## Attachment A11 – Infrastructure Key Staff Reference Check Form

## KEY STAFF Reference Form

**CONTRACTOR NAME: Kyndryl**

**CONTRACTOR’S STAFF NAME: Faraz Ahmed**

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

|  |  |
| --- | --- |
| **TABLE 1 – Reference’s Information**  This information should match the information provided in ***Attachment A10 – Infrastructure Key Staff Resumes/Qualifications.*** | |
| Customer/Client Reference Name: | William Mays |
| Customer/Client Reference Title | Chief, Contract and Vendor Management Branch |
| Agency, Department, Organization or Company where Staff member performed: | State of CA MMIS |
| Project Title on which Staff member performed | Delivery Project Executive |
| Reference Phone Number: | (916) 628-7711 |
| Reference E-mail Address: | [William.mays@dhcs.ca.gov](mailto:William.mays@dhcs.ca.gov) |

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 A10 – 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 A10 – 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? |
| Yes  No | Yes  No (If “No” checked, explain here.) |

| **TABLE 3 – The Reference Must Complete This Table.**  The Reference shallrate 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 Description of Rating Values below. | |
| --- | --- |
| **COLUMN 1** | **COLUMN 2** |
| **Performance and Ability Statements** | **Enter Rating from Table 3** |
| 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? | Yes  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.**

Shape

Description automatically generated with medium confidence William Mays California State Department of Health Care Services

Name of Reference (print) Name of Company Reference (print)

April 24, 2023

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

Signature of Reference Date