

RECOMMENDATION FOR AWARD OF FRANCHISE AGREEMENT MEMORANDUM COVER SHEET

(Attach, in the following order, FRFA Checklist and Narrative and "Responsibility Determination" form)

AGENCY Department of Information Technology & Telecommunications	RECOMMENDED FRANCHISEE Name <u>Annex Fiber Inc.</u> Address <u>30 Boyce Ave.</u> <u>Staten Island, NY 10306</u> Telephone # <u>646-428-3270</u> <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN # <u>86-1963992</u>	FRANCHISE I.D. # <u>#8582021FRANCHI-</u> <u>001</u>
# VOTES required for proposed action = <u>5</u>		
DESCRIPTION OF FRANCHISE (Attach Proposed Resolution and Proposed Agreement)		
Proposed information services franchise agreement for Annex Fiber Inc.		
Borough(s) Location of Franchise <u>All</u> C.B.(s) <u>All</u>		
PUBLIC SERVICE TO BE PROVIDED		
Construction, installation, use, operation, and/or maintenance of wire, cable, and/or optical fiber and associated equipment on, over, and under the inalienable property of the City for the provision of information services.		
SELECTION PROCEDURE		
<input type="checkbox"/> Request for Proposals <input checked="" type="checkbox"/> Other _____		
FRANCHISE AGREEMENT TERM Initial Term From: <u>Notice to Proceed</u> To: <u>10 years</u> Extended Term <u>5 years at DoITT's option</u>		SUBSIDIES TO FRANCHISEE <input checked="" type="checkbox"/> N/A \$ _____
DCP determined the franchise would have land use impacts or implications. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, proposed franchise reviewed and approved pursuant to Sections 197-c and 197-d of the City Charter.		
<input type="checkbox"/> CPC approved on ___/___/___ <input type="checkbox"/> City Council approved on ___/___/___ <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Law Department determined RFP/other solicitation document consistent with adopted authorizing resolution on <u>03/5/2021</u>		
<input checked="" type="checkbox"/> Law Department approved proposed franchise agreement on <u> / / </u>		
AUTHORIZED AGENCY STAFF		
This is to certify that the information presented herein is accurate and that I find the proposed franchisee to be responsible and approve of the award of the subject franchise amendment. This is to further certify that the subject franchise amendment was approved by the FCRC on ___/___/___ by a vote of ___ to ___.		
Name _____ Title _____		
Signature _____ Date ___/___/___		
CERTIFICATE OF PROCEDURAL REQUISITES		
This is to certify that the agency has complied with the prescribed procedural requisites for award of the subject franchise amendment.		
Signature _____ Date ___/___/___ <div style="text-align: center;">City Chief Procurement Officer</div>		