

Partner Agency Facility Usage Questionnaire

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

Entity Information:

Official Name: Kentucky River Foothills Development Council, Inc.

Address: 309 Spangler Drive, Richmond, KY 40475

Non-profit? YES No

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

Community Action Agency (CAA)

Founded in 1962, Established as a CAA in 1961

Federal Tax ID Number: 61-0650246

Overview (list ALL services provided): Community Collaboration for Children, Mental Assistance, Alcohol and Drug Recovery, Energy Assistance, Emergency Services, Healthy Marriage Program, Responsible Fatherhood program, Adult Day Care, Head Start and Early Head Start, Healthcare for the Homeless, Affordable Housing, Senior Centers, Home Care, Weatherization, Public Transportation, Youth Investment

Entity Authorized Contact Name: Vicki Jozefowicz, Executive Director

Entity Contact Number(s) (Office) 624-2046 (Cell) 893-1938 E-mail: jozef@foothillscaap.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 = Strategic 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: 22 Months

Note: All lease agreements to expire by June 30th

Requested By:

Name: BETH MILLS Title: Commissioner Date: 8/8/12

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

Approval S.H. initials Title: Commissioner Date: 8/16/12

Comment:

Agency has recently lost office space due to closure of another social service program which provided free office space & utilities. The HHS grant (2 year award) which funds the CFC program requires a \$63,987 in-kind match from Fayette Co. A large part of this match comes from a grant requirement which mandates donated office space & utilities. The space at 1055 Industry Rd has been vacated as a result of the loss of a three year program and as a result, the Div. of Adult & Tenant Services has no immediate need for this space.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

Provides community-based services that promote the safety, well-being, strength and stability of children and families. Prevents abuse & neglect of children & addresses their physical, mental, emotional and educational needs.

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: 82 (Sft.)

Proposed Location Address: 1055 INDUSTRY RD (CENTRAL KY JOB CENTER)

O&M Expenses (\$/Sft./Yr.): (\$) 303.44 (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: \$7.44 \$/Sft./Yr. (Determined by Real Estate/Properties Section)
Note: Tenant to pay its pro rata share of all direct & indirect operating and maintenance expenses plus base rent.

II) Calculated O&M Costs: \$3.70 \$/Sft./Yr. (Determined by Real Estate/Properties Section)
(\$303.44 per year)

III) Calculated Base Rent (I-II): \$3.74 \$/Sft./Yr.
(306.82 per year)

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

Reduction %: 100 (\$/Sft./Yr.): \$7.44 (\$/Year): \$610.27

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

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

Approved by:

Keith K. Mills

Date: 8/16/12

Commissioner of Requesting Department

April Bon

Date: 8/16/12

Director of Facilities & Fleet Management

Duly H. Smith

Date: 8/16/12

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.