



Office of the City Clerk
Neighborhood Council Funding Program

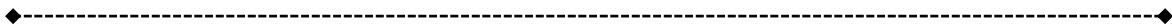


Site Information Checklist for NC Facility Agreements

Neighborhood Council Name: _____

The purpose of this Checklist is to assist our Program in processing City agreements for the facility your NC has identified and recommends for long-term use as an office, meeting space, or other use. This Checklist is required for all facilities, even if the space is donated by a private business/organization or shared with a City Department.

- Please complete this form with the assistance of the facility owner/landlord or a representative.
- Once completed and your Board votes to recommend that the City enter into an agreement with the facility, please provide the completed Checklist to your EmpowerLA Representative along with the all required supporting documentation.
- Your EmpowerLA Rep will send all required documents to the NC Funding Program so Funding staff can begin working on the lease agreement.



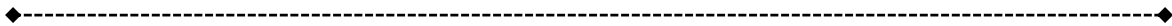
Is the Facility identified: **Private?** or **City-owned?**
If Private and donated, please contact your EmpowerLA Rep for more information. Donations to the City involve City Council action.

If **Private**, please obtain the following:

<p>Step 1: <u>Confirmation from the Facility that they possess the following:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Business Tax Registration Cert. <input type="checkbox"/> W-9 Form 	<p>Step 2: <u>From your NC:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> This completed Checklist <input type="checkbox"/> Board Action Cert. (BAC) recommending to lease the Facility 	<p>Step 3: <u>From the Dept. on Disability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ADA Assessment Checklist <i>Please contact your EmpowerLA Rep re: this Assessment.</i> The Assessment is expected to be completed after the board votes to recommend leasing the Facility.
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If **City-Owned**, please obtain the following:

<p>Step 1: <u>From the City Department:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Written communication from the Department representative confirming use of the Facility by your NC. 	<p>Step 2: <u>From your NC:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> This completed Checklist <input type="checkbox"/> Board Action Cert. (BAC) recommending to lease the Facility
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Please fill-out the Site Information requested below:

- Facility is to be used for:
 - Office space
 - Meeting space
 - Other Use: _____
- Designated NC Board Contact(s):

a. Name: _____	b. Name: _____
Board Position: _____	Board Position: _____
Phone #: _____	Phone #: _____

Email: _____

Email: _____

3. Facility Address: _____

4. Facility Owner/Landlord:

a. Name of Corporation/Individual/Department.: _____

b. Principal Office Address: _____

c. Mailing Address (if not above address): _____

d. Authorized Representative for Owner/Landlord: _____

e. Phone # & Email: _____

5. List all spaces/rooms which would be occupied by NC _____

6. Usable Sq. Footage (total area specific/unique to the NC): _____

7. List all common area spaces/rooms which may be used by NC and its stakeholders and are included (conference room, lobby, restrooms, hallways, elevators, stairwells, storage rooms, parking lot, etc):

8. List all spaces/rooms which may be used by NC for additional cost (event spaces, large conference room, etc.) and the additional cost: _____

9. a) Agreement Start Date: _____

b) Agreement End Date: _____

Please note that an NC agreement can only last for up to one (1) City Fiscal Year at a time, ending on June 30 each year. They may be renewed if approved by the NC Board and the City. See Question 15 below.

10. Monthly Rent Amount (if any): _____

11. Anticipated Occupancy Date: _____

12. Utilities & Other Services – If utilities and other related-services are not included as part of the Monthly Rent Amount, please identify below the party responsible and related costs:

Electricity	<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> NC	Cost: _____
Gas	<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> NC	Cost: _____
Telephone	<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> NC	Cost: _____
Internet	<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> NC	Cost: _____
Custodial Services	<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> NC	Cost: _____

Other: _____ Owner/Landlord NC Cost: _____

13. Restrooms – Restroom access must be included in agreement. Please confirm location of restrooms:

14. Parking - Please confirm # of parking stalls and location: _____

15. If storage is included in the agreement, please confirm:

a. Sq. Footage: _____ b. Monthly Cost, if any: _____

c. Location: _____

16. Option to renew the agreement on the same terms is highly preferred. Please confirm the renewal option, if available: 2-year 1-year Not available

If a renewal option is available, the NC Board must approve the renewal each Fiscal Year and may be required to enter into another agreement.

17. Owner/Landlord or Authorized Representative has been informed that the facility must be ADA-compliant:

Yes No



Name & Signature of NC Board Member completing this Checklist:

Name: _____

Signature: _____

Date: _____