

11.11 Attachment 11 – Key Staff Reference Form

Instructions:

For each Key Staff role, provide two (2) Individual References from two different Projects cited in the Attachment 10, Part 2 – Key Staff Minimum Qualification Table, unless only one (1) project is used that meet the MQs identified in this RFP. If only one (1) cited project meets the MQs, then two references from that project are required. Each Individual Reference must clearly identify the Customer/Client Reference individual and that individual's Agency, Department, Organization or Company where Key Staff performed the experience.

The Individual references must be submitted within the Business Proposal as defined within RFP Section 6 – Proposal Structure and Submission including signature of the customer/client reference.

References:

Provide two customer/client references from customers/clients who have first-hand knowledge of the job skills, experience, and abilities cited in the résumé.

The Consortium reserves the right to contact individuals, entities, or organizations who have had contracts or relationships with the Key Staff proposed for this effort, whether or not they are identified as references, to verify that the person has successfully performed their contractual obligations on other similar projects.

Table 1: Key Staff Reference Form

KEY STAFF REFERENCE FORM	
KEY STAFF NAME: Katharyn Daun	
PART 1 – REFERENCE'S INFORMATION THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN ATTACHMENT 10 – KEY STAFF QUALIFICATIONS .	
Customer/Client Reference Name:	Bonnie Roache
Customer/Client Reference Title:	Project Assurance Manager
Agency, Department, Organization or Company where staff member performed:	GTA EPMO
Project Title on which staff member performed:	DPH Vaccine Management system
Reference Phone Number:	470-421-5262
Reference E-mail Address:	Bonnie.roache@gta.ga.gov

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 provide your comments and the appropriate rating based on your experience with the proposed staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed staff Reference Form to Contractor.

PART 2 – THE REFERENCE MUST COMPLETE THIS TABLE.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment 10 – Key Staff 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 10 – Key Staff Qualifications , including the functions as described and the time period provided on the project(s) that lists you as a contact?
☒ Yes ☐ No	☒ Yes ☐ No (If "No" checked, explain here.)
PART 3 – THE REFERENCE MUST COMPLETE THIS TABLE.	
THE REFERENCE SHALL COMPLETE PERFORMANCE AND ABILITIES STATEMENTS FOR THE PROPOSED CANDIDATE AND OVERALL PERFORMANCE RATING.	
Performance and Ability Statements	
1. Describe the performance of the Contractor's staff during this engagement.	
Summary of performance : On a 10 pt scale, in areas of Project Assessments, Completion of Dashboards, Participaton with Executive Leadership Panel and Value Add, all ratings were in the Superior/Excellent performance range between 9-10.	

2. Describe the ability of the Contractor's staff to perform the contractually, required Work in a timely manner. All Deliverables and Dashboard reports were provided to the State Leadership and the Agency Leadership timely in order for critical decisions to be made quickly
3. Describe the verbal and written communication skills of the Contractor's staff. Kathryn's verbal and written presentations to the Critical Project Review Panel and Agency Leadership were clear, based on facts and provided with professionalism. Kathryn's reports were the most thorough and detailed the Leadership had received. All observations included recommendations to the agency. Kathryn appropriately and effectively used visual charts to support details of her findings.
4. Describe the ability of the Contractor's staff to engage in positive working relationships with other coworkers. Kathryn and the NTT Data team were able to deliver bad news to the Agency in a way that the information was received and Kathryn was respected for her ability to identify the real issues.
5. Describe the knowledge of the Contractor's staff in the required areas of expertise. Kathryn brought knowledge of vaccine management to the project and leveraged here ability to effectively assess the requirements and needs of the State. Her knowledge allowed her to challenge a vendor's direction and deliverables in the state's best interest.
6. How well did the Contractor handled engagement with end users and User input. Kathryn's direct access to the End Users was somewhat limited by design of the states IV&V process however, there were no concerns identified based on the engagement with the Agency team members
7. Would you rehire this person? Yes
8. Optional Comments: Kathryn was a strong IV&V PM on a very difficult project. Her strength and abilities allowed us to intervene on some decisions that were not in the best interest of the State of Georgia.
On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this individual's overall performance?
10

