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**Partner Agency Facility Usage Questionnaire**

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

**Entity Information:**

Official Name: Commonwealth of Kentucky Transportation - Office of The Secretary

Address: 403 WAPPING Street Frankfort, KY 40601

Non-profit? YES \_\_\_ No X

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

\_\_\_\_\_

\_\_\_\_\_

Federal Tax ID Number: N/A

**Overview (list ALL services provided):**

Work with County Clerk to provide CDL 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.**

Partner Agency Facility Usage Questionnaire

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 (V) initials [initials] Title: Director / Deputy Director Date: 11/28/11

Approval (V) initials [initials] Title: Commissioner Date: 11/28/11

Comment:

Renewal of lease agreement for space located in the Annex Building AT 162 E MAIN Street. Approximately 565 S/Ft of rentable SPACE used for CDL testing for residents of Fayette County. Provide Service in conjunction with County Clerk's duties.

Entity Evaluation & Overview:

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

Please provide detail:

CDL 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 [X] NO

Provide detail:

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**PROPOSED LEASE & SPACE ALLOCATION:**

Requested space (Sft.):

565

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

\$ \_\_\_\_\_

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

\$ 8,233.76 (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:

[Signature] Date: 11/28/11  
\_\_\_\_\_  
Commissioner of Requesting Department

[Signature] Date: 11/28/11  
\_\_\_\_\_  
Director of Facilities & Fleet Management

[Signature] Date: 11/28/11  
\_\_\_\_\_  
Commissioner of General Services

\_\_\_\_\_  
Date:    /    /   

CAO

Comments:

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