



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 8, 2018

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

North Bullitt High School is requesting permission to allow the American Cancer Society to host Relay for Life on May 11, 2018 at their facility.

The Facility Use Application and Agreement Form and the Certificate of Liability Insurance are provided.

I recommend the Board approve this request.



North Bullitt High School

The Home of the Eagles



Soaring to New Heights

Chris VerDow, Principal
Joni Britt, Assistant Principal
Nick Sutherland, Assistant Principal
Lindsey Wegley, Assistant Principal

Ashley Poore, Counselor
Amy Rogers, Counselor
Chelsea Mullenex, Counselor

February 5, 2018

To whom it may concern:

I am in agreement with Alaina Pike and the American Cancer Society to host the Relay for Life event at no cost at North Bullitt High School on Friday May 11th, 2018.

Thank you,

Chris VerDow
Principal
North Bullitt High School

SCHOOL FACILITIES

05.31 AP.21

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 | American Cancer Society - Relay for Life | Telephone | (601) 996-4593 |
| Representative's Name | Alaina Pike | | |
| Address | 1440 Lyndon Farm Ct, Ste 104 | | |
| The above organization/individual requests the use of: | | | |
| <input type="checkbox"/> auditorium | <input checked="" type="checkbox"/> gymnasium | <input checked="" type="checkbox"/> dining room/kitchen | <input checked="" 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>A system of lights</u> Operator's Name <u>Tony Lee</u> | | | |
| Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Teams will be conducting fundraisers w/ proceeds to benefit ACS.</u> | | | |
| Building/school/facility <u>North Bullitt High School</u> | | | |
| Purpose <u>Relay For Life</u> | | | |
| Date(s) requested <u>Friday, May 11</u> | | Time(s) Requested <u>9:00a - 1:00a</u> | |
| Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain <u>Community Event</u> | | | |
| Will advertisement(s) be used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain <u>Posters, Flyers, Radio, Paper</u> | | | |
| Will admission be charged? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain _____ | | | |

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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)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>0</u> | Cost for school employee \$ | <u>706.86</u> |
| Total cost \$ | | <u>706.86</u> | |
| Deposit \$ | <u>0</u> | Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date Deposit Received | <u>NA</u> | | |
| Board employee(s) assigned: | <u>Judy Ice</u> | | |
| Board Action Date, if applicable | Board Order # _____ | | |
| Date of Use | <u>May 11, 2018</u> | | Length of Time |
| <u>16 hours</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>Judy ICE</u> | <u>18</u> | <u>30.00</u> | <u>540.00</u> |
| Food Service Employees | | | | |
| Supervisory Personnel | | | | |
| Other _____ | | | <u>Fringes</u> | <u>166.86</u> |
| TOTAL PERSONNEL CHARGE | | | | <u>706.86</u> |

| Property Used | Facility/ Equipment Fee | Personnel Cost, if applicable | Total Cost for Facility Use |
|---|-------------------------|-------------------------------|-----------------------------|
| Gymnasium | | | |
| at <u>NBHS</u> school | | | |
| Auditorium | | | |
| at _____ school | | | |
| Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both | | | |
| at _____ school | | | |
| Classroom(s) Number _____ | | | |
| at _____ school | | | |
| Stadium | | | |
| at <u>NBHS</u> school | | | |
| Other Property | | | |
| at _____ school | | | |

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

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

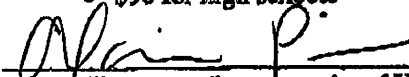
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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



Signature - Representative of User Group

1/31/18
Date



Signature - Superintendent/designee

2/8/18
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

EMP # 7077
NAME JUDY ICE DATE 5/11/2018
Relay For Life
PAY RATE \$ 20.00 AS OF 11/13/17
OT 18.00 Time & Half Y or N
HOURS 0.00
GROSS PAY \$ 540.00

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)
19.18%

\$ 103.57

FICA
6.20%

\$ 33.48

MEDICARE
1.45%

\$ 7.83

WC
0.41% Administrative
4.07% Mechanics, Maintenance, Custodians, Sweepers, Food Service

\$ 21.98

TOTAL FRINGES \$ 166.86 166.86

TOTAL CHECK \$ 706.86

SCHOOL FACILITIES

05.31 AP.22

Reporting Form for Employee Extra Pay

Submit this form to the Central Office within one (1) week of the event. A check should accompany this form.

