

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

<b>AGENCY</b> Department of Information Technology & Telecommunications	<b>RECOMMENDED FRANCHISEE</b> Name <u>Transit Wireless, LLC</u>  Address <u>80 State Street</u> <u>Albany, New York 12207</u>  Telephone # <u>212-931-9020</u> <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN # <u>84-1670945</u>	<b>FRANCHISE I.D. #</b>  <u>#8582021FRANCHI-004</u>
<b># VOTES required for proposed action = <u>5</u></b>		

**DESCRIPTION OF FRANCHISE (Attach Proposed Resolution and Proposed Agreement)**

Proposed information services franchise agreement for Transit Wireless, 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"><b>FRANCHISE AGREEMENT TERM</b></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"><b>SUBSIDIES TO FRANCHISEE</b>    <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