
Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Commonwealth of Kentucky - Kentucky State Police

Address: 403 WAPPING STREET Frankfort, KY 40601

Non-profit? YES ☐ No ☒

If yes, please provide details (type of organization, date, certification,..):

Federal Tax ID Number: N/A

Overview (list ALL services provided):

Provide Drivers License Testing for residents of Fayette County.

Entity Authorized Contact Name: Mr. Rex Pitts - Leased Properties BRANCH - Div. of Real Properties

Entity Contact Number(s): (Office) 502 564-2205 (Cell) _____ E-mail: _____

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

- ☐ Mission Statement
- ☐ Organizational chart
- ☐ Source, amount & duration of funding (private, State, Federal, loan, Grants,...)
- ☐ 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: Department of General Services

Proposed initial length of agreement (not to exceed 36 months): 12 Months

Requested By: Rick Caldwell

Name: Rick Caldwell Title: Administrative Officer Date: 11/21/11

Approval (✓) initials JB Title: Director / Deputy Director Date: 11/28/2011

Approval (✓) initials S.H. Title: Commissioner Date: 11/28/2011

Comment:

Renewal of lease agreement for space located in the Annex Building
AT 162 E MAIN STREET. Approximately 1,341 S/F of rentable
space used for driver's license testing for residents of Fayette
County. Provide service in conjunction with County Clerk's
duties.

Entity Evaluation & Overview:

Entity meets Urban County need ☒ YES ☐ NO

Please provide detail:

Driver's License Testing

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.):

1,341

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

\$

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

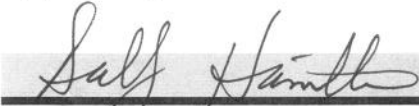
\$ 18,195.76 (including parking)

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):

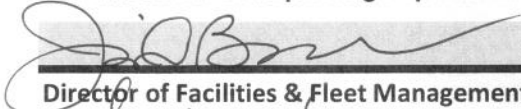
Recommended total annual lease liability for the tenant (\$): _____

Approved by:



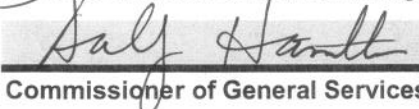
Date: 11/28/2011

Commissioner of Requesting Department



Date: 11/28/2011

Director of Facilities & Fleet Management



Date: 11/28/2011

Commissioner of General Services

Date: / /

CAO

Comments:

