
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 Street, Suite 100, Lexington, Ky

Non-profit? YES X 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):

See attached flyer - Free Programs and Affordable Training

Entity Authorized Contact Name: Phill Gunning

Entity Contact Number(s): (Office) (859) 272-7891 (Cell)(859) 539-1918 E-mail:pgunning@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
- 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 : 12 month initial term w/2 auto 1 yr renewals

Note: All lease agreements to expire by June 30th.

Requested By:

Name: Chris Ford Title: Commissioner Social Services Date 09/08/16

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

Approval (CAF) initials Title: Commissioner Date: 9/12/16

Comment:

This agency has been in service for 28 years. NAMI is a private non-profit with an annual budget of approximately \$664,000. Their mission is to provide community outreach and Black & Williams Is nearby to ESH and Bluegrass Regional Mental Health Board.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

The Department of Social Services' mission is to provide an easily accessible system of human services programs, however they do not provide the direct assistance for clients/families dealing with mental illness and NAMI works to help fill that void.

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:

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

Requested Space: 795 (Sft.)

Proposed Location Address: 498 Georgetown Street

O&M Expenses (\$/Sft./Yr.): (\$) 6.05 (*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: \$9.80 \$/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: \$4,809.72 (\$6.05 \$/Sft./Yr.) (*Determined by Real Estate/Properties Section*)

III) Calculated Base Rent (I-II): \$2,981.28 (\$3.75 \$/Sft./Yr.)

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

Reduction %: 25, 50 & 75% years 1 thru 3; pay FMV years 4 thru 5

V) Final Adjusted Rent (I-IV): yr1 \$4,809.72; yr2 \$4,809.72; yr3 \$4,809.72

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

Approved by:

 Date: 9/12/16

Commissioner of Requesting Department
 Date: 9/12/16

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.