suggested participant-centered enhancements to the basic program structure and/or developed materials that enhanced the program’s appeal

0 – Not innovative 1- Somewhat innovative 2- Exemplary

1. Organization – the degree to which files, paperwork, documents and records were complete, accurate and orderly

0 – Sloppy and/or incomplete 1 – Acceptable but could be improved 2 – Exemplary

1. Cooperation – the degree to which the provider followed instructions, met deadlines and responded to requests

0 – Uncooperative 1 – Slow and uninspired 2 – Acceptable

1. Fiscal – the degree to which financial reporting was accurate, complete and submitted in a timely manner

0 – Sloppy and/or incomplete 1 – Acceptable but could be improved 2 – Exemplary

1. Would you re-hire this provider for a future project?

0 – No 1- Not willingly 2 – Yes, but with reservations 3 – Without hesitation

Name and phone number of person completing this form:

**This form and any necessary attachments must be returned ONLY BY THE REFERENCE AGENCY, NOT THE PROPOSING AGENCY to the following address no later than 12:00 Noon CST on April 8, 2025.**

[**WIOA@CMPDD.ORG**](mailto:WIOA@CMPDD.ORG)

**The title line should read: “REFERENCE FOR (PROPOSING AGENCY NAME)”**

References received after the published due date and time will reduce the evaluation score of the proposal of the agency for which this reference is being provided.