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#### REFERENCE QUESTIONNAIRE

## PUERTO RICO DEPARTMENT OF EDUCATION RFP OSIATD-FY2018-002-MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND PROJECT MANAGEMENT

REFERENCE NAME (Company/Organization Jesus M. Jone Ortiz, Ed.).

PROPOSER (VENDOR) NAME (Company/Organization): <u>Ediciones Santillana, Inc</u>intends to submit a proposal to Puerto Rico Department of Education in response to the Department's RFP for Mobile Devices, Professional Development and Project Management.

#### 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 4:00 p.m. on September 28, 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.

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# REFERENCE QUESTIONNAIRE PUERTO RICO DEPARTMENT OF EDUCATION RFP NO. OSIATD-FY2018-002-MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND PROJECT MANAGEMENT

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### RFP NO: PRDE-OSIATD-FY2018-002-MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND PROJECT MANAGEMENT

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<ol><li>Rate the accuracy and timeliness of the vendor's billing and/or invoices:</li></ol>										g and/or invoices:		
	10	9	8	7	6	5	4	3	2	1	0	
<ol> <li>Rate the vendor's ability to resolve a problem related to the services provided quickly and effectively:</li> </ol>										to the services provided		
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8. Rate the vendor's flexibility in meeting changing business requirements:										ess requirements:		
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<ol><li>Rate the likelihood of your company/organization recommending this vendor to others in the future:</li></ol>												
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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:												
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I affirm to the best of my knowledge that the information I have provided is true, cerrect, and factual:												
Janne-cuy (EVD) 14 Syd. 2018												
Signature of Reference Date												
Jesús M. Torresatiz												
Print Name Title												
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