



CITY OF WARWICK  
DIVISION OF MANAGEMENT INFORMATION SERVICES  
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SCOTT AVEDISIAN  
MAYOR

CARLOS ZAMBRANO  
MIS DIRECTOR

## City of Warwick Avaya PBX Maintenance RFP – FY 16

### Proposer Qualification & References – Table 1-1

**Company Name:** \_\_\_\_\_

**Qualifications:**

1.1. Proposer shall respond to all of the qualifying criteria listed below. If additional space is required, attach separate sheets.

1.2. Is Proposer and its technicians trained and licensed to replace parts, provide appropriate service, remove and install parts for all products proposed herein?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.3. Are any products / services proposed herein to be supplied by sub-contractors?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.4. If yes, are sub-contractors and their technicians trained and licensed to replace parts, provide appropriate service, remove and install parts for all products proposed herein?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.5. Does Proposer agree to provide “Class A” (new) manufactured parts, and materials for the proposed service of *Equipment*?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.6. Proposer has been continuously active in providing Avaya PBX Maintenance service and support for \_\_\_\_\_ years.

1.7. Does Proposer have the ability to install and maintain, for the service period, equipment required to maintain the Avaya PBX systems?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.8. Will Proposer provide only authorized and fully tested, non-beta software / firmware, fully and legally licensed by the replacement hardware manufacturer?

Yes \_\_\_\_\_ No \_\_\_\_\_

1.9. Proposer has available in the local area full time technicians who are trained and certified in installing of hardware, software, and / or firmware.

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

2. Proposer shall provide the following information for at least five (5) clients to whom the Proposer has supplied similar *Equipment* and / or service(s) to in the Rhode Island, Massachusetts, and Connecticut areas. At least two (2) of the following shall be governmental agencies:

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment</i> Supplied	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment Supplied</i>	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment Supplied</i>	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment Supplied</i>	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment Supplied</i>	

3. The undersigned certifies that all information provided in the Proposer Qualification and References is complete, true and accurate.

Signature \_\_\_\_\_

Company \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_