

**Three-Question Matrix and Reference Checks  
RFP R2114547P1  
Physical Records Management Software System**

Ranking	1	2
Firm Name	Feith Systems and Software, Inc.	Spacesaver Systems, Inc. dba Infolinx System Solutions
<b>Questions</b>		
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	1. Culpeper County, VA 2. U.S. Department of Defense 3. United States Access Board	1. Ulster County, N.Y. 2. Library of Virginia 3. Texas State Library and Archives Commission
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**R2114547P1; Physical Records Management Software System**

Reference for: **Feith Systems and Software**

Organization/Firm Name providing reference:

**Culpeper County, VA**

Contact Name: **Nicki Taylor**

Title: **Records Manager**

Reference date: **10/20/2017**

Contact Email: **ntaylor@culpepercounty.gov**

Contact Phone: **540-727-3416**

Name of Referenced Project: **BridgeLogiQ Records Management Application**

Contract No.

Date Services Provided:

Project Amount:

**PO#60637**

**05/21/2009 to 10/20/2017**

**\$ 492,388.00**

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

**Records Management Software, Maintenance and Services for implementation**

**Please rate your experience with the referenced Vendor:**

**Needs Improvement      Satisfactory      Excellent      Not Applicable**

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

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Verified via:  EMAIL  VERBAL

Verified by: *Lisa Bailey*

LISA BAILEY  
2017.10.20 12:01:31 -04'00'

Division: **FASD/RTT**

Date: **10/20/17**



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

R2114547P1; Physical Records Management Software System

Reference for: Feith Systems and Software

Organization/Firm Name providing reference:

Department of Defense (DoD) Consolidated Adjudication Facility (CAF)

Contact Name: Robert Knight

Title: COR

Reference date: 10/11/2017

Contact Email: Robert.c.knight42.civ@mail.mil

Contact Phone: 301.833.3001

Name of Referenced Project: BridgeLogiQ's Records Management Application

Contract No.

Date Services Provided:

Project Amount:

\*\*See attachment for contract information

to

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

The Feith team built two records management applications (one for unclassified, one for classified) to meet the mission needs of the organization. These applications are used to process general and classified records and meet FOIA/PA requests.

**Please rate your experience with the referenced Vendor:**

**Needs Improvement      Satisfactory      Excellent      Not Applicable**

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

The Feith team has been easy to work with and has taken the time to understand the mission of the organization to ensure the records management application developed met all CAF requirements.

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

R2114547P1; Physical Records Management Software System

Reference for: Feith Systems and Software

Organization/Firm Name providing reference:

United States Access Board (USAB)

Contact Name: Susan Little

Title: COR

Reference date: 10/13/2017

Contact Email: little@access-board.gov

Contact Phone: 202.272.0019

Name of Referenced Project: BridgeLogiQ's Records Management Application

Contract No.

Date Services Provided:

Project Amount:

D16PX00395

09/23/2016 to 03/31/2021

\$ 669,339.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

Hosting of Records Management System and Compliance Tracking System

**Please rate your experience with the referenced Vendor:**

**Needs Improvement      Satisfactory      Excellent      Not Applicable**

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

Yes, I would highly recommend Feith. Their staff is highly skilled and very responsive and professional. Their design and implementation is very customer centered. At the current time their hosting is located on Amazon (AWS) and Feith is in the process of having an ATO. The Access Board is waiting on the ATO completion as Cybersecurity is a priority for us at this time.

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**R2114547P1; Physical Records Management Software System**

Reference for: [Spacesaver Systems, Inc DBA Infolinx System Solutions](#)

Organization/Firm Name providing reference:

[Ulster County Clerk's Office](#)

Contact Name: [Nina Postupack](#)

Title: County Clerk

Reference date: [07/19/2017](#)

Contact Email: [npos@co.ulster.ny.us](mailto:npos@co.ulster.ny.us)

Contact Phone: [845 340 3040](#)

Name of Referenced Project: [Physical Records Software for Govt Records Program and Warehouse](#)

Contract No.  
[2015-447](#)

Date Services Provided:  
[11/01/2015](#) to [07/19/2017](#)

Project Amount:  
[\\$ 114,830.40](#)

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

[Implementation of Records Management software, design consultation and training.](#)

**Please rate your experience with the referenced Vendor:**

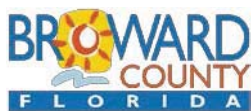
**Needs Improvement      Satisfactory      Excellent      Not Applicable**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

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### Vendor Reference Verification Form

Broward County Solicitation No. and Title:

**R2114547P1; Physical Records Management Software System**

Reference for: [Spacesaver Systems, Inc DBA Infolinx System Solutions](#)

Organization/Firm Name providing reference:

[Library of Virginia](#)

Contact Name: [Jane Williamson](#)

Title: IT Manager

Reference date: [07/06/2017](#)

Contact Email: [jane.williamson@lva.virginia.gov](mailto:jane.williamson@lva.virginia.gov)

Contact Phone: [804-692-3757](#)

Name of Referenced Project: [Infolinx Implementation](#)

Contract No.

Date Services Provided:

Project Amount:

[VA-100521-ISS](#)

[07/01/2010](#) to [06/30/2018](#)

[\\$ 300,000.00](#)

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

[Infolinx customized their solution to meet our requirements and imported data from 6 disparate data sources. Infolinx has also upgraded our system once and we are currently preparing to upgrade it again.](#)

**Please rate your experience with the referenced Vendor:**

**Needs Improvement      Satisfactory      Excellent      Not Applicable**

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

The description of services above greatly simplifies the work done. Because we were consolidating 6 different systems and databases into a single system the data migration required a good deal of massaging in order to meet our new requirements. This wasn't just a new system installation. Installing Infolinx allowed us to do significant process improvements and data cleansing across multiple departments.

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**R2114547P1; Physical Records Management Software System**

Reference for: Spacesaver Systems. Inc DBA Infolinx System Solutions

Organization/Firm Name providing reference:

Texas State Library and Archives Commission - State and Local Government Records

Contact Name: Michael Shea Title: Records Center Manager Reference date: 07/06/2017

Contact Email: mshea@tsl.texas.gov Contact Phone: 512-475-5151

Name of Referenced Project: Texlinx - Infolinx for State of Texas Records Center

Contract No. 306-14-8168 Date Services Provided: 09/01/2014 to 07/06/2017 Project Amount: \$39,375.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

Working with staff, development of a records inventory tracking, retention, billing, training, imaging movement/billing system for the State Records Center and Records Management Assistance group (RMA)

**Please rate your experience with the referenced Vendor:**

**Needs Improvement      Satisfactory      Excellent      Not Applicable**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

Infolinx has been one of the best vendor experiences I've had in my 15 years at this agency. The system they tailored for our needs has more than met our needs. The turnaround times on code issues or repairs is incredibly quick, as they seem as invested in the success of our system as much as we are. Really, an excellent vendor.

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Verified via:  EMAIL  VERBAL Verified by: Andre Morrell Division: RTT Date: 10/9/17