

**ATTACHMENT B11 – M&E KEY STAFF REFERENCE FORM**

Attachment B11 contains our M&E Key Staff Reference Check Forms received in the format as provided by the RFP.

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## M&E Project Management Office (PMO) Lead, Kristina Badali

### Reference 1 – Hugh Hale

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#### KEY STAFF REFERENCE FORM

**CONTRACTOR NAME:** Deloitte Consulting LLP

**CONTRACTOR'S STAFF NAME:** Kristina Badali

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

<b>TABLE 1 – Reference's Information</b> This information should match the information provided in <i>Attachment B10 – M&amp;E Key Staff Resumes/Qualifications</i> .	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	CIO
Agency, Department, Organization or Company where Staff member performed:	State of Tennessee, TennCare
Project Title on which Staff member performed	TEDS Project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

**Step 1: Complete Columns 1-2 in Table 2** by marking "yes" or "no" and providing an explanation if needed.

**Step 2: Complete Column 2 of Table 3**, by utilizing the description of ratings provided in Table 4.

**Step 3:** At the bottom of the page, **print your name, your company's name, then sign and date.**

**Step 4: Return the completed Staff Reference Form to Contractor.**

<b>TABLE 2 – The Reference Must Complete This Table.</b>	
<b>COLUMN 1</b>	<b>COLUMN 2</b>
Did the Contractor provide you with a copy of the completed Attachment B10 – M&E Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – M&E Key Staff Resumes /Qualifications, including the functions as described and the <u>time period</u> provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

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**TABLE 3 – The Reference Must Complete This Table.**

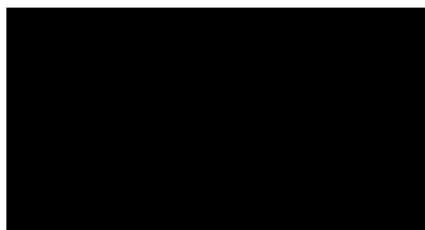
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

**TABLE 4 – Descriptions of Rating Values**

Rating Value	Description
10 points	<b>Excellent:</b> The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	<b>Good:</b> The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	<b>Fair:</b> The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	<b>Poor:</b> The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	<b>No Value:</b> The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



State of Tennessee, TennCare

Name of Company Reference (print)

6/2/2023

Date

## Reference 2 – Bob Darling

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### KEY STAFF REFERENCE FORM

**CONTRACTOR NAME:** Deloitte Consulting LLP

**CONTRACTOR'S STAFF NAME:** Kristina Badali

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

**TABLE 1 – Reference's Information**

This information should match the information provided in **Attachment B10 – M&E Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	
Customer/Client Reference Title	Senior Contract / IT Project Manager
Agency, Department, Organization or Company where Staff member performed:	State of Arkansas
Project Title on which Staff member performed	Department of Human Services Office of System and Technology
Reference Phone Number:	
Reference E-mail Address:	

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

**Step 1:** Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

**Step 2:** Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

**Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.

**Step 4:** Return the completed Staff Reference Form to Contractor.

**TABLE 2 – The Reference Must Complete This Table.**

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – M&E Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – M&E Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

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**TABLE 3 – The Reference Must Complete This Table.**

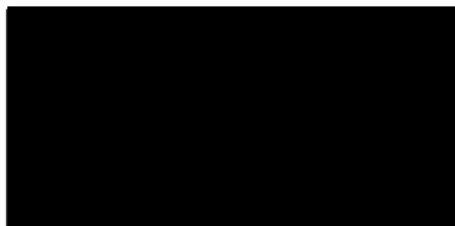
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	X Yes <input type="checkbox"/> No
Optional Comments: Kristina was invaluable in the establishment of our initial M&O/Enhancement business processes at the beginning of our engagement with Deloitte. These process remain in place to this day.	

**TABLE 4 – Descriptions of Rating Values**

Rating Value	Description
10 points	<b>Excellent:</b> The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	<b>Good:</b> The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	<b>Fair:</b> The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	<b>Poor:</b> The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	<b>No Value:</b> The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

**By signing this form, the Reference is certifying that all information provided on this form is correct.**



Arkansas Department of Human Services -OIT  
Name of Company Reference (print)

06/02/2023

Date