Sewerage and Water Board of New Orleans
Reference Check Request Form
RFP-CIS Software and Services

Company Name:				
Reference Name:				
Reference Position:				
Reference Email Address:				
Phone Number:				
On a scale of 1-4 indicate by circling a number whether you agree or disagree with the following statements:	**1 Greatly Disagree**	**2 Disagree**	**3 Agree**	**4 Greatly Agree**
Implementation length matched your original timeline.	☐	☐	☐	☐
Vendor followed a structured implementation methodology that was effective.	☐	☐	☐	☐
Vendor managed project scope, timeline and budget well.	☐	☐	☐	☐
Vendor handled all issues and challenges well.	☐	☐	☐	☐
Vendor provided a knowledgeable and experienced team.	☐	☐	☐	☐
Vendor team was consistent with little turnover.	☐	☐	☐	☐
Vendor provided adequate and effective training, including training materials.	☐	☐	☐	☐
Data migration process was smooth with no major issues.	☐	☐	☐	☐
Vendor was accommodating for my specific requirements.	☐	☐	☐	☐
Vendor was available and effective during go-live support.	☐	☐	☐	☐
I am satisfied overall on the vendor's implementation experience.	☐	☐	☐	☐
There were no to little unexpected costs or scope changes after go-live.	☐	☐	☐	☐

Given the above, would you recommend this vendor for a implementation? Please enter a YES in appropriate box.	
Highly Recommend	
Recommend	
Recommend with Reservation	
Do not Recommend	

Any further comments:

Please complete this form and return it to Procurement at bids@swbno.org no later than February 3, 2025.