

PROPOSAL SUBMITTAL FORM 5: PROPOSER REFERENCES (3 Required)

Proposer is required to provide a minimum of three (3) customer references for similar scope and magnitude of work that Proposer has performed within the past three years. Please include only references for services that are similar enough to demonstrate Proposer's ability to perform the services requested in the above-referenced RFP.

CLIENT REFERENCE NO. 1

CLIENT NAME: ADDRESS: Administracion de Servicios Generales Ave. Barbosa Hato Rey
CONTACT NAME/TITLE: Jose R. Carbonell Lopez Unidad Fiscal Compras
CONTACT EMAIL: SERVICE DATES: Josercl@asg.pr.gov
CONTACT PHONE: 787-759-7676 ext. 5021
SERVICE DATES: 24 de Marzo del 2017
DESCRIPTION OF WORK PERFORMED
/PERFORMING: Equipo Tecnologico y Audiovisual incluyendo Instalacion

CONTRACT AMOUNT (\$): PO 1730440437 for \$14,307.00

CLIENT REFERENCE NO. 2

CLIENT NAME: ADDRESS: Administracion Servicios Generlaes Ave. Barbsa
CONTACT NAME/TITLE: Jose R. Carbonell Lopez Unidad Fiscal Compras
CONTACT EMAIL: SERVICE DATES: Josercl@asg.pr.gov
CONTACT PHONE: 787-759-7676 ext 5021
SERVICE DATES: 4 de Abril 2017
DESCRIPTION OF WORK PERFORMED
/PERFORMING: Equipo de Tecnologia HP Storage y Ultrium 7 SAS 2 internal
Incluyendo Instalacion

CONTRACT AMOUNT (\$): PO 1730440460 \$14,815.00

CLIENT REFERENCE NO. 3

CLIENT NAME: ADDRESS:

CONTACT NAME/TITLE:

CONTACT EMAIL: SERVICE DATES:

CONTACT PHONE:

SERVICE DATES:

DESCRIPTION OF WORK PERFORMED

/PERFORMING:

CONTRACT AMOUNT (\$):

CLIENT REFERENCE NO. 4

CLIENT NAME: ADDRESS:

CONTACT NAME/TITLE:

CONTACT EMAIL: SERVICE DATES:

CONTACT PHONE:

SERVICE DATES:

DESCRIPTION OF WORK PERFORMED

/PERFORMING:

CONTRACT AMOUNT (\$):

REFERENCE QUESTIONNAIRE - INSTRUCTIONS TO THE PROPOSER:

Proposers will be evaluated on three (3) completed reference questionnaires. The completed reference questionnaires must be from individuals, companies, or public entities with knowledge of the Proposer's experience that is similar in nature and scope to the products and services being requested by the RFP. References should be from current projects or projects completed within the last three (3) years from the date of the RFP.

References which are not received prior to the proposal response due date and time will receive a score of "0" for that reference. References outside the three (3) years will also receive a score of zero (0) points.

If more than three (3) qualifying references are received prior to the proposal due date, the three (3) references with the highest scores will be used in the evaluation.

REFERENCES MUST BE RECEIVED BY THE DEPARTMENT DIRECTLY FROM THE REFERENCE IN ORDER TO BE CONSIDERED

1. Proposers must complete the following information on page 2 of the "Reference's Response To" document before sending it to the Reference for response.
 - Print the name of your reference (company/organization) on the "REFERENCE NAME" line.
 - Print the name of your company on the "PROPOSER (VENDOR) NAME" line.

Send the "Reference's Response To" document to your references to complete and submit.

NOTE: It is the Proposer's responsibility to follow up with its references to ensure timely receipt of all questionnaires. Proposers may contact the RFP Lead prior to the RFP closing date to verify receipt of references.

REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization): Administracion Servicios Generales

PROPOSER (VENDOR) NAME (Company/Organization): Island Computer
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**

REFERENCE NAME: Administracion Servicios Generales

PROPOSER (VENDOR) NAME : Island Computer

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:

Equipo de tecnologia para uso de la Agencia y equipo adquirido para otras agencias atraves de Procesos de Subastas

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

Month: Marzo Year: 2017 to Month: Abril Year: 2017

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

Print Name

Title

Phone Number

Email address

REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization): _____

PROPOSER (VENDOR) NAME (Company/Organization): _____

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.

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6. DO **NOT** return this document to the Proposer (Vendor).
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**REFERENCE QUESTIONNAIRE
 PUERTO RICO DEPARTMENT OF EDUCATION
 RFP NO. OSIATD-FY2018-002-MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND
 PROJECT MANAGEMENT**

REFERENCE NAME: _____

PROPOSER (VENDOR) NAME : _____

Section I. RATING

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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:

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5. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted:

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

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7. Rate the vendor's ability to resolve a problem related to the services provided quickly and effectively:

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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:

*Equipo de Trabajo para la gestión y otros servicios
a través de Personal de Especialidad*

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

Month: Marzo Year: 2017 to Month: Abril Year: 2018

Section III. ACKNOWLEDGEMENT

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

Joseph R. Casanova
Signature of Reference

27 Sept 18
Date

Joe R. Casanova
Print Name

Assoc. Cent. Dir. Model Fiscal Program
Title

759-759-7676 Ext 5021
Phone Number

JoseRCL@ASE.Mt.Gov
Email address