

Partner Agency Facility Usage Questionnaire

Note: All sections must be completed in order to process request.

Entity Information:

Official Name: West End Community Empowerment Project of Lexington, Inc. (WECEP)
Address: 498 Georgetown Street, Ste. 206, Lexington, KY 40508
Non-profit? YES No

If yes, please provide details (type of organization, date, certification,...):
501(c)(3) publicly supported "grass-roots" community service, academic and performing arts emphasis

Federal Tax ID Number: 31-1490216

Overview (list ALL services provided):

Sankofa University - School-age Program: No-School Day Camp, School Break Camps (Fall, Winter, Summer) - focusing on academic enhancement and performing arts, Community Service and leadership development, Spring break focus on National Violence Prevention week, Fall - National Red Ribbon week, promote drug awareness, Physical fitness clubs, Community Garden intergenerational project,
(please see attached brochures)

Entity Authorized Contact Name: Tanya S. Clark / or Dora M. Hudson
Entity Contact Number(s): (Office) 231-1248 (Cell) DH/537-6379 TC/361-1426 E-mail: DH/CLLETT123@yahoo.com TC/tclarkwecep@gmail.com

The following support documents must be attached to GS-101:

- Mission Statement (please see brochure)
- Organizational chart
- Source, amount & duration of funding (private, State, Federal, loan, Grants,...) ky Child Care Asst.
- Business plan (if available)
- Anticipated organizational budget identifying the proposed amount for lease and operational expenses.
- Annual cash flow report (if an existing entity). If new, an annual CF report must be submitted.
- Space need analysis identifying estimated area (Sft.)

Please submit the questioner and all required attachments to the Department responsible for the initial evaluation.

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LFUCG Internal Evaluation:

Requesting Department Division: Social Services

Proposed initial length of agreement (not to exceed 36 months): 36 Months

Requested By:

Name: Beth Mills Title: Commissioner Date: 5/11/12

Approval () initials Title: Director / Deputy Director Date: / /

Approval (BMM) initials Title: Commissioner Date: 5/11/12

Comment:

- WECEP has been a partner agency at BiW Center for at least 16 yrs.
- Due to total annual revenues of program being less than \$100,000 year and serves 42 children in day care, recommend rental rate of O+M only.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

Provides child care, summer camp, and meals to low-income children in Georgetown Street Area

PARTNERSHIP OBLIGATION CLASSIFICATION:

Entity and LFUCG are parties to an agreement whereas facility funding is required by ordinance, contract or resolution (other than a PSA) YES NO

Provide detail:

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PROPOSED LEASE & SPACE ALLOCATION:

Requested space (Sft.):

2426

Estimate annual lease payment per O&M method (\$/Sft.):

\$ 14,717.58

Estimate annual lease payment based on FMV (\$/Sft.):

\$ 19,286.70

PROPOSED LEASE ASSESMENT METHOD (Please select only ONE category):

- O&M Only (provide payment for pro-rata share of all direct & indirect operating and maintenance expenses.)
- Fair Market Value (provide payment for pro-rata share of all direct & indirect operating and maintenance expenses including Base Rent (\$/Sft.))
- Other (please describe, Non, Full, Partial Subsidies):

Recommended total annual lease liability for the tenant (\$): 14,717.58 RLC

Approved by:

Beck K. Mills

Date: 5/11/12

Commissioner of Requesting Department

[Signature]

Date: 5/15/2012

Director of Facilities & Fleet Management

Date: / /

Commissioner of General Services

Date: / /

CAO

Comments:

