

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Meals on Wheels of Lexington, Inc.

Address: 1530 Nicholasville Rd

Non-profit? YES No

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

deliver meals to homebound - began Oct. 27, 1969
incorporated Feb. 10, 1992

Federal Tax ID Number: 62-135-6778

Overview (list ALL services provided):

provide 3 balanced meals to clients from 3
church Kitchens 5 days a week

Entity Authorized Contact Name: Nancy Ehmann

Entity Contact Number(s): (Office) 276-5391 (Cell) _____ E-mail: mowlexky@windstream.net

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

- Mission Statement
- Organizational chart
- 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): 36 Months

Requested By:

Name: BETH MILLS Title: COMMISSIONER Date: 3/15/12

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

Approval BMM initials Title: Commissioner Date: 3/15/12

Comment:

THIS AGENCY HAS BEEN HOUSED AT LSCC SINCE
OPENING IN 1983. THE AGENCY RECEIVES NO
GOVT. FUNDS - OPERATES SOLEY ON DONATIONS + FEES
RECOMMEND CHARGE OF OPERATING +
MAINTENANCE ONLY

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

LSCC DEFINED AS A MULTI PURPOSE CENTER.
THIS AGENCY PROVIDES PUBLIC ACCESS FOR
INFORMATION/REFERRAL FOR HOME DELIVERED MEALS.

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), (PT)

Requested Space: 168 (Sft.)

Proposed Location Address: 1530 Nicholasville Rd

O&M Expenses (\$/Sft./Yr.): (\$ 5.32 sq ft (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: 9.71 | \$1,631.28 /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: 893.67 (5.32) /Sft./Yr. (Determined by Real Estate/Properties Section)

III) Calculated Base Rent (I-II): 737.52 (4.39) /Sft./Yr.

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

Reduction %: NO BASE RENT (\$/Sft./Yr.): , (\$/Year):

V) Final Adjusted Rent (I-IV): 893.67 /Sft./Yr. 5.32 per sq. ft.

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

Approved by:

Beeth K. Mills Date: 3/15/12

Commissioner of Requesting Department

Date: 3/27/2012

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.