

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: NAMI Lexington (KY), Inc.
Address: 498 Georgetown St., Suite 201 40508
Non-profit? YES No

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

501c3; 1998 (Incorporated 1985)
IRS letter of determination attached

Federal Tax ID Number: 31-1154645

Overview (list ALL services provided):

(attached)

Entity Authorized Contact Name: Phill Cunning
Entity Contact Number(s) (Office) 272-7891 (Cell) 539-1918 E-mail: pcunning@namilex.org

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 - currently in progress
- 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.

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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: 4/25/12

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

Approval BKM initials Title: Commissioner Date: 4/25/12

Comment:

- Agency has been in service for 25 yrs.
- NAMI is a private non-profit with annual budget less than 500,000
- Mission to provide community outreach and Black+Williams is in close geographic proximity to ESH and Bluegrass Regional Mental Health Board

RECOMMEND: Operating + Maintenance Costs Only @ \$4.82 per sq. ft.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

Dept. of Social Services mission is to provide "an easily accessible system of human services programs" - DSS does not provide direct assistance for clients/families dealing with mental illness.

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:

Agency currently receives no partner agency funding from LFUCG Dept. of Social Services nor Federal pass-through funds from the Div. of Grants + Special Projects

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PROPOSED LEASE & SPACE ALLOCATION:

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

Requested Space: 813 (Sft)

Proposed Location Address: 498 Georgetown St. (Blackf Williams Center)

O&M Expenses (\$/Sft/Yr.): (\$) _____ (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: ³ 6,463.35 \$/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: 13,918.66 \$/Sft./Yr. (Determined by Real Estate/Properties Section)

III) Calculated Base Rent (I-II): 2,544.69 \$/Sft./Yr

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

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

V) Final Adjusted Rent (I-IV): \$ 3,918.66 \$/Sft./Yr. O&M only

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

Approved by:

Beth K. Mills

Date: 4/25/12

Commissioner of Requesting Department

Date: ___/___/___

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.