Partner Agency Facility Usage Questionnaire

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

Entity Information.

Metro Employees Credit Union - Phoenix Branch 101 East Vine Street, Ste 180 Lexington, KY 40507

Nonemark TES_X No

it yes, please provide getails (type of organization, date, certification).

Not for profit financial cooperative (501c.3) Founded in 1940 by city employees as an employee benefit. Owned by our 3,936 members and governed by a volunteer Board of Directors made up of current and retired city employees.

61-0599249

Deen new that ALL services provided.

Provides a full range of financial products and services to LFUCG employees, partner agencies and their families. We are not permitted by charter to serve the general public. Partners with LFUCG on various projects including the summer youth program and Representative Payee Program. Provides loans and deposi accounts to individuals who may not qualify at traditional financial institution

agramma stranger Company warmy Piper L. Graham

Assessment for the Control 258-3992 See 576-2203 pgraham@metroemployeescu.or

The following support documents must be attached to GS-101

Visit of Statement
Visit of Statement
Displacement than
Society of the property of the proper

rease submit the prestionnaire and all required attachments to the decertified responsible for conducting the initial evaluation.

	Partner Agency Facility Usa	ge Questionna	aire
FUCG Internal Evalu	uation:		
equesting Department / D	Nivision: CAO		
roposed initial length of a	greement: 55 1/2	Months	(44R-71/2 month
ote: All lease agreements	to expire by <u>June 30th</u> .		
equested By:	14 1		~ 12.17
lame: KICHARD	MoloNet Title:	CAO	Date: 0/13/12
approval () initials	Title: Director / Deputy	Director	Date://
pproval () initials	Title: Commissioner		Date://
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	Partner Agency Facility Usage Questionnaire				
	PROPOSED LEASE & SPACE ALL	OCATION:			
	Number of Employees: (F	t.)	- \		
	Proposed Location Address: NOLE VIOLENCE O&M Expenses (\$/\$ft/Yr): (\$) 6.5 Note: Tenant may be required to submit Spa	(Determined by Rea	el Estate Properties Section)		
	RENT ANALYSIS: I) Calculated Fair Market Rent: 49,000 Note: Tenant to pay its prorata share of all dis	\$/Sft./Yr. (Deterr	mined by Real Estate/Properties Section)		
	II) Calculated O&M Costs: 3,95	3.71\$/Sft./Yr_(Deter	5(4) mined by Real Estate/Properties Section) 7 5(4)		
Year 1 Year 1	Reduction % Tole of Risk (\$/Sft./Yr.): \$4.56 (\$/Year): \$3,960.28 V) Final Adjusted Rent (I-IV): \$5,650.97 \$/Sft./Yr.				
Vear 2-1 Year 3-	Please Identify the source of funding reduce 345e by 45% (\$2,5456) reduce 815e by 15% (\$1,697.	FINAL Adjusted F	Rent = \$7,065.35 Rent = \$7,913.98 Rent = \$8,762.62		
Year 5-	PAY FMV for SPACE	Final adjusted	ROJT = #9,611.25		
	Approved by:		Date: 9/3/12		
(Commissioner of Playestylg Department Director of Facilities & Fleet Management		Date: 9/13/12		
	Commissioner of Sheret Services	Williams of the state of the state of	Date://		
	tell my		Date: 9,13,12		
	Note: The Department of General Services wil	initiate the Blue Sheet pr	ocess for Council's review and final		
	approval once all of the appropriate sign				