

REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization): ADM. SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCION

PROPOSER (VENDOR) NAME (Company/Organization): SESCO TECHNOLOGY SOLUTIONS, LLC
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.
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**

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PROPOSER (VENDOR) NAME : SESCO TECHNOLOGY SOLUTIONS, LLC

Section I. RATING

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 provided 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

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:

Our experience with the company has been excellent. The supplier has setting us the Dell and Cisco brand equipment such as servers, computers, laptops, printers, switches, routers, etc and also provide installation and configuration service. It has also made the implementation of VoIP communications, time flow storage with Avamar backup. Also implements firewall firewall security and wiring network among other technology services.

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

Month: JAN Year: 2003 to Month: September Year: 2018

Section III. ACKNOWLEDGEMENT

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

Signature of Reference

Date

JULIO MALAVE

IT DIRECTOR

Print Name

Title

787-753-9505

Phone Number

jmalave@assmca.pr.gov

Email address