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

Bonnie Roache	Georgia Technology Authority
Name of Reference (print)	Name of Company Reference (print)
	9/29/2025
Signature of Reference	Date

KEY STAFF REFERENCE FORM	
KEY STAFF NAME: Katharyn Daun	
PART 1 – REFERENCE'S INFORMATION	
THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN ATTACHMENT 10 – KEY STAFF QUALIFICATIONS .	
Customer/Client Reference Name:	JoLene Swint
Customer/Client Reference Title:	COO
Agency, Department, Organization or Company where staff member performed:	Oregon Enterprise Information Services
Project Title on which staff member performed:	Master Scheduler
Reference Phone Number:	503-378-3175
Reference E-mail Address:	jolene.m.swint@das.oregon.gov

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 provide your comments and the appropriate rating based on your experience with the proposed staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed staff Reference Form to Contractor.

PART 2 – THE REFERENCE MUST COMPLETE THIS TABLE.	
COLUMN 1	COLUMN 2
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☒ Yes ☐ No	☒ Yes ☐ No (If "No" checked, explain here.)
PART 3 – THE REFERENCE MUST COMPLETE THIS TABLE.	
THE REFERENCE SHALL COMPLETE PERFORMANCE AND ABILITIES STATEMENTS FOR THE PROPOSED CANDIDATE AND OVERALL PERFORMANCE RATING.	
Performance and Ability Statements	
1. Describe the performance of the Contractor's staff during this engagement. Katharyn's performance was excellent. She successfully completed all assigned duties as a Master Scheduler consultant, including developing a portfolio Master Schedule, establishing standardized procedures for resource-loaded scheduling and risk assessment, and creating clear executive reports and training materials. Her deliverables were accurate, practical, and aligned with our needs.	
2. Describe the ability of the Contractor's staff to perform the contractually, required Work in a timely manner.	

Katharyn consistently met agreed timelines, maintained a reliable cadence for executive reporting, and prioritized tasks effectively to prevent avoidable slippage.	
3. Describe the verbal and written communication skills of the Contractor's staff. Her communications were clear, concise, and appropriate for the audience. She provided regular progress and milestone updates to executives and produced well-structured training and process documentation for project managers.	
4. Describe the ability of the Contractor's staff to engage in positive working relationships with other coworkers. Katharyn is an excellent collaborator across all stakeholder levels. She fostered strong, trust-based relationships with project managers, executives, and cross-functional PMO teams. She was responsive and easy to work with.	
5. Describe the knowledge of the Contractor's staff in the required areas of expertise. She possesses deep subject matter expertise in master scheduling. She demonstrates advanced proficiency with Microsoft Project and custom add-ins, resource-loaded scheduling, schedule risk and issue management, and portfolio-level quality checks and reporting. She is highly skilled in her area of expertise in master scheduling.	
6. How well did the Contractor handled engagement with end users and User input. She effectively engaged all relevant stakeholders to ensure their input was heard. She worked with our end users, including project managers and executives, solicited their feedback, and incorporated it into training materials, scheduling procedures, and standardized reports to ensure relevance and usability.	
7. Would you rehire this person? Yes, I would have no hesitation in re-engaging her.	
8. Optional Comments: Katharyn enhanced our PMO's scheduling maturity by standardizing tools, processes, and reporting. The State Master Schedule, SOPs, training materials, and job aids she delivered established the EIS scheduling methodology and supports clear management oversight. I confidently recommend her for similar or larger-scale master scheduling engagements.	
On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this individual's overall performance?	
10	

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

Jolene Swint
Name of Reference (print)

Oregon Enterprise Information Services
Name of Company Reference (print)


Signature of Reference

10/7/2025
Date