

APPENDIX A

**VENDOR QUESTIONNAIRE
Online Tutoring Service
RFP 16207**

1. Company Name: _____

Company Address: _____

Primary Office Serving Needs: _____

Company Headquarters: _____

Other Offices That May Serve Needs: _____

Website Address: _____

FEIN: _____

2. Primary Contact For Proposal

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Identify Person Assigned to Administer This Contract -- Include a Resume:

3. Years Company Has Been in Business: _____

4. Areas of Company Specialization: _____

5. Number of Full-Time Employees at Location Serving This Contract: _____

6. Insurance: Provide name of insurance carriers providing coverage for your company and the limits of liability carried.

General/Contractual Liability: _____

Worker's Compensation: _____

Insurance Company Name: _____

7. Disclosures: Has the company had any contracts that have been terminated or not renewed within the last two years? Yes _____ No _____

If yes is checked, provide the following information on terminated or non-renewed contracts:

Company/Institution Name: _____

Contact Name: _____

Contact Telephone Number: _____

When Was Contract Terminated or Not Renewed: _____

Reason for Termination/Non-renewal: _____

8. Have there been any legal judgments or pending litigation against your company in the past five years? If so, provide details.

9. References: Provide company name, contact name, telephone numbers and email addresses for at least four (4) references for which you have provided similar online collegiate tutoring services. The Council reserves the right to contact any person or persons associated with the reference and to request additional references or contact any known firm associated with the Vendor.

(1) Company/Institution Name: _____

Contact Name: _____

Contact Title: _____

Contact Email Address: _____

Contact Telephone Number: _____

Description of Services Provided: _____

Dates Services Provided -- Beginning: _____ Ending: _____

(2) Company/Institution Name: _____

Contact Name: _____

Contact Title: _____

Contact Email Address: _____

Contact Telephone Number: _____

Description of Services Provided: _____

Dates Services Provided -- Beginning: _____ Ending: _____

(3) Company/Institution Name: _____

Contact Name: _____

Contact Title: _____

Contact Email Address: _____

Contact Telephone Number: _____

Description of Services Provided: _____

Dates Services Provided -- Beginning: _____ Ending: _____

(4) Company/Institution Name: _____

Contact Name: _____

Contact Title: _____

Contact Email Address: _____

Contact Telephone Number: _____

Description of Services Provided: _____

Dates Services Provided -- Beginning: _____ Ending: _____