
Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Faith in Action: Elder Outreach

Address: 1530 Nicholasville Rd Lexington, KY 40503

Non-profit? YES No

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

501(c)3 May 30, 2006

Federal Tax ID Number: 16-1753261

Overview (list ALL services provided):

We provide free non-medical assistance to older adults (65 and older). Services include transportation, errands, medical escorts, grocery shopping, house work, yard work, home repair and respite care.

Entity Authorized Contact Name: Julie Melloan, Executive Director

Entity Contact Number(s): (Office) 252.1365 (Cell) 806.8183 E-mail: jmelloan@gmail.com

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.) We are happy with the space we have

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 (not to exceed 36 months): 36 Months

Requested By:

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

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

Approval BM initials Title: Commissioner Date: 3/15/12

Comment:

THIS IS A NON-PROFIT WITH AN ANNUAL OPERATING BUDGET OF \$77,000 AND NO LFUCG FUNDS OR LFUCG FEDERAL PASS THROUGH RECOMMEND RENT AT O+M ONLY.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

LSCC IS A MULTIPURPOSE CENTER FOR ALL FAYETTE CO. RESIDENTS GO + THIS AGENCY PROVIDES INFO/ REFERRAL FOR VOLUNTEER ASSISTANCE AT HOME

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.):

393

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

\$ ~~2090.70~~ 2,089.70 ^{W/S}

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

\$ 2

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:

Beth K. Mills

Date: 3/15/12

Commissioner of Requesting Department

[Signature]

Date: 3/27/2012

Director of Facilities & Fleet Management

Date: / /

Commissioner of General Services

Date: / /

CAO

Comments:

