

Attachment B10 - M&E Key Staff Qualifications, Part 3

Instructions:

This workbook contains a tab for each M&E Key Staff position:

- 1. M&E Project Manager
- 2. M&E Project Management Office Lead
- 3. M&E Delivery Integration Office Manager
- 4. M&E Transition Manager
- 5. M&E Innovation Lead
- 6. M&E Enterprise Architect
- 7. M&E Technical Manager
- 8. M&E Application Manager
- 9. M&E Security Manager
- 10. M&E Test Manager
- 11. M&E Release Manager
- 12. M&E Project Scheduler

For each mandatory qualification, identify the name of the Project that meets the MQ, start and end dates, percentage of time on the Project (100%, 50%, etc.) and the total duration in months.

The information contained in this table should summarize the details provided in Part 2 – Staff Minimum Qualifications Table.

Proposed Staff may not cite full-time experience gained working simultaneously on multiple Projects, i.e., percentage of time cannot exceed 100% for any given period.

Column G, Duration in Months (% Applied) contains a formula. Do not enter any data into Column G.

PART 3 – M&E PROJECT MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE**M&E Project Manager Name:** Rakesh Duttagupta

Minimum Qualification ME-S3 A minimum of three (3) years of experience within the past ten (10) years, on a large and complex IT health and human services or health care system that is in production.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Wyoming Department of Health – Wyoming Eligibility System	7/11/2016	Present	30%	77.0	23.1
Nevada Division of Welfare and Supportive Services (D)	7/9/2012	Present	30%	125.0	37.5
					0.0
Totals				202.0	60.6

Minimum Qualification ME-S4 A minimum of five (5) years of experience as a Project Manager or Project Director within the past (10) years being directly responsible for activities in the following Project Management knowledge areas: scope, time, cost, human resource, risk, quality, integration, and communication.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Wyoming Department of Health – Wyoming Eligibility System	7/11/2016	Present	30%	77.0	23.1
Nevada Division of Welfare and Supportive Services (D)	7/9/2012	Present	30%	125.0	37.5
					0.0
Totals				202.0	60.6

Minimum Qualification ME-S5 A minimum of five (5) years of experience within the past ten (10) years, supervising teams of 50 people or greater on Projects that involved large and complex IT systems.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Wyoming Department of Health – Wyoming Eligibility System	7/11/2016	Present	30%	77.0	23.1
Nevada Division of Welfare and Supportive Services (D)	7/9/2012	Present	30%	125.0	37.5
					0.0
Totals				202.0	60.6

Minimum Qualification ME-S6 A minimum of five (5) years of experience within the past ten (10) years building and maintaining strong working relationships with clients and key internal and external stakeholders; conveying relevant information to an executive-level audience, ensuring client is aware of progress/service status; and building credibility and fostering business-partnering relationships.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Wyoming Department of Health – Wyoming Eligibility System	7/11/2016	Present	30%	77.0	23.1

Nevada Division of Welfare and Supportive Services (D		7/9/2012	Present	30%	125.0	37.5
						0.0
				Totals	202.0	60.6
Minimum Qualification ME-S7	Possess and maintain a valid Project Management Institute (PMI) certification throughout the term of this agreement.					
Certification/Degree Title		Certification Number	Original Grant Date	Expiration Date	Online Validation Link, if not available attach a copy	
Project Management Professional (PMP)		273406	9/7/2005	9/7/2024	Copy attached	

PART 3 – M&E PROJECT MANAGEMENT OFFICE LEAD MINIMUM QUALIFICATIONS SUMMARY TABLE**M&O PMO Lead Name:** Donna Cain

Minimum Qualification ME-S8	A minimum of three (3) years of experience within the past five (5) year leading a PMO in a corporate systems integration organization, Federal, State, County, or Consortium organization.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
	11/11/2021	Present	100%	13.0	13.0
	5/1/2019	11/10/2021	80%	30.0	24.0
	1/4/2019	4/30/2019	100%	3.0	3.0
California Department of Public Health – Screening Inform	5/1/2019	11/10/2021	20%	30.0	6.0
OregONE Eligibility System for MAGI Eligibility and Enrollm	1/4/2018	1/1/2019	100%	12.0	12.0
Totals				88.0	58.0

Minimum Qualification ME-S9	A minimum of three (3) years of experience directly responsible for supporting activities in the following Project Management knowledge areas: scope, time, cost, human resource, risk, quality, integration and communication.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
	11/11/2021	Present	100%	13.0	13.0
	5/1/2019	11/10/2021	80%	30.0	24.0
	1/4/2019	4/30/2019	100%	3.0	3.0
California Department of Public Health – Screening Inform	5/1/2019	11/10/2021	20%	30.0	6.0
OregONE Eligibility System for MAGI Eligibility and Enrollm	7/15/2014	1/1/2019	100%	53.0	53.0
Montana Department of Public Health and Human Servic	1/4/2013	7/14/2014	100%	18.0	18.0
Totals				147.0	117.0

Minimum Qualification ME-S10	Possess and maintain a valid Project Management Institute (PMI) certification throughout the term of this agreement.
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Certification/Degree Title	Certification Number	Original Grant Date	Expiration Date	Online Validation Link, if not available attach a copy
Project Management Professional	187517	4/23/2004	4/23/2026	Copy attached

PART 3 – M&E DELIVERY INTEGRATION OFFICE MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE					
Delivery Integration Office Manager Name: Kishan Mallur					
Minimum Qualification I-S11	A minimum of two (2) years of experience coordinating multidisciplinary teams over various functional and technical areas in a leadership capacity on a Projects that involved large and complex IT systems.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Massachusetts Department of Health and Human Services	7/1/2019	10/28/2022	100%	39.0	39.0
Commonwealth of Massachusetts, Executive Office of Information Technology	7/1/2017	6/30/2019	100%	23.0	23.0
Executive Office of Technology Services and Security	7/1/2015	6/30/2017	100%	23.0	23.0
Massachusetts Department of Health and Human Services	1/4/2013	6/30/2015	100%	18.0	18.0
Totals				103.0	103.0
Minimum Qualification I-S12	A minimum of two (2) years of experience coordinating integration services on a Project similar in size and scale to the CalSAWS.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Massachusetts Department of Health and Human Services	7/1/2019	10/28/2022	100%	39.0	39.0
Commonwealth of Massachusetts, Executive Office of Information Technology	7/1/2017	6/30/2019	100%	23.0	23.0
Executive Office of Technology Services and Security	7/1/2015	6/30/2017	100%	23.0	23.0
Massachusetts Department of Health and Human Services	1/4/2013	6/30/2015	100%	18.0	18.0
Totals				103.0	103.0
Minimum Qualification I-S13	At least two (2) years of Full-Time Equivalent (FTE) experience utilizing traditional and iterative solution delivery methodologies.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Massachusetts Department of Health and Human Services	7/1/2019	10/28/2022	100%	39.0	39.0
Commonwealth of Massachusetts, Executive Office of Information Technology	7/1/2017	6/30/2019	100%	23.0	23.0
Executive Office of Technology Services and Security	7/1/2015	6/30/2017	100%	23.0	23.0
Massachusetts Department of Health and Human Services	1/4/2013	6/30/2015	100%	18.0	18.0
Totals				103.0	103.0
Minimum Qualification I-S14	A minimum of five (5) years of experience within the past ten (10) years building and maintaining strong working relationships with clients and key internal and external stakeholders; conveying relevant information to an executive-level audience, ensuring client is aware of progress/service status; and building credibility and fostering business-partnering relationships.				

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Massachusetts Department of Health and Human Services	7/1/2019	10/28/2022	100%	39.0	39.0
Commonwealth of Massachusetts, Executive Office of Information Technology	7/1/2017	6/30/2019	100%	23.0	23.0
Executive Office of Technology Services and Security	7/1/2015	6/30/2017	100%	23.0	23.0
Massachusetts Department of Health and Human Services	1/4/2013	6/30/2015	100%	18.0	18.0
Totals				103.0	103.0

PART 3 – M&E TRANSITION MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE**Transition Manager Name:** Michael Henry

Minimum Qualification ME-S15	A minimum of 18 months of experience within the past ten (10) years, performing operational transition activities on Projects involving large and complex IT systems.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Healthcare Eligibility, Enrollment, and Retention	12/2/2019	9/30/2020	100%	9.0	9.0
	6/1/2018	12/1/2019	100%	18.0	18.0
State of Oregon - ONE Medicaid Eligibility Program	11/1/2015	2/1/2018	100%	27.0	27.0
Totals				54.0	54.0

Minimum Qualification ME-S16	Experience within the past ten (10) years, managing the successful transition of large and complex IT systems from one (1) company or contract to another on at least two (2) separate Projects. The Transition Manager's experience will have been for a minimum duration of three (3) months for each Project.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Healthcare Eligibility, Enrollment, and Retention	12/2/2019	9/30/2020	100%	9.0	9.0
	6/1/2018	12/1/2019	100%	18.0	18.0
State of Oregon - ONE Medicaid Eligibility Program	11/1/2015	2/1/2018	100%	27.0	27.0
Totals				54.0	54.0

PART 3 – M&E INNOVATION LEAD MINIMUM QUALIFICATIONS SUMMARY TABLE**Innovation Lead Name: Roberto Cota**

Minimum Qualification ME-S17	A minimum of five (5) years of experience working in a leadership capacity on a health and human or health care Project involving large and complex IT systems
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of Colorado – Colorado Child Care Automated Tra	7/1/2017	Present	50%	66.0	33.0
State of Colorado – Colorado Benefits Management Syst	9/6/2010	1/31/2020	50%	112.0	56.0
					0.0
Totals				178.0	89.0

Minimum Qualification ME-S18	A minimum of five (5) years of experience working in a technical capacity responsible for evaluating technology improvements and innovations.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of Colorado – Colorado Child Care Automated Tra	7/1/2017	Present	50%	66.0	33.0
State of Colorado – Colorado Benefits Management Syst	9/6/2010	1/31/2020	50%	112.0	56.0
					0.0
Totals				178.0	89.0

Minimum Qualification ME-S19	A minimum of two (2) years of experience developing and delivering technology Proofs of Concept or Pilot Projects.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of Colorado – Colorado Child Care Automated Tra	7/1/2017	Present	50%	66.0	33.0
State of Colorado – Colorado Benefits Management Syst	9/6/2010	1/31/2020	50%	112.0	56.0
					0.0
Totals				178.0	89.0

PART 3 – M&E ENTERPRISE ARCHITECT QUALIFICATIONS SUMMARY TABLE**Enterprise Architect Name:** Lori Olson

Minimum Qualification ME-S20	A minimum of five (5) years of experience within the past ten (10) years as an Enterprise Architect on Projects involving large and complex IT systems.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Internal Revenue Service (IRS) – Web Apps	7/1/2022	Present	20%	6.0	1.2
Internal Revenue Service (IRS) – Web Apps	9/1/2020	6/30/2022	20%	21.0	4.2
State of California – California Healthcare Eligibility, Enrollment	7/1/2022	Present	20%	6.0	1.2
State of California – California Healthcare Eligibility, Enrollment	8/1/2020	6/30/2022	20%	22.0	4.4
Washington Health Benefit Exchange (WA HBE) – Washington	7/1/2022	Present	30%	6.0	1.8
Washington Health Benefit Exchange (WA HBE) – Washington	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	7/1/2022	Present	30%	6.0	1.8
Internal Revenue Service (IRS) – Information Returns Processing	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	9/1/2014	10/1/2018	65%	49.0	31.9
U.S. Department of Education Office of Federal Student Aid	3/1/2020	6/30/2022	20%	28.0	5.6
Totals				232.0	69.7

Minimum Qualification ME-S21	A minimum of five (5) years of experience within the past ten (10) years in architecting and building high performance systems and/or in architecting and building enterprise-scale, distributed systems on Projects involving large and complex IT systems; a portion of this experience must have been with human services systems and programs.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Internal Revenue Service (IRS) – Web Apps	7/1/2022	Present	20%	6.0	1.2
Internal Revenue Service (IRS) – Web Apps	9/1/2020	6/30/2022	20%	21.0	4.2
State of California – California Healthcare Eligibility, Enrollment	7/1/2022	Present	20%	6.0	1.2
State of California – California Healthcare Eligibility, Enrollment	8/1/2020	6/30/2022	20%	22.0	4.4
Washington Health Benefit Exchange (WA HBE) – Washington	7/1/2022	Present	30%	6.0	1.8
Washington Health Benefit Exchange (WA HBE) – Washington	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	7/1/2022	Present	30%	6.0	1.8
Internal Revenue Service (IRS) – Information Returns Processing	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	9/1/2014	10/1/2018	65%	49.0	31.9
U.S. Department of Education Office of Federal Student Aid	3/1/2020	6/30/2022	20%	28.0	5.6
Totals				232.0	69.7

