Implementation Planning Session Preparation Worksheet

Licensee Name: ________________________________________________________________

Licensee Contact Person: ______________________________________________________

Phone number: __________________________________________________________________

E-mail address: __________________________________________________________________

Do you have an Implementation Point of Contact for your agency/system? This is a representative for your agency that is well suited to provide implementation status updates.

Implementation POC name: ______________________________________________________

Implementation POC phone number: ____________________________________________

Implementation POC Email: _____________________________________________________

Is your agency represented by Legal Counsel for Reconfiguration?  ☐ Yes  ☐ No

Counsel Contact name: _________________________________________________________

Counsel phone number: ________________________________________________________

Counsel Email: __________________________________________________________________

Describe your radio system:

- Manufacturer: ________________________________________________________________

- Type of radio system: ☐ Conventional ☐ Simulcast ☐ Data
  ☐ Trunked ☐ Multicast ☐ P25

- Number of Transmit/Receive sites being rebanded: __________

- Radio inventory: (number of subscriber units):
  Portables: __________
  Mobiles: __________

Who will be rebanding your radio system? __________________________________________

Name of Primary Vendor ________________________________________________________

Vendor PM Contact name: _______________________________________________________

Vendor PM Phone number: __________________________________________________________________

Vendor PM Email: ___________________________________________________________________
Do you have a signed contract with this vendor? □ Yes  □ No
Will you be using internal personnel in place of or in addition to a vendor?   □ Yes  □ No

Have you confirmed your schedule with your vendor? □ Yes  □ No

Do you have a consultant?     □ Yes  □ No
Consultant Contact name: _______________________________________________________________
Consultant phone number: _______________________________________________________________
Consultant Email: ________________________________________________________________________

Who is your Sprint Rebanding Contact?
S/N Contact name: ________________________________________________________________________
S/N Contact phone number: _________________________________________________________________
S/N Contact Email: _________________________________________________________________________

Example Schedule:
Example of information that will be requested from your agency during an IPS Meeting:

<table>
<thead>
<tr>
<th></th>
<th>DURATION</th>
<th>START</th>
<th>FINISH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Name (City of or County of)</strong></td>
<td>395 days (total)</td>
<td>7/11/2008</td>
<td>2/5/2010</td>
</tr>
<tr>
<td><strong>Cost Estimate Submitted</strong></td>
<td>1 day</td>
<td>7/11/2008</td>
<td>7/11/2008</td>
</tr>
<tr>
<td><strong>FRA Completed</strong></td>
<td>90 days</td>
<td>7/14/2008</td>
<td>11/18/2008</td>
</tr>
<tr>
<td><strong>Vendor Agreement Approved</strong></td>
<td>1 day</td>
<td>11/19/2008</td>
<td>11/19/2008</td>
</tr>
<tr>
<td><strong>Receipt of Replacement Equipment</strong></td>
<td>61 days</td>
<td>11/20/2008</td>
<td>2/19/2009</td>
</tr>
<tr>
<td><strong>Conduct Subscriber Reconfiguration</strong></td>
<td>110 days</td>
<td>2/20/2009</td>
<td>7/27/2009</td>
</tr>
<tr>
<td><strong>Sprint Clearing</strong></td>
<td>1 day</td>
<td>7/28/2009</td>
<td>7/28/2009</td>
</tr>
<tr>
<td><strong>Conduct Infrastructure Reconfiguration</strong></td>
<td>34 days</td>
<td>7/29/2009</td>
<td>9/15/2009</td>
</tr>
<tr>
<td><strong>Sprint Clearing of Mutual Aid Channels</strong></td>
<td>1 day</td>
<td>3/10/2009</td>
<td>3/10/2009</td>
</tr>
<tr>
<td><strong>Return Mutual Aid</strong></td>
<td>26 days</td>
<td>3/10/2009</td>
<td>4/14/2009</td>
</tr>
<tr>
<td><strong>Subscriber Second Touch</strong></td>
<td>97 days</td>
<td>9/16/2009</td>
<td>2/5/2010</td>
</tr>
</tbody>
</table>

Your Agency Information:

<table>
<thead>
<tr>
<th></th>
<th>DURATION</th>
<th>START DATE</th>
<th>FINISH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Agency Name</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cost Estimate Submitted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FRA Completed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vendor Agreement Approved</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Receipt of Replacement Equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conduct Subscriber Reconfiguration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sprint Clearing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Conduct Infrastructure Reconfiguration
Sprint Clearing of Mutual Aid Channels
Retune Mutual Aid (Calling & TAC 2)
Subscriber Second Touch

Are there agencies that must reconfigure any part of their system - subscribers or infrastructure - before you will be able to reconfigure?  □ Yes  □ No
   If yes, please list these agencies and describe the associated prerequisite:
   ______________________________________________________________

Interoperability:
Do you interoperate with other agencies?  □ Yes  □ No
   If Yes, Please list these agencies.
   Describe any dependencies between your system infrastructure and other systems.
   Which agency must reconfigure their system first?
   What other systems are programmed into your subscriber radios?
   What outside agencies have your system programmed into their subscriber radios?

If you do interoperate with other agencies, does the level of interoperability require that all agencies reconfigure at the same time?  □ Yes  □ No (please describe)
   ______________________________________________________________________________________
   ______________________________________________________________________________________

What is your plan to maintain Interoperability on Mutual Aid Channels while rebanding your radio system?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

Channel Clearing Schedule
Does your FRA contain firm dates or time frames based on the FRA effective date for Sprint to clear your new frequencies?  □ Yes  □ No

If no, have you subsequently entered into an agreement with Sprint that contains such dates?
□ Yes  □ No

Have you requested that Sprint clear your new frequencies?  □ Yes  □ No

Has Sprint cleared your new frequencies?  □ Yes  □ No
Have you cleared frequencies? _________

Are you now operating your system on replacement channels?
Are there any special circumstances associated with your rebanding that the TA or Sprint should be aware of?

Describe any unique components or attributes of your system that may require special attention.

Describe the timing of any unique events or activities that may impact the timing of your reconfiguration implementation.

COMMENTS: