

ATTACHMENT K - REFERENCE QUESTIONNAIRE  
ST. LUCIE PUBLIC SCHOOLS  
ITB 25-04  
HVAC PARTS, SUPPLIES AND EQUIPMENT

FOR: AccuAIR  
(Name of Vendor Requesting Reference)

This form is being submitted to your Company for completion as a business reference for the company listed above.

This form is to be returned to the School Board of St. Lucie County, Purchasing Department, via email at kimberly.albritton@stlucieschools.org no later than 3:00 p.m., **September 19, 2024**, and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the School Board of St. Lucie County, Purchasing Department, by telephone: (772) 429-3980, or by email at kimberly.albritton@stlucieschools.org. When contacting us, please be sure to include the solicitation number and title listed at the top of this page.

Company Providing Reference Telecom Mechanical Solutions  
Contact Name and Title/Position Mike Sciarappa President  
Contact Telephone Number 770-696-8703  
Contact Email Address M.SCIARAPPA@Telecommechanical.com

Questions:

1. In what capacity have you worked with this company in the past? If the Company was under a similar contract, please acknowledge and explain briefly whether or not the contract was successful.

Comments: Purchasing Equipment & Parts. Support is very good.

2. How would you rate this Company's knowledge and expertise?  
3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

3. How would you rate the Company's flexibility relative to changes in the scope and timelines?  
3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

4. What is your level of satisfaction with hard-copy materials, e.g. quotation, written scopes of work, reports, logs, etc. produced by the Company?  
3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

5. How would you rate the dynamics/interaction between the Company and your staff?  
3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

6. Who were the Company's principle representatives involved in providing your service and how would you rate them individually? Would you comment on the skills, knowledge, behaviors or other factors on which you based the rating? (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Name: Penny Anderson Rating: 3

Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Name: \_\_\_\_\_ Rating: \_\_\_\_\_

Comments: *Wish Penny could work for us. 20+ years working together*

7. With which aspect(s) of this Company's services are you most satisfied?

Comments: *Quick Response and Great Follow up.*

8. With which aspect(s) of this Company's services are you least satisfied?

Comments: *NONE*

9. Would you recommend this Company's services to your organization again?

Comments: *Yes*