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Partner Agency Facility Usage Questionnaire

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

**Entity Information:**

Official Name: Nursing Home Ombudsman Agency of the Bluegrass  
Address: 1530 Nicholasville Rd, Lexington KY 40503  
Non-profit? YES  No

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

501 C 3

Federal Tax ID Number: 61-0996520

Overview (list ALL services provided): LTC = long term care

Provision of Ombudsman Service: Identify, Investigate and work to resolve problems that people experience in LTC facilities. Regularly visit and monitor care in all LTC facilities. Provide Friendly Visitor Volunteers to visit residents. Train volunteers and advocates about quality of care. Provide information and edu.

Entity Authorized Contact Name: Sherry Culp

Entity Contact Number(s): (Office) 859-277-9215 (Cell) 859-261-4187 E-mail: sherryculp@ombuddy.org

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.) 605 Sft. suitable

**Please submit the questioner and all required attachments to the Department responsible for the initial evaluation.**

Partner Agency Facility Usage Questionnaire

LFUCG Internal Evaluation:

Requesting Department / Division: SOCIAL SERVICES

Proposed initial length of agreement : 36 Months

Note: All lease agreements to expire by June 30th.

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:

(\$5.596 per sq. ft.) Recommend Lease Cost of \$3,386 Annually based on lease signed in Nov. 11 and annual rental rate schedule provided by Facilities Mgmt. (SEE ATTACHED) this amounts to more than the O+M cost, but less than FMR. This agency leases the most sq. ft. of any agency housed at this location.

Entity Evaluation & Overview:

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

Please provide detail:

L.S.C.C. has a mission to provide services to all Fayette County residents age 60+ in a variety of areas. This is only agency in the facility that provides information/referral in regard to Long Term Care.

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 [X] NO

Provide detail:

Three horizontal lines for providing detail.

**Partner Agency Facility Usage Questionnaire**

**PROPOSED LEASE & SPACE ALLOCATION:**

Number of Employees: 4 (FT), 2 (PT)

Requested Space: 605 (Sft.)

Proposed Location Address: 1530 Nicholasville Rd.

O&M Expenses (\$/Sft./Yr.): (\$) 5.38 (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: <sup>2LC</sup> \$ 5,875.47 \$/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: \$ 3,26.97 \$/Sft./Yr. (Determined by Real Estate/Properties Section)

III) Calculated Base Rent (I-II): \$ 2,658.51 \$/Sft./Yr.

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

Reduction %: \_\_\_\_\_, (\$/Sft./Yr.): \_\_\_\_\_, (\$/Year): \$ 2,489.47

V) Final Adjusted Rent (I-IV): \$ 3,386.00 \$/Sft./Yr. (\$560 o/s/r)

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

**Approved by:**

*Brak K. Miles*

Date: 3/15/12

Commissioner of Requesting Department

*[Signature]*

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.

**SENIOR CITIZENS CENTER**  
 1530 NICHOLASVILLE ROAD  
 Nursing Home Ombudsman Agency

ANNUAL VALUE									
Sft.	FMV (\$/Sft.)	FMV	Utilities Actual (\$/Sft.)	O&M Actual (\$/Sft.)	CIP (\$/Sft.)	Minimum Annual Rent Required (Utilities, O&M & CIP)	Base Annual Rent (FMV less Minimum)	Base (\$/Sft.)	Current Annual Payment
605	\$9,7115	\$5,875,47	\$1,88	\$3,43	\$0,00	\$3,216,97	\$2,658,51	\$4,39	\$0,00

CURRENT USAGE	
LOCATION	SF
Office #7	79
Office #8	86
Pro-Rata share of multi-use office (Area #9)	369
<b>TOTAL CURRENT USAGE</b>	<b>534</b>

USAGE CHANGE	
LOCATION	SF
Pro-Rata share of multi-use office (Area #32) @ 51.93%	295
Office (Area 33)	58
Office (Area 34)	71
Office (Area 35)	91
Office (Area 36)	90
<b>TOTAL USAGE</b>	<b>605</b>