

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: NORTH CENTRAL AREA HEALTH EDUCATION CENTER

Address: 1030 OLD STATE RD, PARK HILLS, KY 41075

Non-profit? YES No

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

NCAHEC is a state-funded program hosted by Gateway Community and Technical College.

Federal Tax ID Number: 61-1320380

Overview (list ALL services provided):

Community health education and outreach is conducted within vulnerable populations including Hispanic, African-American, immigrant and other underserved populations. Nursing training, program development and collaboration is conducted with various community partners. See attached listing.

Entity Authorized Contact Name: EVELYN TACKETT

Entity Contact Number(s): (Office) 859442-1193 (Cell) _____ E-mail: evelyn.tackett@kctcs.edu

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: BETH MILLS Title: COMMISSIONER Date: 3/15/12

Approval () initials Title: Director / Deputy Director Date: 1/1

Approval (BMM) initials Title: Commissioner Date: 3/15/12

Comment:

THIS AGENCY IS A PRIVATE NON-PROFIT THAT RECEIVES NO LFUCG PARTNER AGENCY FUNDING NOR FEDERAL FUNDS ALLOCATED BY LFUCG. RECOMMEND LEASE AT COST OF OPERATION + MAINTENANCE - WAIVE BASE RENT.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

AGENCY PROVIDES HEALTH EDUCATION FOR LOW-INCOME PERSONS AND OUTREACH TO SPANISH SPEAKING POPULATIONS - AGENCY PRESENCE ALSO APPROVED BY BTW ADVISORY BOARD.

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:

Number of Employees: 1 (FT), 1 (PT)

Requested Space: 797 (Sft.)

Proposed Location Address: 498 GEORGETOWN ST.

O&M Expenses (\$/Sft./Yr.): (\$ 3,849.51 (Determined by Real Estate/Properties Section) \$483 per sq. ft.)

Note: Tenant may be required to submit Space Needs Analysis form provided by Department of General Services.

RENT ANALYSIS:

I) Calculated Fair Market Rent: 6,336.15 (7.95 per sq. ft.) \$/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: 3,849.51 \$/Sft./Yr. (Determined by Real Estate/Properties Section) \$4.83 per sq. ft.

III) Calculated Base Rent (I-II): 2,486.64 \$/Sft./Yr. (3.12 per sq. ft.)

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

Reduction %: O&M only, (\$/Sft./Yr.): , (\$/Year):

V) Final Adjusted Rent (I-IV): \$3,849 \$/Sft./Yr. (4.83 per sq. ft.)

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

Approved by:

Beth K. Mills

Date: 3/15/12

Commissioner of Requesting Department

John Bender

Date: 3/27/2012

Director of Facilities & Fleet Management

Date: / /

Commissioner of General Services

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.