FORM 5 CONTINUED: REFERENCE QUESTIONNAIRE PUERTO RICO DEPARTMENT OF EDUCATION PRDE -OSIATD-2018-004- STUDENT INFORMATION SYSTEM (SIS)

REFERENCE NAME: Christy Campbell - SBCTC														
PROPOSER (VENDOR) NAME : Kastech Solutions LLC														
Section I. RATING														
Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:														
710	RATING SCALE													
			CATEGORY SCORE											
		-	Poor	or Inac	lequat	e Perf	orman		0					
		Poor or Inadequate Performance Below Average										1 – 3		
		Average										4 – 6	i N <u>e</u>	
		Above Average										7 - 9		
'			Excell	ent					10					
Rate the overall quality of the vendor's services:														
Ć	10	9	8	7	6	5	4.	3	2	1	0			
	10)	3	O		O	3	4	3	2	1	U			
2.	Rate	the	respor	nse tir	ne of	this v	endor							
(10	9	8	7	6	5	4	3	2	1	0			
3.	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.	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.	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				
Se	Section II. GENERAL INFORMATION													
1.	Please ind your busir	clude ness/c	a brie organi	f deso zation	cription and	n of t any c	he prother o	oducts	s and ents	l services you would	provided b	y this ve ovide:	endor fo	r
	for student	mana e man nd roll	igeme agemo out to	nt. The ent and institu	e Cons d repo tions p	solidat rting. shase	ion pr Kaste wise.	oject is ch has The p	s to g s beer roject	et all the ir n instrume : scope als	tutions still rastitutions to ntal in plann o include su iions.	a singe ing the p	SIS insta roject,	sses ance
2.	During wh	nat tim	ne per	iod di	id the	vend	or pro	ovide 1	these	e services	for your bu	usiness?)	
	Month: <u>J</u>	an	_Year	:2	018_			to	C	n-going				
3.	Annual V	alue c	of Con	tract:	\$3.6	M								
											"y			

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the info	ormation I have provided is true, correct, and
factual:	1/12/19
Signature of Reference	Date
Christy Campbell	Project Director
Print Name	Title
510-385-4144	
Phone Number	
ccampbell@sbctc.edu	
Email address	