
Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Lexington-Fayette County NAACP Branch

Address: 498 Georgetown Street Lexington KY 40504

Non-profit? YES X No

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

501(c)(4) Organization

Federal Tax ID Number: 61-6052604

Overview (list ALL services provided):

Facilitate employment, provide parent support for school equity concerns, act as community liason for public concerns, organize and perform community outreach through seminars and public events, facilitate voter registration and education, individual referrals to appropriate agencies and institutions for issue resolution

Entity Authorized Contact Name: Flora Mitchell

Entity Contact Number(s): (Office) 859 252 7336 (Cell) 859 421 6792 E-mail: lexingtonbranchnaacp@yahoo.com

The following support documents must be attached to GS-101:

- Mission Statement
- Organizational chart (executive committee)
- 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.)

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): 12 Months

Requested By:

Name: Beth Mills Title: Commissioner Date: 5/16/12

Approval () Initials Title: Director / Deputy Director Date: 1/1

Approval (BM) Initials Title: Commissioner Date: 5/16/12

Comment:

- NAACP is an original tenant of the Black+Williams Center
- NAACP serves a unique purpose in this
predominantly African-American neighborhood.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

Provides advocacy in Westend Neighborhood

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.):

Current 824

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

\$ 3,979.92

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

\$ 6,550.35 (per)

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):

No rent for FY13. Please note the cash flow report which indicates a deficit for the organization on an annual basis. Will request O&M payment for FY14 and recommend reduction of space.

Recommended total annual lease liability for the tenant (\$): 0

Approved by:

Beth K. Mills

5/16/12
Date

Commissioner of Requesting Department

[Signature]

5/25/12
Date

Director of Facilities & Fleet Management

Commissioner of General Services

CAO

Comments:

