



**Privately Owned - Donated Space**

<p align="center"><b>Assessment Date</b>  <b>Preliminary</b> <input type="checkbox"/>      <b>Final</b> <input type="checkbox"/></p>		
<p><b>Name of Project Coordinator</b></p>		
1	Name of Neighborhood Council	
2	Status	<input type="checkbox"/> Certified <input type="checkbox"/> Funded
3	Name of Neighborhood Council Representative	
4	Neighborhood Council Representative's Telephone Number	
5	Neighborhood Council Representative's E-mail Address	
6	Name of Facility	
7	Facility Address	
8	Square Footage <i>(no limitations)</i>	
9	Name of Owner/Owner's representative	
10	Owner/Owner's Representative's telephone number	
11	Owner/Owner's Representative's E-mail Address	
12	Term of Licensed Use _____	Neighborhood Council will vacate upon _____ days notice from owner/owner's representative.
13	Commencement Date	
14	Cost	<b>No Cost</b>
15	Has the Neighborhood Council Received Written Notice from the Owner that <b>no charges</b> will incur for use of these items/services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Custodial and exterior maintenance, common-area maintenance, exterior landscaping, property taxes, insurance, and utilities.
16	Is the Space As-Is	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Explain Any Tenant Improvements Required <i>(Owner to alter the space to the specifications of the NC at owner/owner representative's cost)</i>	None
18	Additional Insurance Required by Owner/Owner's Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	ADA Compliant (ramp, access to building & restrooms at least 32" wide, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Asbestos Compliant	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Owner/Landlord Insured & Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Free Parking Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Parking Costs Paid Directly by Neighborhood Council	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Parking Available <i>(Unless otherwise negotiated, parking will</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

24	<i>not be included)</i>	<input type="checkbox"/> Shared On Site	# of Spaces: _____
25	Building Security Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Facility Accessibility	Days	Hours
27	Furniture Provided (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28	Office Equipment Available For Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29	List Type of Equipment		
28	Signage Allowed In	<input type="checkbox"/> outside building	<input type="checkbox"/> doors <input type="checkbox"/> walls
30	<b>Identify Party Responsible for Payment of Utilities</b>		
	Electric	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
	Gas	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
	Telephone	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
	Custodial Services	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
	Miscellaneous		
<b>Office Use</b>	Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Denied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pending	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments</b>			
<b>Name of Person Filling Out Checklist</b>			



**On-Site Assessment Checklist**

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**Privately-Owned Rental Facility**

	<b>Assessment Date</b> Preliminary <input type="checkbox"/> Final <input type="checkbox"/>	
	<b>Name of Project Coordinator</b>	
1	<b>Name of Neighborhood Council</b>	
2	Status <input type="checkbox"/> Certified	<input type="checkbox"/> Funded
3	<b>Name of Neighborhood Council Representative</b>	
4	<b>Neighborhood Council Representative's Telephone Number</b>	
5	<b>Neighborhood Council Representative's E-mail Address</b>	
6	<b>Facility Building Name</b>	
7	<b>Facility Address</b>	
8	<b>Square Footage</b>	
9	<b>Rent Amount (not to exceed \$19,999 annually)</b>	
10	<b>Name of Owner/Landlord</b>	
11	<b>Owner/Landlord Telephone Number</b>	
12	<b>Owner/Landlord Mailing Address</b>	
13	<b>Owner/Landlord E-Mail Address</b>	
14	Is this a GROSS Lease? (included into one flat base rent) <input type="checkbox"/> Yes	<input type="checkbox"/> No
15	<b>Term of Lease</b>	
16	<b>Commencement Date</b>	
17	<b>Advance Lease Payment Terms</b> <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly	
18	<b>Explain any landlord improvements required (paid for by owner prior to tenant move-in)</b>	
19	<b>Additional Insurance Required by Owner/Landlord?</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20	<b>ADA Compliant (ramp, access to building and restrooms at least 32"wide, etc.)</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No
21	<b>Asbestos Compliant</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No
22	<b>Owner/Landlord Insured &amp; Verified</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No

