REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organiz	zation):	National University College				
PROPOSER (VENDOR) NAME (Co	ompany/Orga	nization):	ISLAND COMPUTER COMPONENTS			
intends to submit a proposal to Puerto Ric	co Department	of Education in				
for Mobile Devices, Professional Development	ment and Proje	ect Managemen	t.			

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 <u>THIS PAGE</u> and your completed reference document, <u>SECTIONS I through III</u> to <u>osiatdproposal@de.pr.gov</u>.
- 5. This completed document <u>MUST</u> 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: ______ National University College

PROPOSER (VENDOR) NAME : ISLAND COMPUTER COMPONENTS

S	ection	ı I. R	ATING	3										
			ing Sca		vided	below	, rate t	he foll	lowing	numb	ered	l items by circlir	ng the app	oropriate
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6.	Rate the accuracy and timeliness of the vendor's billing and/or invoices:											
	<u>Jo</u>	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; 											
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9.	9. Rate the likelihood of your company/organization recommending this vendor to others in the future:											
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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:												
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Section III. ACKNOWLEDGEMENT

affirm to the best of my knowledge that the infol	mation i nave provided i	s true, correct, an
factual:		. 9
	10-12-	1.9
Signature of Reference	Date	(Many
Daisy Rios	Rirchasing	Director
Print Name	Title	
(78) 982-3000		
Phone Number		
darios a edukoroup.com		
Email address		