Partner Agency Facility Usage Questionnaire	
Note: All sections must be completed in order to process request.	•
Entity Information: Lexing for & Fayette County Parking Authority Address: 101 East Vine Street, 14 Flow Lexington KY 40507	
Address; 101 East Vine Street, 12 1700 Lexington W. Tus VI	
If yes, please provide details (type of organization, date, certification,):	
Federal Tax ID Number: 26 - 0270267	
Overview (18st ALL services provided): Own and Operate on-street and off-Street Marking Marters, Facilities and other related scrolles.	
Entity Authorized Contact Name: Gary A. Meuns	
Entity Contact Number(s): (Office) 415-2586 (Cell) 576-5195 E-mail: 9 mems Cleus	, to 10.90
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	
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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	er Agency Facility Usage Questionnai	re
FUCG Internal Evaluation:		
	DEPT. OF GENERAL	Services
proposed initial length of agreemen	nt: 36 Months	
ote: All lease agreements to expire	e by <u>June 30th.</u>	
equested By:	0	-7
	Title: Granissioner	5 7 17
Approval 6. H.) initials Tit	tle: Director / Deputy Director	
Approval () initials Tit	tle: Commissioner	Date:/_//
Comment:	rovides, maintains & operate	
th downtown stakeholders	1: 1: 1	
restrict parking And use of possesserations, And mainth	vesezrching changing needs by parking garages, budgeting basin A plan that provides	rdountown forking, intersection, intersectio
onsparetions, And use of posseretions, And mainti	parking garages, budgeting bazin a plan that provides c	rdownsown forking, make sed on historical trends on hancements that
nestreet parking And we of the Community. Entity Evaluation & Overvie Entity meets Urban County need Please provide detail;	parking garages, budgeting bazin a plan that provides a	rdowntown porking, make sed on historical thendo on hancements that I
Entity Evaluation & Overvier Entity meets Urban County need Please provide details Clarates of Manages	Parking garages, budgeting baring A plan that provides a sew: XYES NO Parking facilities ON CLASSIFICATION: In agreement whereas facility funding is no	sed on historical trends on hancements that

	Partner Agency Facility Us	sage Questionnaire
	PROPOSED LEASE & SPACE ALLOCATION:	
	Number of Employees: (FT), Requested Space: 602 (Sft.) *4235 Proposed Location Address: 101 & VINE ST O&M Expenses (\$/Sft/Yr): (\$) 3940.62 (Determ Note: Tenant may be required to submit Space Needs Analysis	nined by Real Estate/Properties Section) #655 Per 614
	RENT ANALYSIS:	
	i) Calculated Fair Market Rent: \$\frac{\$15.91}{\text{Note}}\$\$/Sft.	.Yr. (Determined by Real Estate/Properties Section) rating and maintenance expenses plus base rent.
	(i) Calculated O&M Costs: 46.55 S/SR	
	(II) Calculated Base Rent (I-II): 49.36 \$/\$f	t.Yr
Year 1	IV) Proposed adjustments/subsidies/assistance applied to Reduction % 50 (\$/Sft./Yr.) 44.685	3 (S/Year): \$2,819.40
		\$/Sft./Yr. Noward rent = \$ 6,760.02
Year 2	Please identify the source of funding to offset any properties = 25% of base (\$2,3425)	oposed adjustments/reductions. 1 04 # 1,409.70\$ yR. Awad boit = \$8,19,72 (1357)
year 3	\$ 0 reduction - PAY FMV @	\$ 15,915 lft or \$ 9,579.42 par year
	Approved by:	Date: 730 12
	Compressioner of Restricting Department	Date://
	Director of Facilities & Fleet Management	Date://
	Commissioner of General Services	Date:/_/
	CAO	
	Note: The Department of General Services will initiate the Blu- approval once all of the appropriate signatures have be-	

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