

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>Crown Castle Fiber LLC</u> Address <u>8020 Katy Freeway</u> <u>Houston, Texas 77024</u> Telephone # <u>212-324-5051</u> <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN # <u>01-0570431</u>	FRANCHISE I.D. # <u>#8582021FRANCHI-009</u>
# VOTES required for proposed action = <u>5</u>		

DESCRIPTION OF FRANCHISE (Attach Proposed Resolution and Proposed Agreement)

Proposed information services franchise agreement for Crown Castle Fiber LLC.

Borough(s) Location of Franchise All **C.B.(s)** All

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

Request for Proposals Other _____

<p align="center">FRANCHISE AGREEMENT TERM</p> Initial Term From: <u>Notice to Proceed</u> To: <u>10 years</u> Extended Term <u>5 years at DoITT's option</u>	<p align="center">SUBSIDIES TO FRANCHISEE <input checked="" type="checkbox"/> N/A</p> \$ _____
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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 03/5/2021

Law Department approved proposed franchise agreement on / /

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 ___/___/___
City Chief Procurement Officer