



THE CORPORATION OF THE CITY OF NIAGARA FALLS

REQUEST FOR PROPOSAL – SERVICES

RFP9-2019

Provision of Taxi Services for Niagara Falls Transit Services Trans Cab and Supplemental Specialized Transit for Chair-A-Van

APPENDIX B: REFERENCES

Bidding Company Name:	
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Bidders shall list below a minimum of three (3) or more references for the same or similar services during the past five (5) years. Do not include the City of Niagara Falls as a named reference. Any Proposal submitted that does not include this Form will be rejected by the City. Companies stated by the Bidder as references will be contacted by City of Niagara Falls Staff. Both written and telephone (oral) references checks received by the City will be accepted as binding upon the bidder. References received which are negative or indicate past performance issues may be cause for the City to reject the bidder's Proposal submission. Bidders also, upon request by the City, may be required to furnish satisfactory evidence as to their experience, capacity and financial resources.

<u>Reference #1</u>	Do not include the City of Niagara Falls as a named reference.		
COMPANY NAME:			
ADDRESS:			
CONTACT:	Name		Phone:
DATE OF CONTRACT COMPLETION			
<u>Reference #2</u>	Do not include the City of Niagara Falls as a named reference.		
COMPANY NAME:			
ADDRESS:			
CONTACT:	Name		Phone:
DATE OF CONTRACT COMPLETION			
<u>Reference #3</u>	Do not include the City of Niagara Falls as a named reference.		
COMPANY NAME:			
ADDRESS:			
CONTACT:	Name		Phone:
DATE OF CONTRACT COMPLETION			
<u>Additional Reference:</u>	Do not include the City of Niagara Falls as a named reference.		
COMPANY NAME:			
ADDRESS:			
CONTACT:	Name		Phone:
DATE OF CONTRACT COMPLETION			

ANY PROPOSAL SUBMITTED NOT INCLUDING THIS FORM WILL BE REJECTED.