

★ NOTE: TWO LOCATIONS, EACH w/ LEASE

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Blue Grass Community Action Partnership's Elder Nutrition Program

Address: 111 Professional Court, Frankfort, KY 40601

Non-profit? YES No

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

In August of 1966 we became a private non-profit corporation 501(c)3 serving the needs of the low income and elderly to motivate them to become or stay self-sufficient.

Federal Tax ID Number: 61-0659583

Overview (list ALL services provided):

In Fayette County our organization operates 3 Elder Nutrition Sites as well as the Senior Companion Program. In the BGCAP operating area (Anderson, Boyle, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott and Woodford) we operate 7 Senior Centers, 6 Head Start Facilities, 5 Adult Day Cares 9 Community Development offices, a Weatherization Program and Bluegrass Ultra-Transit Service.

Entity Authorized Contact Name: Troy Roberts

Entity Contact Number(s): (Office) (502)848-8700 (Cell) (502)545-1199 **E-mail:** troy.roberts@bgcap.org

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: SOCIAL SERVICES

Proposed initial length of agreement: 36 Months

Note: All lease agreements to expire by June 30th.

Requested By:

Name: BETT MILLS Title: COMMISSIONER Date: 3/15/12

Approval [Signature] initials Title: Director / Deputy Director Date: 3/15/12

Approval [Signature] initials Title: Commissioner Date: 3/15/12

Comment:

RECOMMEND NO RENT AT EITHER SA. CENTER OR BLACK + WMS. - THIS AGENCY PROVIDES MEALS AT NO CHARGE TO LFUCG AT THESE SITES - INTEGRAL SERVICE. (LFUCG IS PAYING FOR MEALS AT FAMILY CARE CENTER + WE WOULD HAVE TO DO SAME HERE WITHOUT THIS SERVICE.)

Entity Evaluation & Overview:

Entity meets Urban County need [X] YES [] NO

Please provide detail: SEE ABOVE

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) [X] YES [] NO

Provide detail: SERVICE REQUIRED BY TITLE III GRANT WHICH ALSO FUNDS OPERATION OF L.S.C.C.

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PROPOSED LEASE & SPACE ALLOCATION:

Number of Employees: _____ (FT), _____ (PT)

\$0

Requested Space: 1729 (Sft.)

Proposed Location Address: 1530 NICHOLASVILLE / 498 GEORGETOWN ST.

O&M Expenses (\$/Sft./Yr.): (\$) N/A (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:

RLC

I) Calculated Fair Market Rent: \$13,744.60 ^{\$7.95 s/f} /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: \$8,341.62 ^{\$4.82 s/f} /Sft./Yr. (Determined by Real Estate/Properties Section)

III) Calculated Base Rent (I-II): \$5,402.98 ^{\$3.12 s/f} /Sft./Yr.

IV) Proposed adjustments/subsidies/assistance applied toward base rent (III) only: (By Others)

Reduction %: 100 (\$/Sft./Yr.): \$0.00 (\$/Year): _____

V) Final Adjusted Rent (I-IV): \$0.00 /Sft./Yr.

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

Approved by:

Ben K. Miller

Date: 3/15/12

Commissioner of Requesting Department

[Signature]

Date: 3/27/2012

Director of Facilities & Fleet Management

[Signature]

Date: _____

Commissioner of General Services

[Signature]

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.