REFERENCE QUESTIONNAIRE

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

REFERENCE NA	ME (Company/O	ganization):	tment of Education	17
PROPOSER (VI	ENDOR) NAME	(Company/Organization):	Computerlink	
intends to submit	a proposal to Puer	to Rico Department of Education Services for New Generation So	on in response to the Department's RF	-P

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 <u>THIS PAGE</u> and your completed reference document, <u>SECTIONS I through III</u> to <u>osiatdproposal@de.pr.gov.</u>
- 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.
- 6. DO NOT 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

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	Poor or Inadequate Performance											0		
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1.	Rate	the	overal	qual	ity of	the ve	ndor'	s serv	vices:					
	10	9	8	7	6	5	4	3	2	1	0			
2.	Rate	the	respor	nse tir	ne of	this v	endor	:						
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3.												nsistently me		liverables
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4.	4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:											vice		
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5.	Rate			edge	of the	vend	or's a	ssigne	ed sta	ff and	d thei	r ability to ac	complis	h duties as
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6.	Rate	the	accura	icy ar	nd time	elines	s of th	ne ver	ndor's	billin	ig and	d/or invoices	:	
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7.	Rate effec			r's al	oility to	o reso	olve a	a prob	olem re	elate	d to the services provided quickly and
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8.	Rate	the v	/endo	r's fle	xibility	in m	eeting	g char	nging b	ousin	ness requirements:
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9.	Rate future		ikeliho	ood o	f your	comp	any/o	organi	ization	reco	ommending this vendor to others in the
	10	9	8	7	6	5	4	3	2	1	0
Se	ction	II. GI	ENER	AL IN	IFORI	MATI	ON				
1. 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: In the years 2015 and 2016 the company computerlink Was selected to defiver 3 you (aptops to students of academic excellent of the Department of Education). 2. During what time period did the vendor provide these services for your business? Month: 08 Year: 2015 to Month: 08 Year: 2016 Section III. ACKNOWLEDGEMENT I affirm to the best of my knowledge that the information I have provided is true, correct, and factuals Signature of Reference Date Maria Sarcia Beltran Title 78 7- 773-3447 Phone Number Arcia Maria Arcia Beltran Title E-mail address											