



## REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization): FUNDACION QUIROS TANZI

PROPOSER (VENDOR) NAME (Company/Organization): Global Education Exchange Opportunities, Inc. GEEEO, Inc. (Critical Links)

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 **THIS PAGE** and your completed reference document, **SECTIONS I through III** to [osiatdproposal@de.pr.gov](mailto:osiatdproposal@de.pr.gov).
5. This completed document **MUST** 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.

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

**REFERENCE NAME:** LEONEL GUILLEN HERNANDEZ

**PROPOSER (VENDOR) NAME:** GEEO (Critical Links)

**Section I. RATING**

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

**RATING SCALE**

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

1. Rate the overall quality of the vendor's services:  
 10    9    8    7    6    5    4    3    2    1    0
  
2. Rate the response time of this vendor:  
 10    9    8    7    6    5    4    3    2    1    0
  
3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provide on time. (This pertains to delays under the control of the vendor):  
 10    9    8    7    6    5    4    3    2    1    0
  
4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:  
 10    9    8    7    6    5    4    3    2    1    0
  
5. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted:  
 10    9    8    7    6    5    4    3    2    1    0

6. Rate the accuracy and timeliness of the vendor's billing and/or invoices:

10 9 8 7 6 5 4 3 2 1 0

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

## **Section II. GENERAL INFORMATION**

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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:

*We currently have cloud management services in devices such as the **Critical Links C3 micro-cloud**, they are administered in the cloud thus allowing an easy and simple way to manage these devices.*

*It is worth mentioning that this solution have allowed us to optimize Internet access within educational centers where the **Quiros Tanzi Foundation** provides technical and pedagogical support services.*

*It has also allowed the teacher to maximize digital resources in class making their lessons more attractive and efficient.*

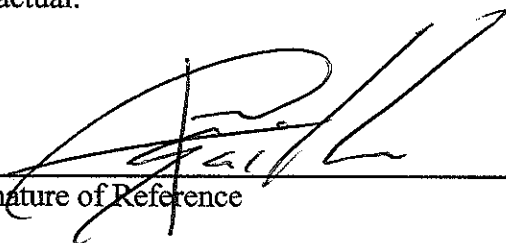
2. During what time period did the vendor these services for your business?

Month: April Year: 2016 to Currently

**Section III. ACKNOWLEDGEMENT**

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I affirm to the best of my knowledge that the information I have provided is true, correct, and factual.

  
\_\_\_\_\_  
Signature of Reference

October 2, 2018

\_\_\_\_\_  
Date

Leonel Guillen Hernández

\_\_\_\_\_  
Print Name

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