Name of Sponsoring Organization/Activity Relay For Life

Representative's Name Alaina Pike

Facilities used by organization: ☒ gymnasium ☐ dining room/kitchen ☐ stadium
☒ auditorium ☐ classrooms(s) ☐ other, specify _____

Personnel assigned to the event: ☐ Custodian(s) ☐ Food Service Employee(s)

☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

| Employee's Signature | Date of Service | # of Hours Worked |
|----------------------|-----------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| For Central Office use only | | |
|---|-----------------------|-------------------------|
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Employee Name _____ | # of Hours @ \$ _____ | per hour Total \$ _____ |
| Superintendent/Designee's Signature _____ | | Date _____ |

Review/Revised: 1/15/08

COMMUNITY RELATIONS

10.4 AP.21

Approval for Advertising

SITE ADMINISTRATOR APPROVAL

Principals/site administrators may approve or disapprove requests from nonschool groups to post on bulletin boards flyers or notices of general interest to students and/or staff, provided the information will be posted for fewer than thirty (30) calendar days.

If the site administrator is in doubt whether the request requires Board approval, s/he shall confer with the Superintendent/designee.

BOARD APPROVAL

All other requests by outside groups to advertise on District property shall require prior approval of the Board, including the following: advertising to be posted for thirty (30) days or longer and commercial advertising involving placement of permanent or semipermanent signs in athletic facilities on other District properties.

TO APPLY FOR APPROVAL OF THE BOARD TO ADVERTISE, A REPRESENTATIVE OF THE NONSCHOOL GROUP MUST COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN THIS FORM TO THE CENTRAL OFFICE.

| | | | | |
|------------------|--|-------------------------------|----------------------------|-------------------------------|
| Applicant's Name | | <u>Pike</u> | <u>Alaina</u> | <u>Ramos</u> |
| | | <small>Last Name</small> | <small>First Name</small> | <small>Middle Initial</small> |
| Address | | <u>1440 Lynndon</u> | <u>Louisville</u> | <u>Ky</u> |
| | | <small>Street Address</small> | <small>City</small> | <small>State</small> |
| | | <u>Farm Ct. Ste 104</u> | | <u>40223</u> |
| | | <small>Street Address</small> | | <small>ZIP Code</small> |
| Telephone Number | | <u>(502) 991-4543</u> | FAX Number | <u>(502) 584-1676</u> |
| | | <small>(Area Code)</small> | <small>(Area Code)</small> | |

Applicant represents:

☐ Himself/herself ☒ Organization (specify) American Cancer Society Relay For Life

Type of advertisement Fliers, PostersTime period requested 2 weeks before event

IF THIS APPLICATION IS APPROVED, THE APPLICANT SHALL BE RESPONSIBLE FOR REMOVING ALL ADVERTISING MATERIALS AT THE END OF THE TIME PERIOD THE BOARD APPROVES.

Alaina P. 1/31/18
Applicant's Signature Date

| BOARD ACTION | |
|---|---------------------------------|
| Date Of Consideration: _____ | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| If denied, the reason was as follows: _____ | |
| _____ | |
| Date applicant notified: _____ | By whom: _____ |

Review/Revised: 5/15/2001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2018

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 rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER Commercial Lines - (404) 923-3700 USI Insurance Services National, Inc. 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886 | CONTACT NAME: Jennifer Lefler PHONE (A/C, No, Ext): 470-875-0441 E-MAIL ADDRESS: jennifer.lefler@usi.com FAX (A/C, No): 610-537-1929 |
| INSURED American Cancer Society, Inc. 250 Williams Street, NW 4th Floor Atlanta, GA 30303 | INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| | NAIC # 22667 |

COVERAGES **CERTIFICATE NUMBER:** 12655048 **REVISION NUMBER:** See below

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 INSD | SUBR INSD | 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | <input checked="" type="checkbox"/> | | HDOG27870612 | 09/01/2017 | 09/01/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

Re: Relay for Life Friday May 11, 2018

Certificate holder is included as an additional insured in accordance with the terms and conditions of the general liability policy and only if required by written contract or agreement.

CERTIFICATE HOLDER

Bullitt County Board of Education
1040 Highway 44 East
Shepherdsville, KY 40165

CANCELLATION

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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