Minimum Qualification ME-S22	<p>A minimum of five (5) years of experience within the past ten (10) years of advanced technical expertise in at least five (5) of the following technologies and technical/architecture areas:</p> <ul style="list-style-type: none"> •Web and Application Servers •Cloud •Customer Relationship Management (CRM) •Customized Off-the-shelf Software (COTS) •Service Oriented Architecture (SOA) •Modeling skills/Unified Modeling Language (UML) •SharePoint, Data Architecture •Data Warehousing •Security/Identity Management •Mobile •Desktop/Client Server •Network solutions 				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Internal Revenue Service (IRS) – Web Apps	7/1/2022	Present	20%	6.0	1.2
Internal Revenue Service (IRS) – Web Apps	9/1/2020	6/30/2022	20%	21.0	4.2
State of California – California Healthcare Eligibility, Enrollment	7/1/2022	Present	20%	6.0	1.2
State of California – California Healthcare Eligibility, Enrollment	8/1/2020	6/30/2022	20%	22.0	4.4
Washington Health Benefit Exchange (WA HBE) – Washington	7/1/2022	Present	30%	6.0	1.8
Washington Health Benefit Exchange (WA HBE) – Washington	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	7/1/2022	Present	30%	6.0	1.8
Internal Revenue Service (IRS) – Information Returns Processing	10/1/2018	6/30/2022	20%	44.0	8.8
Internal Revenue Service (IRS) – Information Returns Processing	9/1/2014	10/1/2018	65%	49.0	31.9
U.S. Department of Education Office of Federal Student Aid	3/1/2020	6/30/2022	20%	28.0	5.6
Totals				232.0	69.7
Minimum Qualification ME-S23	Hold and maintain for the duration of the contract a current certification: AWS Certified Solutions Architect.				
Certification/Degree Title	Certification Number	Original Grant Date	Expiration Date	Online Validation Link, if not available attach a copy	
AWS Certified Solutions Architect	INTHM1TGBDHL1766	6/5/2021	6/5/2024	https://aws.amazon.com/verification	

PART 3 – M&E TECHNICAL MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE**Technical Manager Name:** Jerald “Jerry” Nielson

Minimum Qualification ME-S24 A minimum of five (5) years of experience within the past ten (10) years, managing a technical team of at least 20 members on a large and complex IT systems development Project.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	8/15/2020	1/4/2023	100%	28.0	28.0
Department of Consumer Affairs -Bureau of Automotive R	6/15/2019	8/14/2020	100%	14.0	14.0
California Department of Conservation – Well Statewide T	1/15/2017	6/14/2019	100%	29.0	29.0
Los Angeles Eligibility Automated Determination Evaluatio	4/1/2013	1/6/2017	100%	45.0	45.0
Totals				116.0	116.0

Minimum Qualification ME-S25 A minimum of five (5) years of experience within the past ten (10) years, managing the system development life cycle (SDLC) on maintenance and enhancement Projects that involved large and complex IT systems.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	8/15/2020	1/4/2023	100%	28.0	28.0
Department of Consumer Affairs -Bureau of Automotive R	6/15/2019	8/14/2020	100%	14.0	14.0
California Department of Conservation – Well Statewide T	1/15/2017	6/14/2019	100%	29.0	29.0
Los Angeles Eligibility Automated Determination Evaluatio	4/1/2013	1/6/2017	100%	45.0	45.0
Totals				116.0	116.0

Minimum Qualification ME-S26 A minimum of five (5) years of experience within the past ten (10) years in the development, implementation, and management of information technology systems, including Oracle technologies, cloud architectures, business systems,

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	8/15/2020	1/4/2023	100%	28.0	28.0
Department of Consumer Affairs -Bureau of Automotive R	6/15/2019	8/14/2020	100%	14.0	14.0
California Department of Conservation – Well Statewide T	1/15/2017	6/14/2019	100%	29.0	29.0
Los Angeles Eligibility Automated Determination Evaluatio	4/1/2013	1/6/2017	100%	45.0	45.0
Totals				116.0	116.0

Minimum Qualification ME-S27 A minimum of one (1) year of experience within the past ten (10) years, on a large and complex IT System using Information Technology Infrastructure Library (ITIL) standards and framework.

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	8/15/2020	1/4/2023	100%	28.0	28.0
Department of Consumer Affairs -Bureau of Automotive R	6/15/2019	8/14/2020	100%	14.0	14.0
California Department of Conservation – Well Statewide T	1/15/2017	6/14/2019	100%	29.0	29.0

Los Angeles Eligibility Automated Determination Evaluatio	4/1/2013	1/6/2017	100%	45.0	45.0
			Totals	116.0	116.0

PART 3 – M&E APPLICATION MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE**Application Manager Name:** Surranjan Kumar

Minimum Qualification ME-S28	A minimum of five (5) years of experience within the past ten (10) years, as the application manager or lead on Projects involving large and complex IT systems in a health and human services or health care services Project.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of Oregon, Oregon Department of Human Services	9/12/2016	1/12/2018	100%	16.0	16.0
State of Louisiana, Department of Health and Hospitals (L)	1/5/2015	9/9/2016	100%	20.0	20.0
State of New Mexico, Human Services Department – Aut	9/12/2011	1/4/2015	100%	24.0	24.0
Totals				60.0	60.0

Minimum Qualification ME-S29	A minimum of five (5) years of experience within the past ten (10) years, managing a SDLC, including business and system requirement specification, design, development, testing, and implementation, on Projects involving large and complex IT systems.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of Oregon, Oregon Department of Human Services	9/12/2016	1/8/2021	100%	51.0	51.0
State of Louisiana, Department of Health and Hospitals (L)	1/5/2015	9/9/2016	100%	20.0	20.0
State of New Mexico, Human Services Department – Aut	9/12/2011	1/4/2015	100%	24.0	24.0
Totals				95.0	95.0

Minimum Qualification ME-S30	A minimum of three (3) years of experience applying UCD processes and User Experience (UX) activities (such as usability reviews, studies, and testing) on IT Projects.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
State of California, SAWS Consortium – CalSAWS and Ber	1/11/2021	Present	100%	24.0	24.0
State of Oregon, Oregon Department of Human Services	9/12/2016	1/8/2021	100%	51.0	51.0
State of Louisiana, Department of Health and Hospitals (L)	1/5/2015	9/9/2016	100%	20.0	20.0
State of New Mexico, Human Services Department – Aut	9/12/2011	1/4/2015	100%	24.0	24.0
Totals				119.0	119.0

