

REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization): PUERTO RICO DEPARTMENT OF STATE

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:

The supplier has installed different technology equipment related to communications, networks and telephony. His expertise in these areas and in services such as administration, configuration of networks and telephony have resulted in offering a better quality of services.

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

Month: JAN Year: 2010 to Month: OCT 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

JAIME CUEVAS
Print Name

IT DIRECTOR
Title

787-722-2121
Phone Number

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Email address