	Partner Agency Facility Usage Questionnaire
Note: All se	ctions must be completed in order to process request.
Entity Inform	ation:
Official Name:	Kentucky Career Center - Bluegrass
Address.	1055 Industry Road Lexington, KY 40505
Non-profit?	YES No X
if yes, please	provide details (type of organization, date, certification,):
Federal Tax ID	Number:
The respect to the same of the	ALL services provided):
See atta	iched
	ed Contact Name: Jennifer Compton
Entity Contact	Number(s) (Office) 269-8021 (Cell) 519-7199 E-mail: jcompton@bgade
The following	ng support documents must be attached to GS-101:
×	Current annual report filed with the Kentucky Secretary of State Mission Statement
X C	Organizational chart Source, amount & duration of funding (private, state or Federal, loan; Grants,)
×	Business plan
	Anticipated organizational budget identifying the proposed amount for lease and
	operational expenses.
×	operational expenses.  Annual cash flow report (if an existing entity). If new, a projected annual CF report must be submitted.

Please submit the questionnaire and all required attachments to the department responsible for conducting the initial evaluation.

TOTALC: P	Agency Facility Usar	ge Questionnai	re
FUCG Internal Evaluation:			
Requesting Department / Division:	SOCIAL	SERVICE	5
Proposed initial length of agreement :	54	Months	# 6 MONTH WITHAL TE
lote: All lease agreements to expire by			
Requested By: Buth K.	7 -		
tequested By: Such 1	Meels		
vame: BEAL MILLS	Title:	MAISSIONEI	Date:
Approval () initials Title:	Director / Deputy I	Director	Date://
Approval () initials Title:	Commissioner		Date:/
Comment:	2	4-	
Recomme	nd fla	se at	Lair macket
Value	/	0	
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Entity Evaluation & Overview			
Entity Evaluation & Overview Entity meets Urban County need	U YES Y NO		
	E YES VNO		
Entity meets Urban County need	□ YES ¥NO		
Entity meets Urban County need	□ YES ¥NO		
Entity meets Urban County need	□ YES ¥NO		
Entity meets Urban County need Please provide detail:		)N:	
Entity meets Urban County need Please provide detail: PARTNERSHIP OBLIGATION	CLASSIFICATIO		required by ordinance, contract
Entity meets Urban County need Please provide detail:	CLASSIFICATION Greement whereas fa		required by ordinance, contract

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Form No. GS-101

	acility Usage Questionnaire
PROPOSED LEASE & SPACE ALLOCATI	ION:
Number of Employees: 6 (FT),	6 (PT)
Requested Space: 2,264 (Sft.)	
Proposed Location Address: 1055 Indust	try Road Lexington, KY 40505
O&M Expenses (\$/\$ft/Yr): (\$) 1,984.77	(Determined by Real Estate/Properties Section)
Note: Tenant may be required to submit Space Nee	ds Analysis form provided by Department of General Services
RENT ANALYSIS:	
1) Calculated Fair Market Rent: \$ 10.52	38;/Sft./Yr. (Determined by Real Estate/Properties Section)
Note: Tenant to pay its prorata share of all direct & inc	direct operating and maintenance expenses plus base rent.
II) Calculated O&M Costs: # 3. VO	\$/Sft /Yr. (Determined by Real Estate/Properties Section)
III) Calculated Base Rent (I-II): #7,4238	\$/Sn.Yr.
IV) Proposed adjustments/subsidies/assistance	applied toward base rent (III) only. (Bu Others)
Reduction %: , (\$/SfL/Yr.):	
V) Final Adjusted Rent (I-IV): 4 10.5	
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Please identify the source of funding to offse	et any proposed adjustments/reductions:
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Please Identify the source of funding to offset OCCUPANT to PAY I USE of the SPACE Approved by:  Approved by:	Date: 171,14
Please identify the source of funding to offset OCCUPANT to PAY I USE of the SPACE  Approved by:  Approved by:  Commissioner of leavesting Department  Director of Facilities & Fleet Management  Def Mills  Director of Facilities & Fleet Management	EAIR MARKET VALUE For  No reduction is recommendated to the state of t
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