



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

MEMO

TO: Keith Davis

FROM: Mark Mitchell

Date: February 7, 2018

RE: Agenda Item for February 26, 2018 Board Meeting
Facility Use Application for Bullitt Central High School

Bullitt Central High School is requesting permission to allow the Salt River Masonic Lodge to use their auditorium to host their District Meeting on April 7, 2018 from 8:00 am to 12:00pm.

Attached are the application and Agreement Form and Liability Insurance Certificate.

I recommend the Board approve this request for the Salt River Masonic Lodge to use Bullitt Central High School on April 7, 2018.

OK for Feb 10
Blyden



Bullitt Central High School

1330 Highway 44 East Shepherdsville, KY 40165

(502)869-6000

Fax (502)543-1797

TO: Mark Mitchell

FROM: Erik Huber, Principal

DATE: October 19, 2017

REF: Facility Use Request

I am sending the Facility Request from Derrick McDaniels with the Salt River Masonic Lodge for your review and Board approval. They are requesting the use of the auditorium to host their District meeting. They have requested the date of April 7th from 8:00 a.m. to 12:00 p.m.

Thank you,

Erik Huber

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	<u>Salt River Masonic Lodge</u>	Telephone	<u>502 538-</u>
Representative's Name	<u>Derrick McDaniels</u>		<u>-3772</u>
Address	<u>229 Barbara Sue Drive</u>		
The above organization/individual requests the use of:			
<input checked="" type="checkbox"/> auditorium	<input type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment <u>P.A. System</u>		Operator's Name <u>Derrick McDaniels</u>	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school/facility <u>Bullitt Central H.S.</u>			
Purpose <u>Annual District Masonic Meeting</u>			
Date(s) requested	<u>April 7, 2018</u>	Time(s) Requested	<u>8:00 AM - 12:00 PM</u> ^{4 hrs.}
Will public be admitted?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain	<u>Members only</u>	
Will advertisement(s) be used?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain	<u>" "</u>	
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain	<u>" "</u>	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ <u>60.00</u>	Cost for school employee \$ <u>106.66</u> Total cost \$ <u>166.66</u>
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: <u>Doug Foley</u>	
Board Action Date, if applicable _____	Board Order # _____
Date of Use <u>Saturday, April 7th</u>	Length of Time <u>8am - Noon</u>

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	<u>Doug Foley</u>	<u>4 HRS</u>	<u>\$20.37</u>	<u>\$81.48</u>
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE.				<u>\$106.66</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium			
at _____ school			
Auditorium			
at <u>BCHS</u> school	<u>50 = 3 HRS</u> <u>10 = 1 HR</u> <u>Total = 60</u>		<u>600.00</u>
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both			
at _____ school			
Classroom(s) Number _____			
at _____ school			
Stadium			
at _____ school			
Other Property			
at _____ school			

Application and Agreement for Use of District Property**RATES FOR DISTRICT FACILITY USE**

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

✓ AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools

Derrick M'Danise Jr.
Signature - Representative of User Group

10/19/17
Date

[Signature]
Signature - Superintendent/designee

10/19/17
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised: 7/19/11

Client#: 1117949

GRANDLOD5

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC-CL 950 Breckenridge Lane Suite 50 Louisville, KY 40207		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): 502-815-5200 FAX (A/C, No): 855-209-1246 E-MAIL ADDRESS: Terry.Fugate@usi.com															
INSURED Grand Lodge of Kentucky F&AM 300 Masonic Home Drive Masonic Home, KY 40041		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER C : Bridgefield Casualty Insurance Company</td> <td>10335</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : New Hampshire Insurance Company	23841	INSURER B : Cincinnati Insurance Company	10677	INSURER C : Bridgefield Casualty Insurance Company	10335	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

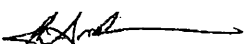
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		01LX0113975341	01/01/2018	01/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			01CA0481970911	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EUP0057208	01/01/2018	01/01/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	19641757	11/01/2017	11/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Employee Dishones			01LX0113975341	01/01/2018	01/01/2019	\$150,000. Limit
A	Money & Securitie			01LX0113975341	01/01/2018	01/01/2019	\$20,000. Inside Limit
A	Money & Securitie			01LX0113975341	01/01/2018	01/01/2019	\$10,000. Outside Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bullitt County Board of Education is named as an Additional Insured with respects to the above General Liability Policy regarding use of Bullitt Central High School's auditorium & classrooms as required in written contract. All Additional Insureds are subject to the Policy Term.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Board of Education 1040 Highway 44 East Shepherdsville, KY 40165	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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