The purpose of this form is to create a baseline understanding in support of the Wireless Service offering. Your feedback on this form will help WaTech to better understand your needs for the wireless service. If any of the questions are unknown, leave the response blank. WaTech will be happy to discuss with you.

**Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name:** | Click here to enter text. | **Date**: | Click here to enter a date. | | |
| **Employee Name:** | Click here to enter text. | **Phone** **Number:** | | | (   )    - |
| **How soon would you like to begin using the Wireless Service?** | | | | Click here to enter a date. | |

**Agency Demographics**

|  |  |
| --- | --- |
| **Question** | **Number** |
| How many employees do you have? |  |
| How many employees do you anticipate requiring wireless service? |  |
| How many locations do you have? |  |
| What number of locations would you like to install wireless? |  |
| How many locations are connected to the [MPLS](http://www.cisco.com/c/en/us/products/ios-nx-os-software/multiprotocol-label-switching-mpls/index.html) Wide Area Network? |  |
| What number of devices do you anticipate requiring wireless connectivity? |  |

**Agency Technical Information**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Do you have connectivity to the State Government Network (SGN)? |  |  |
| Are you a member of the Enterprise Active Directory (EAD) Forest? |  |  |
| Do you have connectivity to the MPLS Wide Area Network/customer VRF? |  |  |
| Do you have an IT department within your agency? |  |  |
| Are you interested in [Flex Connect](http://www.cisco.com/c/en/us/td/docs/wireless/controller/7-2/configuration/guide/cg/cg_flexconnect.html#wp1224744) formally known as Cisco HREAP? |  |  |
| Do you require wireless services to function when the WAN is down? |  |  |
| Would the wireless service be considered a replacement to wired services at any of your sites? |  |  |
| Do you have any regulatory compliance needs such as HIPPA, PCI, IRS, FTI, etc? If yes, please indicate the compliance needs. |  |  |

**Agency Current Wireless Network**

|  |  |  |
| --- | --- | --- |
| **Question** | **Response** | |
| Does your agency have a wireless network today? | Yes  No | |
| If yes, how many access points do you currently have? |  | |
| Are you interested in replacing or augmenting your existing wireless network with our wireless service offering? | Replace:  Yes  No | Augment:  Yes  No |

**Agency Scope**

|  |  |
| --- | --- |
| **Question** | **Response** |
| Please describe, at a high-level, what the business requirements are for wireless services.  For example: provide access to employees to perform work functions such as email, internet access to all locations supported by this agency and all other agencies that participate in wireless services, etc. | Click here to enter text. |
| Please provide a desired timeline for achieving your goals/scope. | Click here to enter text. |
| Please provide an overview of your network and connectivity to WaTech. | Click here to enter text. |

**Roadmap Features**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Please indicate which wireless services your agency would be interesting in using now or in the future. | | | | | | | |
|  | Wireless Voice Services |  | Wireless Video Services |  | Wireless IPS |  | Bring your Own Device (BYOD) |
|  | Wireless Location Services |  | Wireless Open or Public Access |  | Local Controllers and Local Authentication |  | Outdoor Mesh |