**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 five (5) 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 five (5) 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**

Proposers must complete the following information on the next page of the “REFERENCE QUESTIONNAIRE” document before sending it to the Reference for response.

* Print the name of your reference (company/organization) on the “REFERENCE PROVIDED BY” line.
* Print the name of your company on the “REFERENCE PROVIDED FOR” 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 NO.**

**PRDE-OSIATD-2022-001-WIRELESS EQUIPMENT AND SERVICES II**

**REFERENCE PROVIDED BY (Name/Organization):**

**REFERENCE PROVIDED FOR (Company/Organization):**

**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 [[RFP-Wifi-II@de.pr.gov](mailto:rfp-voi@de.pr.gov).](mailto:osiatdproposal@de.pr.gov)
5. **This completed document MUST be received no later than 4:00 P.M. AST, March 10, 2023**. 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.**

**PRDE-OSIATD-2022-001-WIRELESS EQUIPMENT AND SERVICES II**

**REFERENCE PROVIDED BY**: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE PROVIDED FOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

1. **Rate the response time of this vendor:**

10 9 8 7 6 5 4 3 2 1 0

1. **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

1. **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

1. **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

1. **Rate the accuracy and timeliness of the vendor’s billing and/or invoices:**

10 9 8 7 6 5 4 3 2 1 0

1. **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

1. **Rate the vendor’s flexibility in meeting changing business requirements:**

10 9 8 7 6 5 4 3 2 1 0

1. **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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ to Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_**

**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

E-mail Address