

THE CORPORATION OF THE CITY OF NIAGARA FALLS

REQUEST FOR PROPOSAL

RFP22-2021 SUPPLY & INSTALLATION OF PLAYGROUND EQUIPMENT AT OAKES PARK

APPENDIX C: 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 supply/services during the past five (5) years. Do not include the City of Niagara Falls as a named reference. Any proposals 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 quotation submission. Bidders also upon request by the City may be required to furnish satisfactory evidence as to their experience, capacity and financial resources.

| Reference #1 | Do not include the City of Niagara Falls as a named reference. | | | | |
|---|--|------------------------------|-------------------------|------|--|
| Company Name: | | | | | |
| Address: | | | | | |
| City, Province, Postal Code: | | | | | |
| Contact: | Name: | | Phone: | | |
| Date of Completion of Contract: | | · | · | | |
| Reference #2 | Do not i | nclude the City of Niagara F | alls as a named referer | nce. | |
| Company Name: | | | | | |
| Address: | | | | | |
| City, Province, Postal Code | | | | | |
| Contact: | Name: | | Phone: | | |
| Date of Completion of Contract: | | | | | |
| Reference #3 | Do not i | nclude the City of Niagara F | alls as a named referer | nce. | |
| Company Name: | | | | | |
| Address: | | | | | |
| City, Province, Postal Code | | | | | |
| Contact: | Name: | | Phone: | | |
| Date of Completion of Contract: | | • | • | | |
| Additional Reference: | Do not i | nclude the City of Niagara F | alls as a named referer | nce. | |
| Company Name: | | | | | |
| Address: | | | | | |
| City, Province, Postal Code | | | | | |
| Contact: | Name: | | Phone: | | |
| Date of Completion of Contract: | | | | | |
| For additional information to describe project details as per references above, attach separate page. | | | | | |