

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 # VOTES required for proposed action = 5	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>
DESCRIPTION OF FRANCHISE (Attach Proposed Resolution and Proposed Agreement) Proposed information services franchise agreement for Crown Castle Fiber LLC.		
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>		