

## Opportunity Registration Program Overview:

1. **Channel Partner Eligibility:** Caliber Channel Partners in good standing are eligible to participate in the Opportunity Registration Program.
2. **Opportunity Requirements:** Eligible opportunities must fulfill the following requirements:
  - a. Over **\$50,000** in value to Caliber.
  - b. Unreleased RFP/RFQ and/or the opportunity is in the appropriate sales stage.
  - c. Opportunity is not known or currently being pursued by Caliber or one of its affiliates.
  - d. Confirmed to be valid opportunity by Caliber.
3. **Form Submission:** Please enter as much information as available and email the form to [partners@caliberpublicsafety.com](mailto:partners@caliberpublicsafety.com).
4. By submitting an **ORQF**, the channel partner agrees with the Caliber Channel Registration Program guidelines.

## Submitting Channel Partner Information:

Organization Name:		Account #	
Address:			
Opportunity Submitted by Contact Name   Title:			
Phone:			
Email:			

## Opportunity Details:

### 1) Customer / Contact Information:

Agency Name:	
Address:	
Agency Opportunity Contact Name   Title:	
Phone:	
Email:	

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Colossus, Incorporated - Caliber Public Safety 102 West Third Street, Suite A05, Winston-Salem NC 27101

Toll free: 1.800.768.3911 | Outside US: +1 336.397.5300 | Fax: +1 336.722.3479

<b>Decision Maker:</b> I. Name: II. Title: III. Best Phone: IV. Email:	
<b>Economic Buyer:</b> I. Name: II. Title: III. Best Phone: IV. Email:	
<b>Technology / IT:</b> I. Name: II. Title: III. Best Phone: IV. Email:	
<b>Coach:</b> I. Name: II. Title: III. Best Phone: IV. Email:	

**Please check type of referral:**

☐ Referral Only ☐ Introduction Only

☐ Introduction & Continued Involvement (facilitate meetings, etc.)

**Referral Exclusive to Caliber: Yes / No**

**Please describe your relationship with this agency and any existing business agreements that adds value to closing this opportunity:**

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### 4) Opportunity Specifics:

<p>A. What products is the agency looking to procure: (Check all that apply)</p> <p> <input type="checkbox"/> CAD, # of Seats _____         <input type="checkbox"/> Mobile, # of Units _____         <input type="checkbox"/> RMS, # of Users _____       </p> <p> <input type="checkbox"/> Jail (OMS), Beds _____         <input type="checkbox"/> eTicketing, # of Units _____       </p> <p> <input type="checkbox"/> Other, please describe: _____       </p>	
<p>B. Please indicate the current system provider for each product checked above:</p>	
<p>C. Current contract expiration date:</p>	
<p>D. Timeframe to procure:</p> <p> <input type="checkbox"/> 12 months or less         <input type="checkbox"/> 12 – 18 months         <input type="checkbox"/> &gt; 18 months       </p>	
<p>E. Start of Agency's Budget Year:</p>	
<p>F. City/County Board approval required:</p>	Yes / No
<p>G. Preferred Procurement method:</p> <p> <input type="checkbox"/> Buy Direct (Sole Source / QPA)         <input type="checkbox"/> Requires RFP       </p>	
<p>H. Funding Approved for Project:</p>	Yes / No   Amount if known: \$
<p>I. Key pain points that agency is looking to solve:</p>      	
<p>J. Other Relevant Details</p>      	

**Caliber to Complete if Opportunity is Confirmed and Accepted:**

**Accepted By Signature:** \_\_\_\_\_ **Accepted Date:** \_\_\_\_\_

**Accepted By Name:** \_\_\_\_\_

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