REFERENCE QUESTIONNAIRE

PUERTO RICO DEPARTMENT OF EDUCATION RFP OSIATD-FY2018-001 MOBILE DEVICE TECHNOLOGY AND SERVICES FOR NEW GENERATION SCHOOLS

REFERENCE NAME (Company/Organization): Universidad de Puerto Rico en Cayey

PROPOSER (VENDOR) NAME (Company/Organization): <u>Caribbean Data System</u> intends to submit a proposal to Puerto Rico Department of Education in response to the Department's RFP for Mobile Device Technology and Services for New Generation Schools.

INSTRUCTIONS TO INDIVIDUAL COMPLETING REFERENCE QUESTIONNAIRE:

- 1. Complete Section I. RATING using the Rating Scale provided.
- 2. Complete Section II. GENERAL INFORMATION (This section is for information only and will not be scored.)
- 3. Complete Section III. ACKNOWLEDGEMENT by manually signing and dating the document. (Reference documents must include a manual actual signature.)
- 4. E-mail THIS PAGE and your completed reference document, SECTIONS I through III to osiatdproposal@de.pr.gov.
- This completed document <u>MUST</u> be received no later than 12:00 Noon on July 12, 2018 AST. Reference documents received after this time will not be considered. References received without a manual signature will not be accepted.
- DO <u>NOT</u> return this document to the Proposer (Vendor).
- 7. The Puerto Rico Department of Education may contact references by phone for further clarification if necessary.

REFERENCE QUESTIONNAIRE PUERTO RICO DEPARTMENT OF EDUCATION RFP OSIATD-FY2018-001 MOBILE DEVICE TECHNOLOGY AND SERVICES FOR NEW GENERATION SCHOOLS

REFERENCE NAME: Minerva Diaz Cotto

PROPOSER (VENDOR) NAME: Caribbean Data System

Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

RATING SCALE

TOTTING GOTTEE						
CATEGORY	SCORE					
Poor or Inadequate Performance	0					
Below Average	1 – 3					
Average	4 – 6					
Above Average	7 - 9					
Excellent	10					

	Poor or Inadequate Performance									0		
			Below	Avera	ige						1 – 3	
			Avera	ge							4 – 6	
			Above	Avera	age						7 - 9	
			Excelle	ent							10	
1.	Rate	the c	verall	quali	ty of t	he ve	ndor'	s serv	ices:			
	0	9	8	7	6	5	4	3	2	1	0	
2.	Rate	the r	espor	se tin	ne of t	his ve	endor	:				
	0	9	8	7	6	5	4	3	2	1	0	
3.	Rate provi	how ded d	well th	ne agi e. <i>(Tl</i>	reed u	ipon, rtains	planr to de	ed so	hedu <i>under</i>	e wa the c	as consistently met and deliverables control of the vendor):	
	10	9	8	7	6	5	4	3	2	1	0	
4.	Rate inqui	the c	verall ssues	custo and	mer s resolu	ervic tions:	e and	l time	liness	in re	esponding to customer service	
	10	9	8	7	6	5	4	3	2	1	0	
5.	Rate contr	the k	nowle I:	dge o	of the	vendo	or's as	ssigne	ed sta	ff and	d their ability to accomplish duties as	;
	(9	8	7	6	5	4	3	2	1	0	
3.	Rate	the a	ccura	cy an	d time	lines	s of th	ne ver	ndor's	billin	ng and/or invoices:	

7.	Rate the vendor's ability to resolve a problem related to the services provided quickly and effectively:											
	10	9	8	7	6	5	4	3	2	1	0	
8.	Rate the vendor's flexibility in meeting changing business requirements:											
	10	9	8	7	6	5	4	3	2	1	0	
9.	Rate the likelihood of your company/organization recommending this vendor to others in the future:											
	10	9	8	7	6	5	4	3	2	1	0	
Se	Section II. GENERAL INFORMATION											
 Please include a brief description of the products and services provided by this vendor for your business/organization and any other comments you would like to provide: Dell Equallogic, PowerEdge HP Computer Desktop HP Laptop During what time period did the vendor provide these services for your business? 												
	Month: January Year: 2013 to Month: June Year: 2019											
Section III. ACKNOWLEDGEMENT												
I affirm to the best of my knowledge that the information I have provided is true, correct, and factual: July 12 2018 Signature of Reference Date												
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