

**Three-Question Matrix and Reference Checks**

**RFP Number: TEC2114786P1**  
**RFP Name: Investigative Management System**

Ranking	1	2
Firm Name	WingSwept, LLC	Journal Technologies, Inc.
Questions		
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	YES	YES
2. Do the vendors have comparable government experience?	City of Albuquerque, NM, Office of the Inspector General. Georgia Office of the Inspector General: Case Management System Miami-Dade County, FL, Office of the Inspector General: Case Management System	Illinois State Police, Medicaid Fraud Control Bureau, IL State of Delaware, Department of Justice, Office of the Attorney General: Case Management System Solano County, District Attorney's Office, CA: Case Management System
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

TEC2114786P1; Investigative Management System

Reference for: Journal Technologies

Organization/Firm Name providing reference:  
Illinois State Police - Medicaid Fraud Control Bureau

Contact Name: Gina Hamlin Title: Accountant Supervisor Reference date:

Contact Email: Gina\_Hamlin@isp.state.il.us Contact Phone: (217) 558-6366

Name of Referenced Project: Approx # 655,000.00

Contract No. PBC# 75568 Date Services Provided: 4/15/2014 to 9/30/2018 (Working on new contract now.) Project Amount:

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:**

Broward County Board of  
County Commissioners

BidSync

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

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via: Yes EMAIL VERBAL Verified by: Ommet Mbiza Division: OIG Date: 02/26/2018

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Code.

2/15/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**TEC2114786P1; Investigative Management System**

Reference for: Journal Technologies

Organization/Firm Name providing reference:  
State of Delaware-Department of Justice-Office of the Attorney General

Contact Name: Ryan Ward Title: Application Support Reference date: 02/09/2018

Contact Email: ryan.ward@state.de.us Contact Phone: 302-577-8923

Name of Referenced Project: Case Management System

Contract No. 3277/4 Date Services Provided: 10/01/2013 to 02/09/2018 Project Amount: \$ 1,536,589.00

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:**

Provide a statewide case management system and interface with DELJIS.

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

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

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Verified via: Yes EMAIL  VERBAL  Verified by: Ommet Mbiza Division: OIG Date: 02/28/2018



**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. C0101030

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

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

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**TEC2114786P1; Investigative Management System**

Reference for: CMTS, WingSwept

Organization/Firm Name providing reference:  
Office of Inspector General, City of Albuquerque

Contact Name: Peter Pacheco Title: IG Investigator Reference date: 02/13/2018

Contact Email: ppacheco@cabq.gov Contact Phone: 505-768-3190

Name of Referenced Project: CMTS

Contract No. SHR000020723 Date Services Provided: 06/27/2017 to 06/26/2018 Project Amount: \$ 37,629.23

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:**  
Licensing, Implementation, Support and Training

<b>Please rate your experience with the referenced Vendor:</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
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 type="checkbox"/>	<input checked="" 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: Yes EMAIL  VERBAL  Verified by: Ommet Mbiza Division: OIG Date: 02/27/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**TEC2114786P1; Investigative Management System**

Reference for: WingSwept, LLC

Organization/Firm Name providing reference:  
Georgia Office of the Inspector General

Contact Name: Austin Mayberry Title: Deputy IG Reference date: 02/08/2018

Contact Email: amayberry@oig.ga.gov Contact Phone: 678-255-5723

Name of Referenced Project: CMTS by WingSwept

Contract No. 42200-OIG-0000045314 Date Services Provided: 07/01/2015 to 06/30/2018 Project Amount: \$ 23,000.00

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:**

Case management system and cloud hosting. Still a WingSwept customer.

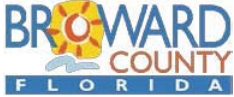
<b>Please rate your experience with the referenced Vendor:</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Incredible Customer Service - I do not believe I have ever called (which is about one time a week) during business hours and had not leave a message.  
Very Customized - the system we have today is incredibly different from the one we initially implemented as a result of office needs changes and a better understanding of the system capabilities  
Continuous Evaluation - the team takes and implements recommendations for how to better tailor the system and to make it more user-friendly.

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Verified via: Yes EMAIL  VERBAL  Verified by: Ommet Mbiza Division: OIG Date: 02/27/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**TEC2114786P1; Investigative Management System**

Reference for: WingSwept Case Management and Tracking System

Organization/Firm Name providing reference:  
Miami-Dade County Office of the Inspector General

Contact Name: Felix Jimenez Title: Deputy Insp. Gen. Reference date: 02/09/2018

Contact Email: Felix.Jimenez@miamidade.gov Contact Phone: 3053751946

Name of Referenced Project: Case Management System

Contract No. EPPRFP-00402 Date Services Provided: 04/04/2017 to 04/11/2022 Project Amount: \$ 179,012.83

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:**

Automated case management and tracking system

<b>Please rate your experience with the referenced Vendor:</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
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 type="checkbox"/>	<input checked="" 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)

WingSwept has met or exceeded our requirements/expectations.

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Verified via: YesEMAIL  VERBAL Verified by: Ommet Mbiza Division: OIG Date: 02/26/2018