Dept. X Audio Digitization/Preservation RFP
Questions for References

Scope of Project:

- What kind of tape media was your original material recorded on? What kind of equipment was used for the original recording and what were the circumstances under which the material was recorded?
- How old was your tape media, and was it spoken word or music?
- How many hours of tape did you have for digitization?
- What digital format did you request and what was the delivery method requested?
- What type of metadata information did you request?
- What interaction did you have with the vendor’s personnel throughout the process?

Results:

- Were the digital files delivered to you in the format you requested and on the media you requested?
  
  __________ Yes (1 points) __________ No (0 Points) _______ Score

- Was each file adequately identified to allow easy access to the material, using your original identification system?
  
  __________ Yes (1 points) __________ No (0 Points) _______ Score

- Was the material delivered according to the timeframe you had requested and agreed upon with the vendor?
  
  __________ Yes (1 points) __________ No (0 Points) _______ Score

- Were you pleased with the sound quality?
  
  __________ Yes (1 points) __________ No (0 Points) _______ Score
Was the metadata insertion completed as you requested and was it clear and organized?

__________ Yes (1 points) _________ No (0 Points) ______ Score

Were your original tapes returned to you in good condition and organized in the same way as you sent them?

__________ Yes (1 points) _________ No (0 Points) ______ Score

In any interaction with the staff, were they knowledgeable about the project, able to answer your questions, and helpful?

__________ Yes (1 points) _________ No (0 Points) ______ Score

Were you satisfied with the vendor’s work?

__________ Yes (1 points) _________ No (0 Points) ______ Score

Were you satisfied with the vendor’s response time to any questions or issues you had about the project?

__________ Yes (1 points) _________ No (0 Points) ______ Score

Would you go back to them for a similar project?

__________ Yes (1 points) _________ No (0 Points) ______ Score

__________ Total Score

Proposal submitted by: 	Reference Name:

_________________________  ________________________
(Vendor name)    (Contact & Company name)

Client/Project references verified by: ____________ Date: _____ Initials: _____