

**REFERENCE QUESTIONNAIRE**

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

REFERENCE NAME (Company/Organization): Christian De Jesús Santana

PROPOSER (VENDOR) NAME (Company/Organization): SM, Inc.  
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.

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

**REFERENCE NAME:** Christian De Jesús Santana

**PROPOSER (VENDOR) NAME :** SM, Inc.

**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:

SM, Inc. offered job-embedded professional development (workshops, coaching) to teachers and principal in our institution four consecutive years as part of Red de Apoyo Diferenciado – DOE initiative (2014-2018).

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

Month: Oct Year: 2014 to Month: June 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

Christian De Jesús Santana  
Print Name

787-453-2683  
Phone Number

cdejesus22@yahoo.com  
Email address

1- Oct- 2018  
Date

Ex-Director - Esc. Miguel de Cervantes Saavedra  
Title