

Exhibit B - References

**BUSINESS REFERENCE’S RESPONSE TO REFERENCE QUESTIONNAIRE
PUERTO RICO DEPARTMENT OF HEALTH
REQUEST FOR PROPOSAL (RFP)**

Demographic Registry Electronic Vital Records System

PART A – TO BE COMPLETED BY PROPOSING VENDOR – <i>Please type or print</i>	
Name of Company Submitting Proposal:	

PART B – IF APPLICABLE, NAME OF COMPANY ACTING AS SUBCONTRACTOR FOR VENDOR IDENTIFIED IN PART A – <i>Please type or print</i>	
Name of Subcontractor:	

PART C – BUSINESS REFERENCE INSTRUCTIONS	
1.	This Reference Questionnaire is being submitted to your organization for completion as a business reference for the company listed in Part A or Part B, above.
2.	The completed Reference Questionnaire and return to the company listed in Part A above.
3.	In addition to the Reference Questionnaire, the State may contact references by phone for further clarification, if necessary.
4.	We request all questions be answered. If an answer is not known, please answer as “U/K”. If the question is not applicable, please answer as “N/A”.
5.	If you need additional space to answer a question or provide a comment, please attach additional pages. If attaching additional pages, please place your company/organization name on each page and reference the RFP # noted at the top of this page.

PART D – STATE PROVIDING REFERENCE – <i>Please type or print</i> CONFIDENTIAL INFORMATION WHEN COMPLETED	
State Providing Reference:	
Contact Name:	
Title:	
Contact Telephone:	
Contact Email Address:	

RATING SCALE:

Where a rating is requested and use the Rating Scale provided below. Rate the following questions by noting the appropriate number for each item. Please provide any additional comments you feel would be helpful to the Puerto Rico Department of Health regarding this contractor.

Category	Rating
Poor or Inadequate Performance	0
Below Average Performance	1 – 3
Average Performance	4 – 6
Above Average Performance	7 – 9
Excellent Performance	10

PART E – QUESTIONS:	
1. Please provide an overview of the project the vendor completed for your organization.	
2. Rate the vendor’s knowledge and expertise in both vital records and technology	RATING:
Comments: 	
3. Rate the vendor’s flexibility relative to changes in the project scope and timelines.	RATING:
Comments: 	
4. Rate your level of satisfaction with hard copy materials produced by the vendor.	RATING:
Comments: 	
5. Rate the dynamics/interaction between the vendor and your staff.	RATING:
Comments: 	

PART E – QUESTIONS: (continued)

6. Rate your satisfaction with the products developed by the vendor.	RATING:
Comments:	
7. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. <i>(This pertains to delays under the control of the vendor.)</i>	RATING:
Comments:	
8. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions.	RATING:
Comments:	
9. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted.	RATING:
Comments:	
10. Rate the accuracy and timeliness of the vendor's billing and/or invoices.	RATING:
Comments:	

PART E – QUESTIONS: (continued)

11. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided.	RATING:
Comments:	
12. Rate the vendor's flexibility in meeting business requirements.	RATING:
Comments:	
13. Rate the likelihood of your company/organization recommending this vendor to others in the future.	RATING:
Comments:	
14. With which aspect(s) of this vendor's services are you most satisfied?	
Comments:	
15. With which aspect(s) of this vendor's services are you least satisfied?	
Comments:	
16. Would you recommend this vendor to your organization again?	
Comments:	

PART F – GENERAL INFORMATION:

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

From: (Month/Year)		To: (Month/Year)	
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2. Please indicate which modules and services were provided to your organization.	Check all that apply	Additional Comments
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Birth		
Death		
Point of Sale		
Fetal Death		
Marriage		
Divorce		
ITOP		
Interoperability with Hospitals		
Interoperability with Medical Examiner / Coroners		
End User Training		
System Documentation		

Name of Person Completing This Form

Name and Title	
Date (mm/dd/yyyy)	
Signature	