

<p>Ranking (Not Alphabetical)</p>	<p style="text-align: center;">1</p>	
<p>Firm Name</p>	<p style="text-align: center;">Replay Systems, Inc.</p>	
<p>Questions</p> <p>1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?</p>	<p>Article 1.8 Software, Article 3.2:1 Updates, Upgrades, and Releases, Article 3.2:2 Compatibility, Article 3.2:3 Software Enhancements or Modifications, Article 3.3 License, Article 3.3:2 Additional Uses, Article 4.5 Timetable, Article 5.2:1 Invoices, Article 5.4 Fixed Pricing, Article 6.1 WARRANTIES – Ownership and License Rights, Article 6.4 Warranty Regarding Viruses and PCI Compliance, Article 7.1 Software, Article 7.4 Escrow Agreement, Article 8.3 Custom Work Products, Article 12.3 CBE Goals, Article 12.4 CBE Participation, Article 13.1, Article 14.18 Prior Agreements, Article 14.29 Workforce Investment Program, Article 14.30, Article 14.31 Federally Funded Contracts, Exhibit B – Payment Schedule (Equipment Fees, Software Fees, and Support and Maintenance Services), Exhibit C - Support and Maintenance Services, Failure to Meet Required Response Times, Exhibit C - Support and Maintenance Services, DownTime Maintenance Credit, Exhibit C - Support and Maintenance Services, Section 2 Equipment Support and Services, Exhibit C - Support and Maintenance Services, Section 2 Equipment Support and Services, Routine Maintenance, Service Level Agreement – Sections 1-6</p>	
<p>2. Do the vendors have comparable government experience?</p>	<p style="text-align: center;">City of Miami Beach, Florida; Clay County, Florida; City of Margate, Florida</p>	
<p>3. Have the vendors' references been checked?</p>	<p style="text-align: center;">YES (Attached)</p>	
<p>Note: Use this space for any comments - ALSO, WHEN CREATING THE PDF AND ATTACHING THE REFERENCES, MAKE THIS PAGE PORTRAIT ONLY.</p>		



Vendor Reference Verification Form

Broward County Solicitation No. and Title: A2114901P1, Independent QA/QI Services
 Reference for: (Name of Firm) Replay Systems
 Organization/Firm Name providing reference: Replay Systems
 Contact Name/Title: Clarise Ferguson
 Contact E-mail: cferguson@miamibeachfl.gov
 Contact Phone: (305) 673-7736
 Name of Referenced Project: Replay Systems QA/QI Services
 Contract No. NA
 Contract Amount: \$27,000
 Date Services Provided: 09/01/15-09/30/17

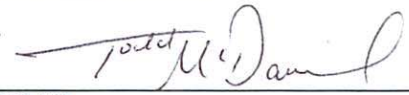
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 We have used Replay services for two years. They are a great vendor to do business with.

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 checked="" type="checkbox"/>	<input 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"/>

Additional Comments: (provide on additional sheet if needed)
 Expected to renew our contract with Replay.

References Checked By  Title: Information Systems Supervisor
 Name: Todd McDaniel
 Division/Department: ORCAT Date of Verification: 11/30/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: A2114901P1, Independent QA/QI Services
 Reference for: (Name of Firm) Replay Systems
 Organization/Firm Name providing reference: Replay Systems
 Contact Name/Title: Troy Nagle, 911 Coordinator
 Contact E-mail: troy.nagle@claycountygov.com
 Contact Phone: 904-529-3771
 Name of Referenced Project: Replay Systems QA/QI Services
 Contract No. NA
 Contract Amount: \$18,000
 Date Services Provided: 10/30/2013-today

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Replay provides evaluations for communications center.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 Replays have provided a value added benefit to our dispatch center quality improvement.

References Checked By
 Name: Todd McDaniel Title: Information Systems Supervisor
 Division/Department: ORCAT Date of Verification: 11/29/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: A2114901P1, Independent QA/QI Services

Reference for: (Name of Firm) Replay Systems

Organization/Firm Name providing reference: Replay Systems

Contact Name/Title: Gia Shaw, Communications Coordinator

Contact E-mail: gshaw@margatefl.com

Contact Phone: 954-935-5427

Name of Referenced Project: Replay Systems QA/QI Services

Contract No. NA

Contract Amount: \$6,480

Date Services Provided: 10/17/14-today

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor: *established and maintained all recording services as well as QA/QI.*

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	D	D	<input checked="" type="checkbox"/>	D
b. Accuracy	D	D	<input checked="" type="checkbox"/>	D
c. Deliverables	D	D	<input checked="" type="checkbox"/>	D
2. Vendor's Organization				
a. Staff expertise	D	D	<input checked="" type="checkbox"/>	D
b. Professionalism	D	D	<input checked="" type="checkbox"/>	D
c. Turnover	D	D	<input checked="" type="checkbox"/>	D
3. Timeliness of:				
a. Project	D	D	<input checked="" type="checkbox"/>	D
b. Deliverables	D	D	<input checked="" type="checkbox"/>	D

Additional Comments: (provide on additional sheet if needed)
at any time I had questions or needed any help, they were quick to respond and assist.

References Checked By **TODD MCDANIEL**
Name:

Digitally signed by TODD MCDANIEL
DN: dc=cty, dc=broward, dc=bc,
ou=Organization, ou=BCC, ou=CA,
ou=CTD, ou=Users, cn=TODD MCDANIEL
Date: 2017.12.01 14:29:52 -05'00'

Title:

Division/Department:

Date of Verification: