




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: March 14, 2018

RE: Board Agenda Item – Fundraiser – North Bullitt High – Boys Basketball Tournament

The North Bullitt High School boys' basketball team requests permission to host a basketball tournament at North Bullitt High School on May 19-20, 2018.

Gym Rats Basketball Association will facilitate the tournament splitting the profits 50/50 with the boys' basketball program. Gym Rats Basketball Association will organize and schedule the tournament and North Bullitt High School will supply the facility and workers. They will have district employees at all times during the tournament.

Attached are the Application and Agreement Form and Liability Insurance Certificates for this event.

I recommend the Board approve this request for the North Bullitt High School boy's basketball team to host the basketball tournament on May 19-20, 2018.

Attachments: Facility Use Agreements – North Bullitt High Schools
Certificate of Insurance – Gym Rats Basketball Association

Equal Education and Employment Institution

*OK to March
Bryton*

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

03/13//18

To whom it may concern:

I am in agreement with Coach Korey Craddock, Boys Basketball Coach at North Bullitt High School to hold a Basketball Tournament in the gym at North Bullitt High School on May 19-20, 2018.

Thank you,

Chris VerDow, Principal
North Bullitt High School

3200 East Hebron Lane • Shepherdsville, KY 40165
Phone: (502) 869-6200 • Fax: (502) 957-6762

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	NBHS Boys Basketball		Telephone	502-532-307
Representative's Name	KOREY CRADDOCK - Board EMPLOYEE			
Address	510 OAKTREE WAY TAYLORSVILLE, KY 40071			
The above organization/individual requests the use of:				
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium	
<input type="checkbox"/> classroom(s)	<input checked="" type="checkbox"/> other, specify <u>Concessions, CCR GYM</u>			
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If yes, specify equipment _____ Operator's Name _____				
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>T-SHIRTS - Concessions</u>				
<u>Proceeds to go fund Boys Basketball Program at NBHS</u>				
Building/school/facility	<u>North Bullitt</u>			
Purpose	<u>Fundraiser Tournament for NB Boys Basketball</u>			
Date(s) requested	<u>5/19 - 5/20</u>	Time(s) Requested	<u>7:00 AM - 7:00 PM</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>Spectators for games</u>	
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	_____	
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>Admission to tournament</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>0</u>	Cost for school employee \$ <u>471.24</u> Total cost \$ <u>471.24 (Estimate)</u>
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: <u>Korey Craddock</u>	
Board Action Date, if applicable _____	Board Order # _____
Date of Use <u>05/19 - 05/20/2018</u>	Length of Time <u>12 hrs per day</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
<i>Estimate</i> Custodians	1	08 12	30.00	360.00
Food Service Employees				
Supervisory Personnel				
Other _____			Fringes (Estimate)	111.24
TOTAL PERSONNEL CHARGE				471.24

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>North Bullitt</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 _____ school				
Other Property at _____ school				

EMP # 7077
NAME JUDY ICE DATE Saturday, May 19, 2018
BOYS BASKETBALL
PAY RATE \$ 20.00 AS OF 11/13/17
OT 12.00 Time & Half Y or N
HOURS 0.00

GROSS PAY \$ 360.00

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)
19.18%

\$ 69.05

FICA
6.20%

\$ 22.32

MEDICARE
1.45%

\$ 5.22

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

\$ 14.65

TOTAL FRINGES \$ 111.24 s 111.24

TOTAL CHECK \$ 471.24

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

Korey Craddock

Signature - Representative of User Group

Chris R

Signature - Superintendent/designee

3/2/18

Date

3/13/18

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

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 AVBHS BOYS BASKETBALL

Representative's Name KOREY CRADDOCK

Facilities used by organization: ☒ gymnasium ☐ dining room/kitchen ☐ stadium

☐ auditorium ☐ classrooms(s) ☒ other, specify Concessions, CER Gym

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

	<u>05/19/2018</u>	
Employee's Signature	Date of Service	# of Hours Worked
	<u>05/20/2018</u>	
Employee's Signature	Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
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 \$
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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

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE**Date (mm/dd/yy)
3/6/2018

PRODUCER

1-804-733-2020

CHAPPELL INSURANCE AGENCY
25807-A COX ROAD
PETERSBURG, VA 23803THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

GYM RATS BASKETBALL ASSOCIATION
5310 MERCHANDISE DR.
FORT WAYNE, IN 46898

INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY

INSURER B: HARTFORD LIFE ACCIDENT COMPANY

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RPG-283681-00	08/01/17	08/01/18	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any one person)	\$ Excluded
	<input checked="" type="checkbox"/> Abuse, Molestation \$1,000,000				GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> PLL \$2,000,000				PERSONAL ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER					
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED
INSURED. GYM-RATS IS A NAMED INSURED ON THIS POLICY FOR GYM RATS SANCTIONED ACTIVITIES ONLY.

Coverage is effective 3/6/2018

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

BULLITT COUNTY PUBLIC SCHOOLS
1040 HWY 44 EAST
SHEPHERDSVILLE, KY 40165SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER
WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE
CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO
SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON
THE INSURER, ITS AGENTS OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE

CERTIFICATE GYMRATS - AI-80



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Joni Britt, Assistant Principal
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Ashley Poore, Counselor
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Chelsea Mullennex, Counselor

March 12, 2018

North Bullitt High School Boys Basketball will split the profits 50-50 from the May 19-20 , 2018 Basketball tournament with Gym Rats Basketball Association.

Korey Craddock
Boys Basketball Coach
North Bullitt High School

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