Partner Agency F	Facility	Usage	Questionnaire
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Note: All sections must be completed in order to process request.

Entity Informati	tion:
Official Name: L	exington-Fayette Urban County Human Rights Commission
Address: 1	62 E Main Street, Suite 226
Non-profit?	YES No X
If yes, please pr	rovide details (type of organization, date, certification,):
	*
Federal Tax ID N	lumber: 61-0622471
0	
	<u>LL</u> services provided):
	complaints, conduct investigations, hold hearings; 2) Promote
and secure	a mutual understanding and respect among all ethnic groups in
Fayette Cou	nty; and 3) act as conciliator in controversies involving
inter-group	and inter-racial relations
Entity Authorized	Contact Name: Raymond Sexton, Executive Director
Entity Contact No	umber(s) (Office) 252-4931 (Cell) 351-2578 E-mail: rsexton@lfuchrc.org
The following	support documents must be attached to GS-101:
	Current annual report filed with the Kentucky Secretary of State
	Mission Statement
	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. Annual cash flow report (if an existing entity), If new, a projected annual CF report must
	he submitted

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

Partner Agency Facility Usage Questionnaire

LFUCG Internal Evaluation:
Requesting Department / Division:
Proposed initial length of agreement (not to exceed 36 months): Months
Requested By:
Name: Richard Moloney Title:
the Fiscal Court of Fayette County. They operate under the provisions of KRS 344, Urban County Ordinances 199-94 ? 201-99. They carry out the purposes of the Kentucky Civil Rights Act. Entity Evaluation & Overview:
Entity meets Urban County need PYES NO Please provide detail: The Human Rights (mmission is required to enforce Local Ordinances) 199-94? 201-99. They were are ted by the Charter of LFUClo. They receive compraints and inventigate instances of discrimination to ensure all citizens receive equal rights 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:

Partner Agency Facility Usage Questionnaire

PROPOSED LEASE & SPACE ALLOCATION:		
Requested space (Sft.):	1.418	
Estimate annual lease payment per O&M method (\$/Sft.):	\$ 5,939,810	
Estimate annual lease payment based on FMV (\$/Sft.): \$15,794,90		
	1	
PROPOSED LEASE ASSESMENT METHOD (Plea	ase select only ONE category):	
 O&M Only (provide payment for pro-rata shar maintenance expenses.) 	re of all direct & indirect operating and	
Fair Market Value (provide payment for promaintenance expenses including Base Rent (\$	rata share of all direct & indirect operating and //Sft.))	
□ Other (please describe, Non, Full, Partial Subsid	ies):	
超 经现代公司 网络西西斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	THE TANK TO ARREST THE PARTY OF	
Recommended total annual lease liability for th	e tenant (\$): 15,794.9D	
Approved by:		
1/// 1//		
Well lines	Date: 515112	
Commissioner of Requesting Department		
J. Bonn	Date: 5 1/5/20/2	
Director of Facilities & Fleet Management		
	Date://	
Comphissioner of General Services		
Why Mhy	Date: 5 1/51/2	
CAO		
Comments:		

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Form No. GS-101