

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Lexington - Fayette County NAACP BRANCH
Address: 498 GEORGETOWN STREET LEXINGTON, KY 40504
Non-profit? YES X No _____

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

501 (c) (4) ORGANIZATION

Federal Tax ID Number: 61-6052604

Overview (list ALL services provided):

Facilitate employment, provide parent support for school equity concerns, Act as community liaison for public concerns, organize & perform community outreach through seminars & public events, facilitate voter registration & education, individual referrals to appropriate agencies & institutions for issue resolution

Entity Authorized Contact Name: Jim THURMAN President
Entity Contact Number(s) (Office) 859 252-7326 (Cell) 859 421-5851 E-mail _____

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 be 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, Social Services

Proposed initial length of agreement: 12 Months w 2/Anns 1 YR extensions

Note: All lease agreements to expire by June 30th

Requested By: Beth K. Mills 5/29/13
Name: BETH Mills Title: Commissioner Date: 05.29.13

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

Approval () initials Title: Commissioner Date: / /

Comment:

The NAACP is an original tenant of the BLACK & Williams Center. The NAACP serves a unique purpose in this predominantly AFRICAN-AMERICAN neighborhood.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:
Provides ADVOCACY in the WEST END NEIGHBORHOOD

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:

Number of Employees: 1 (FT), _____ (PT)
Requested Space: 193 (Sft.)
Proposed Location Address: 498 GEEBETOWN ST 2ND FLOOR
O&M Expenses (\$/Sft./Yr.): (\$) 897.12 (Determined by Real Estate/Properties Section)
Note: Tenant may be required to submit Space Needs Analysis form provided by Department of General Services

RENT ANALYSIS:

- I) Calculated Fair Market Rent: \$7.95 \$/Sft./Yr. (Determined by Real Estate/Properties Section)
Note: Tenant to pay its prorata share of all direct & indirect operating and maintenance expenses plus base rent.
- II) Calculated O&M Costs: \$4.65 \$/Sft./Yr. (Determined by Real Estate/Properties Section)
- III) Calculated Base Rent (I-II): \$3.30 \$/Sft./Yr.
- IV) Proposed adjustments/subsidies/assistance applied toward base rent (III) only. (By Others)
Reduction % 41.509 (\$/Sft./Yr.): \$3.30 (\$/Year): \$637.14
- V) Final Adjusted Rent (I-IV): \$4.65 (\$/Sft./Yr.) (\$897.12)

Please identify the source of funding to offset any proposed adjustments/reductions.

Recommendation is that the NAACP pay O&M expenses for space occupied.

Approved by:

Beck K. Mills
Commissioner, Requesting Department

Date: 5/29/13

John Bowen
Director of Facilities & Fleet Management

Date: 5/29/13

Deeff Beel
Commissioner of General Services

Date: 5/29/13

Date: ___/___/___

CAO

Note:

The Department of General Services will initiate the Blue Sheet process for Council's review and final approval once all of the appropriate signatures have been secured.