

Letter of Support

This letter of support MUST be completed by individuals offering a reference.

Offeror to complete: PRINT OFFEROR LEGAL ENTITY NAME

The offeror specified above, intends to submit a proposal to the State of Hawaii in response to the Hawaii Department of Agriculture’s Pesticide Disposal Program Request for Proposals. As a part of the proposal, the offeror must include a completed and sealed letter of support (using this form).

Each individual completing this letter of support is asked to follow these instructions:

1. Use the form provided and complete this questionnaire;
 2. Sign and date the completed questionnaire;
 3. Seal the completed, signed, and dated questionnaire in the provided envelope;
 4. Sign in ink across the sealed portion of the envelope; and,
 5. Return the sealed envelope containing the completed questionnaire directly to the offeror.
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(1) Please provide the following information about the individual, company, organization, or entity providing this letter of support

NAME:	
TITLE:	
TELEPHONE #(*):	
E-MAIL ADDRESS:	
PHYSICAL AND MAILING ADDRESS (if different from physical address):	

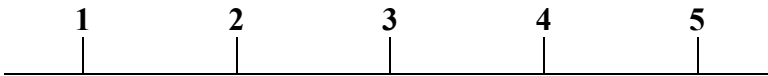
*(*The person listed above will be the contact person the HDOA will communicate with regarding this letter of support.*

(2) What goods or services does/did the offeror provide to your company or organization?

- (3) **What is the level of your overall satisfaction with the offeror as a vendor of the goods or services described in number two above?**

Please respond by circling the appropriate number on the scale below.

least satisfied 1 2 3 4 5 most satisfied



- (4) **If the goods or services that the offeror provided to your company or organization were completed, were the goods or services provided in compliance with the terms of the contract, on time, and within budget? If not, please explain.**

- (5) **If the offeror is still providing goods or services to your company or organization, are these goods or services being provided in compliance with the terms of the contract, on time, and within budget? If not, please explain.**

- (6) **How satisfied are you with the offeror's ability to perform based on your expectations and according to the contractual arrangements?**

Please respond by circling the appropriate number on the scale below.

least satisfied 1 2 3 4 5 most satisfied



- (7) **How satisfied are you with the goods or service provided by the offeror?**

Please respond by circling the appropriate number on the scale below.

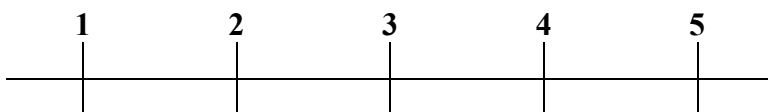
least satisfied 1 2 3 4 5 most satisfied



- (8) **What is the level of your satisfaction with the offeror's project management, processes, and personnel?**

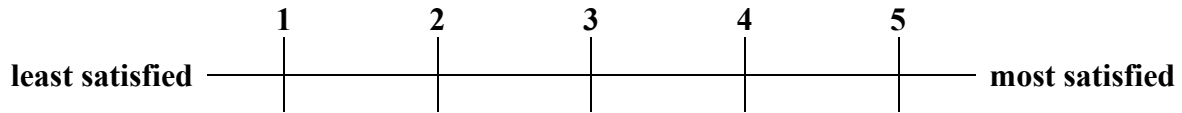
Please respond by circling the appropriate number on the scale below.

least satisfied 1 2 3 4 5 most satisfied



- (9) **Considering the staff assigned by the offeror to deliver the goods or services described in response to question two above, how satisfied are you with the technical abilities, professionalism, and interpersonal skills of the individuals assigned?**

Please respond by circling the appropriate number on the scale below.



- (10) **Would you contract again with the offeror for the same or similar goods or services? Please circle: YES or NO. If “NO”, please explain.**

REFERENCE SIGNATURE: _____

Must be signed by the individual who completed the questionnaire. Signature must be the same as the signature across the envelope seal.

DATE: _____