PART 3 – M&E SECURITY MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE					
Security Manager Name:		Debi Mohanty			
Minimum Qualification ME-S31	A minimum of five (5) years of experience as a Security Lead directly responsible for collaborating with application development teams, technical architects, and security policy experts to define and/or implement an integrated framework of solution security architecture.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW)	3/1/2020	5/1/2022	10%	26.0	2.6
State of California – California Healthcare Eligibility, Enrollment	5/2/2022	Present	100%	8.0	8.0
State of California – California Healthcare Eligibility, Enrollment	3/1/2020	5/1/2022	90%	26.0	23.4
State of California – California Healthcare Eligibility, Enrollment	9/2/2019	2/28/2020	100%	6.0	6.0
University of Southern California – SecureUSC	9/2/2018	8/22/2019	100%	11.0	11.0
Washington Health Benefit Exchange (WA HBE) – Washington	6/6/2016	8/26/2018	100%	26.0	26.0
Totals				103.0	77.0
Minimum Qualification ME-S32	A minimum of five (5) years of lead experience within the past ten (10) years developing, implementing, improving, and monitoring industry standard Security strategies, solutions, and processes on Projects involving large and complex IT systems and AWS cloud environment.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW)	3/1/2020	5/1/2022	10%	26.0	2.6
State of California – California Healthcare Eligibility, Enrollment	5/2/2022	Present	100%	8.0	8.0
State of California – California Healthcare Eligibility, Enrollment	3/1/2020	5/1/2022	90%	26.0	23.4
State of California – California Healthcare Eligibility, Enrollment	9/2/2019	2/28/2020	100%	6.0	6.0
University of Southern California – SecureUSC	9/2/2018	8/22/2019	100%	11.0	11.0
Washington Health Benefit Exchange (WA HBE) – Washington	6/6/2016	8/26/2018	100%	26.0	26.0
Totals				103.0	77.0
Minimum Qualification ME-S33	A minimum of five (5) years of experience within the past ten (10) years applying Information Security principles, methods, and techniques in the development of Project security Deliverables on Projects involving large and complex IT systems.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW)	3/1/2020	5/1/2022	10%	26.0	2.6
State of California – California Healthcare Eligibility, Enrollment	5/2/2022	Present	100%	8.0	8.0
State of California – California Healthcare Eligibility, Enrollment	3/1/2020	5/1/2022	90%	26.0	23.4
State of California – California Healthcare Eligibility, Enrollment	9/2/2019	2/28/2020	100%	6.0	6.0
University of Southern California – SecureUSC	9/2/2018	8/22/2019	100%	11.0	11.0
Washington Health Benefit Exchange (WA HBE) – Washington	6/6/2016	8/26/2018	100%	26.0	26.0

			Totals	103.0	77.0
Minimum Qualification ME-S34	A minimum of five (5) years of experience assessing system data sensitivity using security categorizations (e.g., FIPS Publication 199) to identify appropriate security controls to protect Personally Identifiable Information (PII), Protected Health Information (PHI), and/or Federal Tax Information (FTI) data.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW)	3/1/2020	5/1/2022	10%	26.0	2.6
State of California – California Healthcare Eligibility, Enrollment	5/2/2022	Present	100%	8.0	8.0
State of California – California Healthcare Eligibility, Enrollment	3/1/2020	5/1/2022	90%	26.0	23.4
State of California – California Healthcare Eligibility, Enrollment	9/2/2019	2/28/2020	100%	6.0	6.0
University of Southern California – SecureUSC	9/2/2018	8/22/2019	100%	11.0	11.0
Washington Health Benefit Exchange (WA HBE) – Washington	6/6/2016	8/26/2018	100%	26.0	26.0
			Totals	103.0	77.0
Minimum Qualification ME-S35	A minimum of three (3) years of experience with systems that comply with National Institute of Standards and Technology (NIST) 800-53 moderate baseline.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW)	3/1/2020	5/1/2022	10%	26.0	2.6
State of California – California Healthcare Eligibility, Enrollment	5/2/2022	Present	100%	8.0	8.0
State of California – California Healthcare Eligibility, Enrollment	3/1/2020	5/1/2022	90%	26.0	23.4
State of California – California Healthcare Eligibility, Enrollment	9/2/2019	2/28/2020	100%	6.0	6.0
University of Southern California – SecureUSC	9/2/2018	8/22/2019	100%	11.0	11.0
Washington Health Benefit Exchange (WA HBE) – Washington	6/6/2016	8/26/2018	100%	26.0	26.0
			Totals	103.0	77.0
Minimum Qualification ME-S36	Hold and maintain for the duration of the contract an (ISC)2® Certified Information Systems Security Professional (CISSP) certification, or ISACA Certified Information Security Manager (CISM).				
Certification/Degree Title	Certification Number	Original Grant Date	Expiration Date	Online Validation Link, if not available attach a copy	
Certified Information Systems Security Professional (CISSP)	338747	6/1/2011	6/30/2023	Copy attached	

PART 3 – M&E TEST MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE					
Test Manager Name:		Mufaddal Tinmaker			
Minimum Qualification ME-S37	A minimum of five (5) years of experience within the past ten (10) years as Test Manager or Lead on Projects involving large and complex IT systems in a health and human services or health care services Project.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	11/2/2020	Present	100%	26.0	26.0
North Dakota Department of Health and Human Services	5/1/2015	10/30/2020	100%	65.0	65.0
					0.0
Totals				91.0	91.0
Minimum Qualification ME-S38	A minimum of five (5) years of experience planning, preparing for, and executing system test, UAT, and/or regression tests in compliance with a recognized standard, such as IEEE or ISO				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	11/2/2020	Present	100%	26.0	26.0
North Dakota Department of Health and Human Services	5/1/2015	10/30/2020	100%	65.0	65.0
	10/3/2011	4/30/2015	100%	43.0	43.0
	9/1/2009	9/30/2011	100%	25.0	25.0
Totals				159.0	159.0
Minimum Qualification ME-S39	A minimum of five (5) years of experience with testing JAVA web-based applications, Software interaction with Oracle databases, web services, and/or cloud services.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	11/2/2020	Present	100%	26.0	26.0
North Dakota Department of Health and Human Services	5/1/2015	10/30/2020	100%	65.0	65.0
	10/3/2011	4/30/2015	100%	43.0	43.0
	9/1/2009	9/30/2011	100%	25.0	25.0
Totals				159.0	159.0
Minimum Qualification ME-S40	A minimum of three (3) years of experience overseeing or testing applications with multiple stakeholders/customers with varied business priorities and varying levels of experience with automation systems.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	11/2/2020	Present	100%	26.0	26.0
North Dakota Department of Health and Human Services	5/1/2015	10/30/2020	100%	65.0	65.0
	10/3/2011	4/30/2015	100%	43.0	43.0
Totals				134.0	134.0

