# ATTACHMENT 1

# Evaluation Criteria Form

# Responses Provided by Respondent

*The intent of this document is to provide Respondents a structure for their responses. While there are page limits for this solicitation, there are no character limitations.*

*Respondents should provide answers to the questions below in the order and spaces provided to ensure continuity between Respondent’s submissions.*

*When responding to the questions below, Respondents should use the space provided in this form, unless otherwise indicated.*

**If all fields are not completed, the proposal may be deemed non-responsive.**

1. **Explanation of Collection Practices (30 pts)**

Provide a detailed work plan explaining how the Respondent would complete this project as described in the Scope of Services. Respondent’s work plan shall include:

* Details describing how Respondent addresses each initial placement upon assignment;
* Details describing how accounts provided to Respondent are processed on a monthly basis;
* Description of Respondent’s proposed method of communication with the account holders (including number of attempts and schemes utilized); and
* Does Respondent have a local office? If so, are payments accepted at this location?
* Details on how payments are received by Respondent (i.e. over the phone, online, local payment centers, etc.) from account holders;
* Identification of Respondent’s typical rate of return

Successful work plans will also emphasize and describe the maximization of efficiencies in procedures in order for SAWS to meet its goal in a timely manner.

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1. **Past and Current Performance with Other Companies (20 pts)**

Provide a list of at least **five (5) active** contracts and **five (5) previous contracts** that have been completed in the last **five (5) years** performed by the Respondent. Current and completed contract listed should be similar to the services outlined in this solicitation. This list should include:

* Name of client
* Location (address, city and state)
* Duration of assignment
* Performance information including average amount of assignments, average rate of return for all active accounts.
* Client’s point of contact name and title (for reference checks)

***Active Reference #1***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Reference #2***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Active Reference #3***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Active Reference #4***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Active Reference #5***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Completed Reference #1***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Completed Reference #2***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Completed Reference #3***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Completed Reference #4***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

***Completed Reference #5***

|  |  |
| --- | --- |
| Company/Owner name: |  |
| Location (address, city and state) |  |
| Duration of assignment  |  |
| Active | Yes \_\_\_\_ No \_\_\_\_ |
| Performance information including average amount of assignments, average rate of return for all active accounts. |  |
| Company/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number. |  |

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# Evaluation Criteria Form Continued…

1. **System Compatibility and Capabilities (15 pts)**

Respondent must have the ability to interact with SAWS electronically for the purpose of sending and receiving account information. Please indicate what type of software application Respondent will utilize to accommodate this service.

* Does the Respondent use Lexis-Nexis for verification of accounts? If no, describe the similar software used or process for verification of accounts.
* Indicate the Respondent’s experience and use of Lexis-Nexis and any additional software, applications, and system capabilities respondent will utilize for the delivery of services requested under this RFP.
* Respondent should provide a sample of Respondent’s accounts report.

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1. **Quality Assurance and Quality Control (10 pts)**

Provide a written document that describes Respondent’s quality assurance (QA) and quality control (QC) procedures and any other technical activities that will be implemented to demonstrate that the results of the work performed satisfy the scope of service in this RFP.