## Partner Agency Facility Usage Questionnaire

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

Entity Information:	
Official Name: KCTCS - Bluegrass Community & Technical College Address. 470 Cooper Drive Lex, KY 40504	
Marca Director Comment of : Icolomca ! Collège	
Addresse 470 Cooper Drive Lew XY 40506	
Non-profes YES / No	
And American State	
If yes, please provide details (type of organization, data, certification):	
Committee (8) lege	
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Faceral Toy ID Namber	
Coverview (list ALL, services provided):	
- Adult Educiation Classes (GED)	
- College Preparation	
NGOW INCOMPANOU	
11.2 126.2	
Entity Authorized Contest Name: DAVID Sturge!	
Entity Contract Number(s) (Citice) 246-1896 (Cell) 753-8933 F-mail: Oavid Stungill@Kctg.	
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The following support documents must be attached to GS-101:	
Li Coursett annual peport filed with the Kentucky Secretary of State	
Advision Statement	
Organizational chart	
Source, attrough & duration of leading (private, state or Federal, load; Grants,)	

Please submit the quastionnaire and all required attachments to the department responsible for conducting the initial availability.

Ablicipated organizational budget identifying the proposed account for lause and operational expenses.

Annual costs flow report (if an existing entity). If new, a projected annual CP seport must

Partner Agency Facility Usage	Questionnaire
LFUCG Internal Evaluation:	
Requesting Department / Division: Departm	ent of Social Services
Proposed initial length of agreement : 4 Year 8	Months
Note: All lease agreements to expire by June 30 <sup>fn</sup>	
Requested By:	
Name: Beth Mills Title: Commission	er Date: <u>12/04/13</u>
Approval () initials Title: Director/Deputy D	Director Date:_/_/_
Approval ()initials Title: Commissioner	Date:_!_/_
Comment:	
BCTS works to provide a skilled workforce and prepare providing general education, technical programs, and seducation and training for the GED program at this local content of the GED program at the second content of the second content of the second content of the second content of	skills development. BCTC provides
Entity Evaluation & Overview:	
Entity meets Urban County need YES No	0
BCTC provides education and training to individuals we	and the state of t

## 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.

Partner Agency Facility Usage Questionnaire	
PROPOSED LEASE & SPACE ALLOCATION:	
Number of Employees:(FT)(PT)	
Requested Space: 825 (Sft.)  Proposed Location Address: 1 <sup>ST</sup> Floor – Central KY Job Center (1055 Industry Road)	
O&MExpenses (\$/Sft/Yr): (\$)3.094 (Determined by Real Estate Property 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: \$10.52 \$/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: \$3.0949 \$/Sft/Yr. (Determined by Real Estate/Properties Section)	
III) Calculated Base Rent(I-II): <b>\$7.42</b> \$/Sft./Yr.	
IV) Proposed adjustments/subsidies/assistance applied toward base rent (III) only.(By others)  Reduction %: 100 (\$/Sft./Yr.): \$7.42 (\$/Year): \$6,128.82	
V) Final Adjusted Rent (I-IV); <u>\$2,553.36</u> Yr. or, \$/Sft./Yr. <u>\$3.09490</u>	
Please identify the source of funding to offset any proposed adjustments/reductions:	
Approved by:.	
Beth X. Mills Date: 13	
Commissioner of Requesting Department  Date: 1215/13	
Director of Facilities & Fleet Management  Date: 125/13	
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.	