

Provider Questionnaire
University of Florida Partnership Programs

- (1) Information on Provider
 - a. Name:
 - b. Type of entity and place of incorporation: (please provide a current good standing certificate)
 - c. Experience:
 - d. Size:
 - e. Credentials:
 - f. Types of Insurance and limits (please provide a current and signed certificate of insurance)
- (2) Is the provider registered/licensed in the selected location?
- (3) How are local partners (e.g., vendors, drivers, housing, restaurants, etc) identified? How are they employed by the provider?
- (4) What are the provider's policies/standards on this?
- (5) How are homestays selected / vetted?
- (6) What is in place in regards to local infrastructure/support staff?