23	Parking Available ( <i>Unless otherwise negotiated, parking will not be included and cost determined</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> On-Site or Off-Site	<input type="checkbox"/> No # of Spaces: _____
24	Zoning Appropriate / Use of Space Permit (commercial / retail, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25	Building Security Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Facility Accessibility	_____ Days	_____ Hours
27	Alarm Code	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28	Furniture Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29	Office Equipment Available For Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	List Type of Equipment		
31	Facilities Available for Use	<input type="checkbox"/> Conference Room <input type="checkbox"/> Kitchen <input type="checkbox"/> _____	
32	Signage Allowed In:	<input type="checkbox"/> outside building	<input type="checkbox"/> doors <input type="checkbox"/> walls
33	<b>Identify Party Responsible for Providing Service &amp; Payment</b>		
34	Electric	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
35	Gas	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
36	Telephone / Data Line	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
37	Janitorial Services	<input type="checkbox"/> Owner/Owner's Representative <input type="checkbox"/> Building Common Areas	<input type="checkbox"/> Neighborhood Council <input type="checkbox"/> Inside Office Space
38	Miscellaneous (Office Alarm, Internet cable, etc)	<input type="checkbox"/> Owner/Owner's Representative	<input type="checkbox"/> Neighborhood Council
<b>Office Use</b>	Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Denied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pending	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments</b>			
<b>Name of Person Filling Out Checklist</b>			



**City-Owned or Leased**

Office Space Sharing with City agency			
	<b>Assessment Date</b> Preliminary <input type="checkbox"/> Final <input type="checkbox"/>		
	Name of Project Coordinator		
1	Name of Neighborhood Council		
2	Status	<input type="checkbox"/> Certified	<input type="checkbox"/> Funded
3	Name of Neighborhood Council Representative		
4	Neighborhood Council Representative's Telephone Number		
5	Neighborhood Council Representative's E-mail Address		
6	Name of City Department		
7	City-Owned or Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
9	Facility Building Name		
10	Facility Address		
11	Square Footage (not less than 200 s.f. or exceed 1,500 s.f. per Neighborhood Council)		
12	Contact Person's Name		
13	Contact Person's Telephone Number		
14	City Department Contact Person's E-mail Address		
15	Term of Lease	<b>Month-to-Month</b>	
16	Cost	<b>No Rental Cost</b>	
17	Advance Notice to Vacate	<b>30 Days Written Notice</b>	
18	Commencement Date		
19	Facility Accessibility	_____ Days	_____ Hours
20	Use of Common Areas? (Lobby, kitchen, conference room, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Furniture Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	List Type of Furniture provided, if any.		
23	Office Equipment Available For Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24	List Type of Equipment provided, if any.		
25	Signage Allowed In:	<input type="checkbox"/> outside building	<input type="checkbox"/> doors <input type="checkbox"/> walls
26	Parking Available (Unless otherwise negotiated, parking will not be included)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> On- Site / Off-Site	# of Spaces: _____
27	Additional Parking Costs, if any.	\$	

28	Office Keys Provided? How Many?	<input type="checkbox"/> Yes, to DONE or NC Rep	<input type="checkbox"/> No
29	Office Alarm Code?	<input type="checkbox"/> Yes, to DONE or NC Rep	<input type="checkbox"/> No
30	Is the NC allowed to receive mail in the premises? Any special arrangements for handling mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	Has Neighborhood Council been informed of financial responsibility for communications costs, furniture, equipment and other related costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	Security Provided During Normal Work Hours? <i>(Neighborhood Council is financially responsible for after-hours security. If no security guard is assigned during normal work hours, after-hours security will not be provided)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32	After-Hours Utilities Cost	FREE	
31	Are there any restrictions? If so, enumerate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Use	Approved	Yes	No
	Denied	Yes	No
	Pending	Yes	No
Comments			
Name of Person Filling Out Checklist			