

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Court Appointed Special Advocates of Lexington (CASA)

Address: 1155 Red Mile Place Lexington, KY 40504

Non-profit? YES X No

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

CASA incorporated as a nonprofit and obtained 501c3 on November 12, 2003. Organization founded 1986; incorporated 11/12/2003.

Federal Tax ID Number: 61-1339185

Overview (list ALL services provided):

CASA is a volunteer driven non-profit which recruits, trains and supervises volunteer child advocates (CASAs). These volunteers advocate for the best interests of children in the family court system that have been removed from their homes due to abuse, neglect or dependency and work to ensure all victims of child abuse & neglect are given a chance to thrive in a safe, permanent home.

Entity Authorized Contact Name: Nelynda Jamison

Entity Contact Number(s): (Office) 246-4313 (Cell) E-mail: mjamison@lexingtonky.gov

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: Youth Services

Proposed initial length of agreement : \_\_\_\_\_ Months

Note: All lease agreements to expire by June 30<sup>th</sup>.

Requested By:

Name: Melynda Jamison Title: Executive Director Date: 12/16/14

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

Approval ( ) initials Title: Commissioner Date: / /

Comment:

CASA of Lexington was established in 1986 as a program within the Lexington Fayette Urban County Government. In 2003, the government was facing severe budgetary constraints and discontinued funding of a volunteer manager. CASA incorporated as a nonprofit agency and obtained 501 c3 status on November 12, 2003.

Entity Evaluation & Overview:

Entity meets Urban County need [X] YES [ ] NO

Please provide detail:

CASA is an unduplicated service providing advocacy to abused and neglected children in the Fayette County Family Court System.

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) [X] YES [ ] NO

Provide detail:

Memorandum of Understanding Resolution No. 574-2011 (attached)

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**PROPOSED LEASE & SPACE ALLOCATION:**

Number of Employees: 6 (FT), 0 (PT)

Requested Space: 550 (Sft.)

Proposed Location Address: 1155 Red Mile Place Lexington, KY 40504

O&M Expenses (\$/Sft/Yr.): (\$) \$5.80 (*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: \$6,745.95 \$/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: \$3,190.78 \$/Sft./Yr. (*Determined by Real Estate/Properties Section*)

III) Calculated Base Rent (I-II): \$3,555.17 \$/Sft./Yr.

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

Reduction %: 100 (\$/Sft./Yr.): \$12.27 (\$/Year): \$6,745.95

V) Final Adjusted Rent (I-IV): **\$0.00** \$/Sft./Yr.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:**

*Ben K. Mills* Date: 12/17/14  
Commissioner of Requesting Department

*[Signature]* Date: 12/17/14  
Director of Facilities & Fleet Management

*Triffany Rees* Date: 12/17/14  
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.