Minimum Qualification ME-S41		Experience testing in waterfall, agile and iterative SDLC models and mixed models (i.e., multiple SDLCs occurring concurrently.			
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
California Statewide Automated Welfare System (CalSAW	11/2/2020	Present	100%	26.0	26.0
North Dakota Department of Health and Human Services	5/1/2015	10/30/2020	100%	65.0	65.0
	10/3/2011	4/30/2015	100%	43.0	43.0
	9/1/2009	9/30/2011	100%	25.0	25.0
		Totals		159.0	159.0

PART 3 – M&E RELEASE MANAGER MINIMUM QUALIFICATIONS SUMMARY TABLE**Release Manager Name:** Kimberle Buchter

Minimum Qualification ME-S42	A minimum of five (5) years of experience within the past ten (10) years as the release manager or lead on Projects involving large and complex IT systems in a health and human services or health care services Project.
------------------------------	--

Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Louisiana Department of Children and Family Services (DCFS)	12/15/2018	11/15/2022	50%	47.0	23.5
Louisiana Department of Health (LDH) – Medicaid Eligibility	12/15/2018	11/15/2022	50%	47.0	23.5
Louisiana Department of Health (LDH) – Medicaid Eligibility	1/2/2017	12/14/2018	100%	23.0	23.0
Louisiana Department of Health (LDH) – Medicaid Eligibility	10/1/2015	12/12/2016	100%	14.0	14.0
Washington Health Benefit Exchange (WA HBE) – Washington	5/15/2012	3/28/2014	100%	12.0	12.0
Totals				143.0	96.0

Minimum Qualification ME-S43	A minimum of five (5) years of experience within the past ten (10) years, on Projects involving large and complex IT systems, where the Project scope included managing, planning, scheduling, and controlling CalSAWS Software builds through different stages and environments; including testing and deploying CalSAWS Software releases.
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Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Louisiana Department of Children and Family Services (DCFS)	12/15/2018	11/15/2022	50%	47.0	23.5
Louisiana Department of Health (LDH) – Medicaid Eligibility	12/15/2018	11/15/2022	50%	47.0	23.5
Louisiana Department of Health (LDH) – Medicaid Eligibility	1/2/2017	12/14/2018	100%	23.0	23.0
Louisiana Department of Health (LDH) – Medicaid Eligibility	10/1/2015	12/12/2016	100%	14.0	14.0
Washington Health Benefit Exchange (WA HBE) – Washington	5/15/2012	3/28/2014	100%	12.0	12.0
Totals				143.0	96.0

PART 3 – M&E SCHEDULER MINIMUM QUALIFICATIONS SUMMARY TABLE					
M&E Scheduler Name:		Robert Daffin			
Minimum Qualification ME-S44	At minimum of three (3) years of experience using Microsoft Project 2013 or later versions to plan, develop, maintain, and report on highly complex integrated master schedules and Work Plans for a large and complex IT System Project.				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Tennessee Division of TennCare – Tennessee Eligibility Det	1/3/2022	Present	100%	12.0	12.0
Arkansas Department of Human Services – Arkansas Integ	12/3/2018	12/31/2021	100%	36.0	36.0
Georgia Department of Human Services – Georgia Integ	6/1/2015	4/27/2018	100%	34.0	34.0
Florida Department of Children and Families – Florida Me	5/6/2013	5/29/2015	100%	24.0	24.0
Totals				106.0	106.0
Minimum Qualification ME-S45	A minimum of two (2) years of experience managing highly complex, integrated master schedules and Work Plans using industry best practices and standards (e.g., Institute of Electrical and Electronic Engineers, Project Management Body of Knowledge, and/or Software Engineering Institute).				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Tennessee Division of TennCare – Tennessee Eligibility Det	1/3/2022	Present	100%	12.0	12.0
Arkansas Department of Human Services – Arkansas Integ	12/3/2018	12/31/2021	100%	36.0	36.0
Georgia Department of Human Services – Georgia Integ	6/1/2015	4/27/2018	100%	34.0	34.0
Florida Department of Children and Families – Florida Me	5/6/2013	5/29/2015	100%	24.0	24.0
Totals				106.0	106.0
Minimum Qualification ME-S46	A minimum of two (2) years of experience with integrated and highly detailed Work Plans, utilizing Project management best practice techniques and one or more of the following technology tools to incorporate different levels of progress in customized reports: Gantt, PERT, or milestone charts				
Project	Start Date	End Date	Percentage of Time	Duration in Months	Duration in Months (% Applied)
Tennessee Division of TennCare – Tennessee Eligibility Det	1/3/2022	Present	100%	12.0	12.0
Arkansas Department of Human Services – Arkansas Integ	12/3/2018	12/31/2021	100%	36.0	36.0
Georgia Department of Human Services – Georgia Integ	6/1/2015	4/27/2018	100%	34.0	34.0
Florida Department of Children and Families – Florida Me	5/6/2013	5/29/2015	100%	24.0	24.0
Totals				106.0	106.0

ATTACHMENT B11 – M&E KEY STAFF REFERENCE FORM

Attachment B11 contains our M&E Key Staff Reference Check Forms received in the format as provided by the RFP.

Attachment B11 Table of Contents

M&E Project Manager, Rakesh Duttagupta.....	3
Reference 1 – [REDACTED]	3
Reference 2 – [REDACTED]	5
M&E Project Management Office (PMO) Lead, Donna Cain.....	7
Reference 1 – [REDACTED]	7
Reference 2 – [REDACTED]	10
M&E Delivery Integration Manager, Kishan Mallur	13
Reference 1 – [REDACTED]	13
Reference 2 – [REDACTED]	15
M&E Transition Manager, Michael Henry	17
Reference 1 – [REDACTED]	17
Reference 2 – [REDACTED]	19
M&E Innovation Lead, Roberto Cota	21
Reference 1 – [REDACTED]	21
Reference 2 – [REDACTED]	23
M&E Enterprise Architect, Lori Olson.....	25
Reference 1 – [REDACTED]	25
Reference 2 – [REDACTED]	27
M&E Technical Manager, Jerald “Jerry” Nelson.....	29
Reference 1 – [REDACTED]	29
Reference 2 – [REDACTED]	31
M&E Application Manager, Surranjan Kumar	33
Reference 1 – [REDACTED]	33
Reference 2 – [REDACTED]	35
M&E Security Manager, Debi Mohanty	37
Reference 1 – [REDACTED]	37
Reference 2 – [REDACTED]	39

M&E Testing Manager, Mufaddal Tinmaker	41
Reference 1 – [REDACTED]	41
Reference 2 – [REDACTED]	43
M&E Release Manager, Kimberle Buchter	45
Reference 1 – [REDACTED]	45
Reference 2 – [REDACTED]	47
M&E Project Scheduler, Robert Daffin	49
Reference 1 – [REDACTED]	49
Reference 2 – [REDACTED]	51

M&E Project Manager, Rakesh Duttgupta

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Rakesh Duttgupta

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Deputy Administrator
Agency, Department, Organization or Company where Staff member performed:	Nevada Department of Health and Human Services Division of Welfare and Supportive Services (DWSS)
Project Title on which Staff member performed	AMPS Worker Portal, Health Care Reform, State Supported Based Marketplace Integration, IE Modernization Project (SNAP & TANF), and Access Nevada
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal**TABLE 3 – The Reference Must Complete This Table.**

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: Mr. Duttgupta and his staff have been a pleasure to work with and we continue to contract them for additional projects. They are knowledgeable and easy to work with and continue to meet tight deadlines, even when there are obstacles that are out of their control. Over the last several years we have built a great partnership and working relationship. The Deloitte team is definitely a pleasure to work with and I have no complaints.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is



Division of Welfare + Supportive
Name of Company Reference (print)
12.19.22
Date
Services

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Rakesh Duttagupta

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Client Services Administrator
Agency, Department, Organization or Company where Staff member performed:	State of Wyoming, Wyoming Department of Health
Project Title on which Staff member performed	Wyoming Eligibility System (WES) Project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

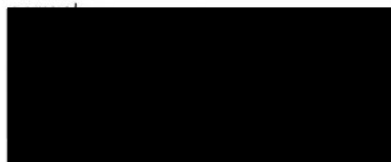
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.	
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.	
COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	9
Rate the verbal and written communication skills of the Contractor's Staff.	9
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	9
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values	
Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is



Wyoming Department of Health
Name of Company Reference (print)

12/19/2022
Date

M&E Project Management Office (PMO) Lead, Donna Cain

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Donna Cain

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – M&E Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Office of Information Services / Project Solutions, IT Director
Agency, Department, Organization or Company where Staff member performed:	Oregon Department of Human Services, Oregon Health Authority Donna managed all Project Management Services required to define and execute project processes under the statement of work. She made use of the Project Management Center, Microsoft Project, Microsoft Team Foundation Server, and SharePoint to develop & execute the Project Management Plan's deliverables and methodology within deadlines while remaining within budget and adhering to the standards established by the statement of work.
Project Title on which Staff member performed	OregON Eligibility System for MAGI and Non-MAGI Eligibility and Enrollment; Integrated ONE System
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – M&E Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – M&E Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

TABLE 3 – The Reference Must Complete This Table.

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.


COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

By signing this form, the Reference is certifying that all information provided on this form is
Please put in what you need here to reference appropriately Oregon State department.
You can see my email signature and leverage how you need. **correct.**

 Oregon Department of Human Services, Oregon Health Authority
Name of Company Reference (print)

 12/8/2022
Signature of Reference Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Donna Cain

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – M&E Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Retired, Government CIO
Agency, Department, Organization or Company where Staff member performed:	Montana Department of Public Health and Human Services Donna developed the Project Management tools and processes from the beginning to the end of the project's life cycle. She used JIRA, JAMA, Microsoft Team Foundation Server, Control-M, and document repositories to manage project activities and ensure that project deliverables and goals were met within the schedule and budget established by the statement of work.
Project Title on which Staff member performed	Combined Health Information Management System – Enterprise System (CHIMES)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

- Step 1:** Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed Staff Reference Form to Contractor.

CALSAWS M&O SERVICES RFP #01-2022

Volume 1B – M&E Business Proposal

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – M&E Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – M&E Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

TABLE 3 – The Reference Must Complete This Table.

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: Donna's performance and abilities were instrumental to the successful delivery and operations of CHIMES.	

TABLE 4 – Descriptions of Rating Values

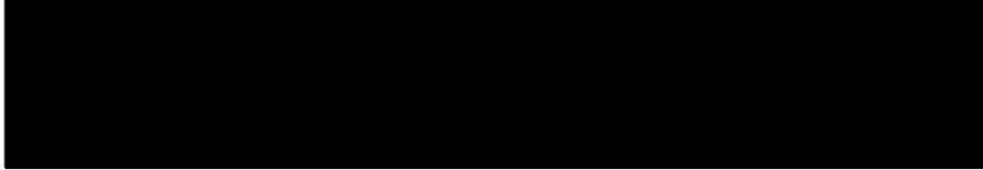
Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 4 – Descriptions of Rating Values

0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.
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By signing this form, the Reference is certifying that all information provided on this form is correct.



M&E Delivery Integration Manager, Kishan Mallur

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Kishan Mallur

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information	
This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title:	IE&E Program Director
Agency, Department, Organization or Company where Staff member performed:	Commonwealth of Massachusetts Executive Office of Health and Human Services
Project Title on which Staff member performed:	Integrated Eligibility and Enrollment (IE&E)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

- Step 1:** Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

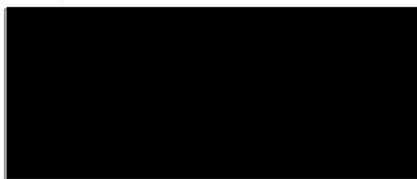
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Commonwealth of MA / EOHHS
Name of Company Reference (print)

12/09/2022
Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Kishan Mallur

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Assistant Chief Information Officer
Agency, Department, Organization or Company where Staff member performed:	Medicaid Management Information System (MMIS)
Project Title on which Staff member performed	MMIS Infrastructure Upgrade
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

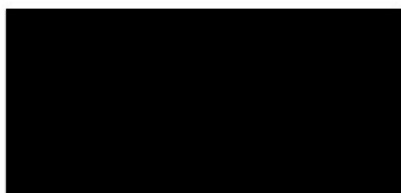
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



MA EOHHS
Name of Company Reference (print)

12/9/22
Date

M&E Transition Manager, Michael Henry

Reference 1 – [REDACTED]

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CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Michael Henry

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information	
This information should match the information provided in <i>Attachment B 10 – Infrastructure Key Staff Resumes/Qualifications</i> .	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Chief of Enterprise Architecture
Agency, Department, Organization or Company where Staff member performed:	California Office of System Integration (OSI)
Project Title on which Staff member performed	California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

- Step 1:** Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B 10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B 10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

DocuSign Envelope ID: B664ABF4-C0D0-4CDB-BE9C-74B8EA665B5D

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



STATE OF CALIFORNIA, CTC
Name of Company Reference (print)

12/27/2022
Date

Reference 2

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Michael Henry

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:

Customer/Client Reference Title:

Agency, Department,
Organization or Company where
Staff member performed:

Project Title on which Staff
member performed:

Reference Phone Number:

Reference E-mail Address:

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

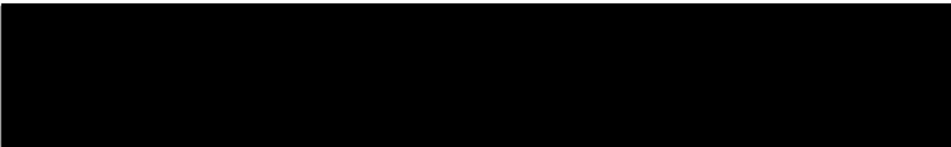
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	8
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	8
Rate the verbal and written communication skills of the Contractor's Staff.	8
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	8
Rate how well the Contractor handled engagement with end users and User input.	8
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



M&E Innovation Lead, Roberto Cota

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Roberto Cota

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	CDEC Technology Manager Business Innovation, Technology, and Security Management
Agency, Department, Organization or Company where Staff member performed:	State of Colorado Department of Early Childhood
Project Title on which Staff member performed	Child Care Automated Tracking System (CHATS) Project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

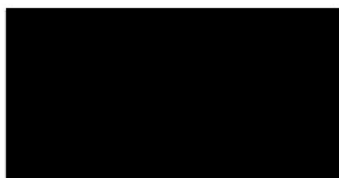
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Colorado Department of Early

Name of Company Reference (print)

12/19/2022

Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM**CONTRACTOR NAME:** Deloitte Consulting LLP**CONTRACTOR'S STAFF NAME:** Roberto Cota

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Application Director, Deputy Director, CBMS/PEAK
Agency, Department, Organization or Company where Staff member performed:	State of Colorado
Project Title on which Staff member performed	Benefit Management System (CBMS) - Transformation Project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

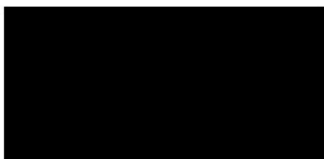
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: Roberto always provides excellent expertise and is great to work with.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



 State of Colorado, OIT
 Name of Company Reference (print)

 12/19/2022
 Date

M&E Enterprise Architect, Lori Olson

Reference 1 – [REDACTED]

DocuSign Envelope ID: 0E2024C1-719B-4A73-9214-0009FC74EA3E

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Lori Olson

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Chief of Enterprise Architecture
Agency, Department, Organization or Company where Staff member performed:	State of California Department of Healthcare Services
Project Title on which Staff member performed	CalHEERS Chief Architect and Subject Matter Expert (SME)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

DocuSign Envelope ID: 0E2024C1-719B-4A73-9214-0009FC74EA3E

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal**TABLE 3 – The Reference Must Complete This Table.**

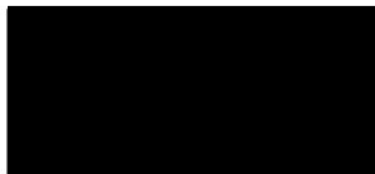
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



STATE OF CALIFORNIA, CTC

Name of Company Reference (print)

Dec 13, 2022

Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM**CONTRACTOR NAME:** Deloitte Consulting LLP**CONTRACTOR'S STAFF NAME:** Lori Olson

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Manager, Information Returns Processing Systems
Agency, Department, Organization or Company where Staff member performed:	Internal Revenue Service
Project Title on which Staff member performed	Information Returns Processing
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

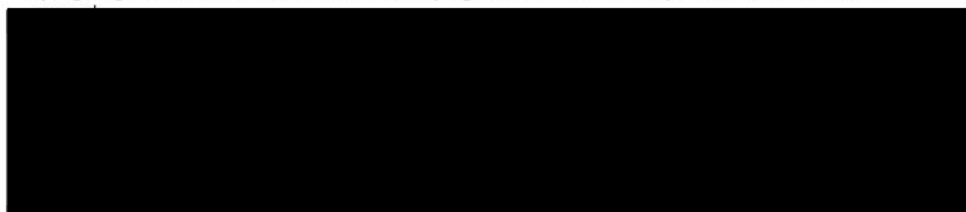
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is



M&E Technical Manager, Jerald “Jerry” Nelson

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Jerald Nielson

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	CalSAWS Technical & Operations Director
Agency, Department, Organization or Company where Staff member performed:	Los Angeles County Department of Public Social Services
Project Title on which Staff member performed	LEADER (Los Angeles Eligibility Automated Determination Evaluation and Reporting) Replacement System (LRS) project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking “yes” or “no” and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No (If “No” is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

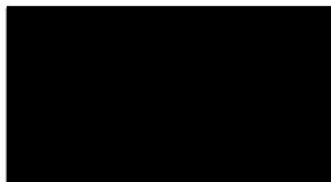
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	X Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



CalSAWS/Los Angeles County DPSS
Name of Company Reference (print)

12/05/2022
Date

Reference 2 – [REDACTED]

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CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Jerald Nielson

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's InformationThis information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.**

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Chief Information Officer
Agency, Department, Organization or Company where Staff member performed:	California Department of Conservation
Project Title on which Staff member performed	WellSTAR (Well Statewide Tracking and Reporting)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

DocuSign Envelope ID: 333FDEF9-57B4-4B04-83E2-9C7D806912E4

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal**TABLE 3 – The Reference Must Complete This Table.**

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	X Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Department of Conservation
Name of Company Reference (print)

12/6/2022
Date

M&E Application Manager, Surranjan Kumar

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Surranjan Kumar

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications .	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	CIO, New Mexico Human Services Dept
Agency, Department, Organization or Company where Staff member performed:	State of New Mexico, Human Services Department
Project Title on which Staff member performed	Automated System Program Eligibility Network (ASPEN)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

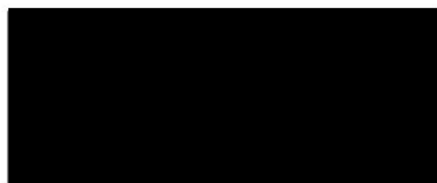
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



New Mexico Human Services Dept
Name of Company Reference (print)

12/16/22
Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Surranjan kumar

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Project Director
Agency, Department, Organization or Company where Staff member performed:	Louisiana Department of Health (LDH)
Project Title on which Staff member performed	Medicaid Eligibility Determination System Project (LaMEDS)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	8
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	8
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	8
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



State of Louisiana
Name of Company Reference (print)
12/21/2022
Date

M&E Security Manager, Debi Mohanty

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Debi Mohanty

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information	
This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications .	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Chief Information Security Officer (CISO)
Agency, Department, Organization or Company where Staff member performed:	Covered California
Project Title on which Staff member performed	California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

- Step 1:** Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

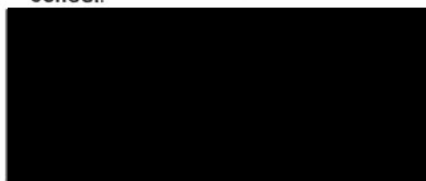
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1 Performance and Ability Statements	COLUMN 2 Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Covered California
Name of Company Reference (print)

12/19/2022
Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM**CONTRACTOR NAME:** Deloitte Consulting LLP**CONTRACTOR'S STAFF NAME:** Debi Mohanty

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's InformationThis information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.**

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Director, Identity and Access Management
Agency, Department, Organization or Company where Staff member performed:	University of Southern California
Project Title on which Staff member performed	SecureUSC
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

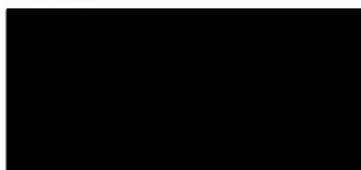
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



University of Southern California

Name of Company Reference (print)

December 19, 2022

Date

M&E Testing Manager, Mufaddal Tinmaker

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Mufaddal Tinmaker

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	BenefitsCal Consortium Project Manager
Agency, Department, Organization or Company where Staff member performed:	California Statewide Automated Welfare System (CalsAWS) Consortium
Project Title on which Staff member performed	BenefitsCal
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

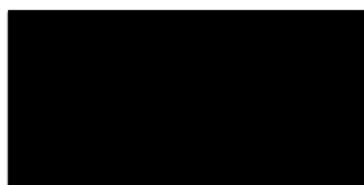
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: The Contractor's staff is a very responsive and dedicated individual whom we relied on to provide the needed statuses, results and expertise, which was crucial to the success of the BenefitsCal Project.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



CalSAWS Project

Name of Company Reference (print)

12/19/2022

Date

Reference 2 – [REDACTED]

DocuSign Envelope ID: 03A3EF04-9684-43F0-8336-CE6E1BEF91D8

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Mufaddal Tinmaker

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Project Director, Business Analysis Account Manager
Agency, Department, Organization or Company where Staff member performed:	North Dakota Information Technology Department
Project Title on which Staff member performed	Self Service Portal and Consolidated Eligibility System (SPACES)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

DocuSign Envelope ID: 03A3EF04-9684-43F0-8336-CE6E1BEF91D8

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal**TABLE 3 – The Reference Must Complete This Table.**

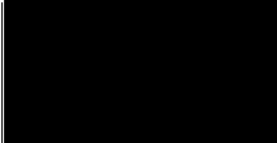
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes
Optional Comments: Mufaddal is one of the best people I have ever worked with. His attention to detail and his willingness to understand the end-user needs and experience help him be one of the best partners a client/customer can ask for.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.

Name of Reference (print)	Name of Company Reference (print)
	North Dakota Information Technology Department
	Date
	12/22/2022 4:07 PM CST

Deloitte 2023

Business Proposal Attachments Section 6 Page 3

M&E Release Manager, Kimberle Buchter

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Kimberle Buchter

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Compliance Officer
Agency, Department, Organization or Company where Staff member performed:	Washington Health Benefit Exchange (WA HBE)
Project Title on which Staff member performed	Washington Healthplanfinder Project
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

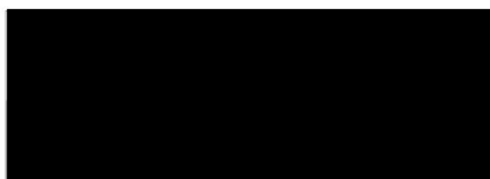
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: Kim was a pleasure to work with. In the early days of building Exchanges, issues of first impression were a daily occurrence. Kim did an excellent job of researching and understanding the nuances of the functional requirements and leading various stakeholders through development and implementation to ensure streamlined access to essential benefit programs for Washingtonians.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Washington Health Benefit Exchange
Name of Company Reference (print)

Date: December 15, 2022

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM**CONTRACTOR NAME:** Deloitte Consulting LLP**CONTRACTOR'S STAFF NAME:** Kimberle Buchter

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's InformationThis information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications.**

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Project Director
Agency, Department, Organization or Company where Staff member performed:	Louisiana Department of Health (LDH)
Project Title on which Staff member performed	Medicaid Eligibility Determination System Project (LaMEDS)
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.


 State of Louisiana
 Name of Company Reference (print)
 12/21/2022
 Date

M&E Project Scheduler, Robert Daffin

Reference 1 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Robert Daffin

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information This information should match the information provided in Attachment B10 – Infrastructure Key Staff Resumes/Qualifications .	
Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Deputy Director, TennCare Member Services
Agency, Department, Organization or Company where Staff member performed:	Tennessee Division of TennCare, Tennessee Eligibility Determination System (TEDS)
Project Title on which Staff member performed	Work Plan and Schedule Lead
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, print your name, your company's name, then sign and date.

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

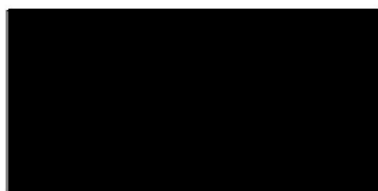
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Division of TennCare
Name of Company Reference (print)

12/29/2022
Date

Reference 2 – [REDACTED]

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Deloitte Consulting LLP

CONTRACTOR'S STAFF NAME: Robert Daffin

Instruction: The Bidder will provide two (2) Staff reference forms for each Key Staff.

TABLE 1 – Reference's Information

This information should match the information provided in **Attachment B10 – Infrastructure Key Staff Resumes/Qualifications**.

Customer/Client Reference Name:	[REDACTED]
Customer/Client Reference Title	Arkansas Integrated Eligibility System (ARIES)
Agency, Department, Organization or Company where Staff member performed:	Arkansas Department of Human Services
Project Title on which Staff member performed	Work Plan and Schedule Lead
Reference Phone Number:	[REDACTED]
Reference E-mail Address:	[REDACTED]

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.

Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.

Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.

Step 3: At the bottom of the page, **print your name, your company's name, then sign and date.**

Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.

COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment B10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment B10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is checked, explain here.)

CALSAWS M&O SERVICES RFP #01-2022
Volume 1B – M&E Business Proposal

TABLE 3 – The Reference Must Complete This Table.

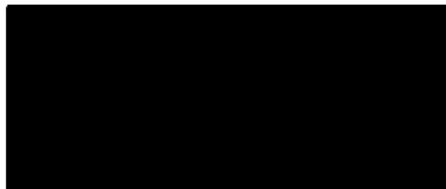
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Table 4 – Description of Rating Values.

COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments: Robert was very knowledgeable and easy to engage.	

TABLE 4 – Descriptions of Rating Values

Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.



Arkansas Department of Human Services
Name of Company Reference (print)

12/29/2022
Date