

**RECOMMENDATION FOR APPROVAL OF AN AMENDED FRANCHISE
AGREEMENT MEMORANDUM COVER SHEET**
(Attach, in the following order, FRFA Checklist and Narrative and "Responsibility Determination" form)

AGENCY NYC Department of Transportation	RECOMMENDED FRANCHISEE Name <u>Private Transportation Corporation</u> Address <u>33 2nd Ave Brooklyn NY 11215</u> Telephone <u>212-812-9000</u> <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN <u>##11-2223287</u>	FRANCHISE I.D. # <u>DOT-0009</u>
# VOTES required for proposed action = <u>5</u>		

DESCRIPTION OF FRANCHISE (Attach Proposed Resolution and Proposed Agreement)

A non-exclusive franchise providing the right to maintain and operate an unsubsidized bus line providing common carrier bus service to passengers for local service to operate along designated routes between Williamsburg and Borough Park in the Borough of Brooklyn.

Borough(s) Location of Franchise Brooklyn **C.B.(s)** 1,2,3,6,7,8,12

PUBLIC SERVICE TO BE PROVIDED

Maintenance and operation of common carrier bus service to passengers for local service to operate along designated routes between Williamsburg and Borough Park in the Borough of Brooklyn.

SELECTION PROCEDURE

☒ **Request for Proposals** ☐ **Other** _____

FRANCHISE AGREEMENT TERM

Initial Term **From** 07/01/2011 **To** 06/30/2021

Renewal Option(s) Term **From** 07/01/2021 **To** 06/30/2031
 From 07/01/2031 **To** 06/30/2036

SUBSIDIES TO FRANCHISEE ☒ **N/A**

\$ _____

DCP determined the franchise would have land use impacts or implications. ☐ **YES** ☒ **NO**
If YES, proposed franchise reviewed and approved pursuant to Sections 197-c and 197-d of the City Charter.

☐ **CPC approved on** ____/____/____

☐ **City Council approved on** ____/____/____ ☐ **N/A**

☒ **Law Department determined RFP/other solicitation document consistent with adopted authorizing resolution on** 02/10/2010

AUTHORIZED AGENCY STAFF

This is to certify that the information presented herein is accurate and that I find the franchisee to be responsible and approve of the award of the subject franchise amendment. This is to further certify that the amendments were approved by the FCRC on 06/08/2022 by a vote of ____ to ____.

Name Michelle Craven **Title** Assistant Commissioner for Cityscape and Franchises

Signature _____ **Date** ____/____/____

CERTIFICATE OF PROCEDURAL REQUISITES

This is to certify that the agency has complied with the prescribed procedural requisites for the franchise amendments.

Signature _____ **Date** ____/____/____

City Chief Procurement Officer