

**EXHIBIT L**

**REFERENCE QUESTIONNAIRE**

**LOCAL REDEVELOPMENT AUTHORITY (LRA) ROOSEVELT ROADS**

**DOCUMENT NUMBER # RFP-2022-003**

**REFERENCE NAME (Company/Organization):** \_\_\_\_\_

**PROPONENT (VENDOR) NAME (Company/Organization):** \_\_\_\_\_

intends to submit a proposal to the LRA in response to the Department's RFQ for Engineering Professional Services.

**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 [lra.FEMA@lra.pr.gov](mailto:lra.FEMA@lra.pr.gov) -
5. This completed document **MUST** be received no later than 5:00 p.m. on Aug. 19,2022. 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 Proponent (Vendor).
7. The Puerto Rico Department of Education may contact references by phone for further clarification if necessary.

**REFERENCE QUESTIONNAIRE**  
**LOCAL REDEVELOPMENT AUTHORITY (LRA) ROOSEVELT ROADS**  
**DOCUMENT NUMBER # RFP-2022-003**

**REFERENCE NAME:** \_\_\_\_\_

**PROPOSER (VENDOR) NAME:** \_\_\_\_\_

**Section I. RATING**

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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**

**Section II. GENERAL INFORMATION**

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

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

3. Annual Value of Contract: \$ \_\_\_\_\_

**Section III. ACKNOWLEDGEMENT**

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I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

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Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

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Print Name:

Title

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_