Partner Agency Facility Usage Questionnaire

Note: All sections must be completed in order to process request.
Official Name: Urban League of Lexington Fayette County Address: 148 De Weese Street, Lexington, KY 40507
Non-profit? YES V No
If yes, please provide details (type of organization, date, certification,): <u>social</u> service organization providing job training, computer training, affordable housing + professional development since 1968.
Federal Tax ID Number: 61-6054655
Overview (list ALL services provided): Job training gang violence prevention affordable housing youth education Computer skills development advocacy professional development Entity Authorized Contact Name: P. G. Peeples, SR.
Entity Contact Number(s): (Office) 8592331561 (Cell) 8592331561 E-mail: PG Qullexfay.org
The following support documents must be attached to GS-101:
 Mission Statement Organizational chart Source, amount & duration of funding (private, State, Federal, Ioan, 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

<u>Please submit the questioner and all required attachments to the Department responsible for the initial evaluation.</u>

Space need analysis identifying estimated area (Sft.) 955 sft.

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LFUCG Internal Evaluation:
Requesting Department / Division: SociAL SERVICES
Proposed initial length of agreement (not to exceed 36 months):36Months
Requested By:
Name: BETH MILLS Title: COMMISSIONER Date: 5 1241 12 Approval () initials Title: Director / Deputy Director Date: Approval (BM) initials Title: Commissioner Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:
Recommend O+M costs only
Entity Evaluation & Overview:
Entity meets Urban County need Please provide detail: Provides Computer + Sob Haining for youth + young adults in Georgetown St. avea = fils goals on Commission on Youth Violence + Positive Dovelopme - Mission Closely a I gned with Mission of OSS and Br W Neighbork Cente PARTNERSHIP OBLIGATION CLASSIFICATION: Entity and LFUCG are parties to an agreement whereas facility funding is required by ordinance,
contract or resolution <i>(other than a PSA)</i> Provide detail:

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PROPOSED LEASE & SPA	ACE ALLOCATION:	
Requested space (Sft.):		955 \$ 4,612.65 \$ 7,592.25
Estimate annual lease payment p	er O&M method (\$/Sft.):	\$ 4,612.65
Estimate annual lease payment b	ased on FMV (\$/Sft.):	\$ 7, 59 2. 25
PROPOSED LEASE ASSE	SMENT METHOD (PI	lease select only ONE category):
O&M Only (provimaintenance expe		are of all direct & indirect operating and
	le (provide payment for pro enses including Base Rent	o-rata share of all direct & indirect operating and (\$/Sft.))
□ Other (please des	ccribe, Non, Full, Partial Subs	sidies):
S		
		RU
Recommended total annu	al lease liability for t	he tenant (\$): 4612.65
Approved by: Beth K. Ti	rills	Date: 5125/2
commissioner of Requesting Dep	partment	
Ant Onde		Date: 5/25/20/2
Director of Facilities & Fleet Mar	agement	
		Date://
Commissioner of General Serv	ces	
		Date://
CAO		
Comments:		
	0	
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