

ITEM #47

**ADDITIONAL MATERIAL
10:00 A.M. REGULAR MEETING**

MAY 22, 2018

SUBMITTED AT THE REQUEST OF

**FINANCE and ADMINISTRATIVE
SERVICES DEPARTMENT**




Finance and Administrative Services Department
PURCHASING DIVISION

115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6066 • FAX 954-357-8535

MEMORANDUM

DATE: May 18, 2018

TO: Board of County Commissioners

THRU: Kevin B. Kelleher, Deputy CFO/Deputy Director,
Finance and Administrative Services Department  Digitally signed by KEVIN
KELLEHER
Date: 2018.05.21
17:13:26 -04'00'

FROM: Brenda J. Billingsley, Director **BRENDA**
Purchasing Division **BILLINGSLEY** Digitally signed by BRENDA
BILLINGSLEY
DN: dc=city, dc=broward, dc=bc,
ou=Organization, ou=SGC, ou=PU,
ou=Users, cn=BRENDA BILLINGSLEY
Date: 2018.05.18 15:09:09 -04'00'

SUBJECT: May 22, 2018 - Commission Meeting - Agenda Item No. 47
Motion to Approve Final Ranking - Request for Proposals (RFP) No.
TEC2114786P1, Investigative Management System

Attached is the revised page 4 of 7, of Exhibit 2 – Three Question Matrix & Reference Checks for this agenda item. Page 4 now includes all the ratings for the Solano County District Attorney's Office Reference; due to an Adobe software anomaly the ratings had not been reflected in the original reference.

Attachment

BJB/kw/lg

c: Bertha Henry, County Administrator
George Tablack, CPA, Chief Financial Officer
John W. Scott, Inspector General, Office of the Inspector General
Robert Melton, County Auditor
Andrew Meyers, County Attorney

Broward County Board of County Commissioners

Mark D. Bogen • Beam Furr • Steve Geller • Dale V.C. Holness • Chip LaMarca • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine
www.broward.org



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

TEC2114786P1; Investigative Management System

Reference for: **Solano County District Attorney's Office**

Organization/Firm Name providing reference:

Antony K. Wong

Administrator

2/6/2018

Contact Name:

Title:

Reference date:

Contact Email: **akwong@solanocounty.com**

Contact Phone: **(707) 784-3218**

Name of Referenced Project: **Journal Technologies Case Management System Project**, \$485,601.00

Contract No. **C010103**

Date Services Provided:

Project Amount:

8/1/2014 to 1/6/2016 & on going support

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: **Develop, Configure, Train, Implement and Support of new Case Management System. Also customized dynamic Charging and automated E-subpoena to local law enforcement agency officers via email.**

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Ommet Mbiza** Division: **OIG** Date: **2/26/2018**