



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 *msw*

DATE: April 11, 2018

RE: Agenda Item for April 23, 2018 Board Meeting
Facility Use Application for Bullitt Central High School

Bullitt Central High School is requesting permission to allow Hope City Church to use their facility on the first Sunday of the month starting on May 6, 2018 to August 5, 2018 for monthly meetings from the hours of 6:00 pm to 8:30 pm. They are also requesting permission to have church service every Sunday starting September 2, 2018 to December 30, 2018 from the hours of 7:00 am to 1:00 pm.

Attached are the Application and Agreement Form and Liability Insurance Certificate. Additionally, Hope City Church will provide an updated Certificate of Liability Insurance form for the September rental in August 2018 when the current policy expires.

I recommend the Board approve the request for Hope City Church to use Bullitt Central High School for monthly meetings and church service.

OK for April



Bullitt Central High School

1330 Highway 44 East Shepherdsville, KY 40165

(502)869-6000

Fax (502)543-1797

TO: Mark Mitchell

FROM: Erik Huber

DATE: March 29, 2018

REF: Facility Use Request

I am sending the Facility Request from Jason Isaacs with Hope City Church for your review and Board approval. They are requesting the use of the Library to hold a monthly meeting from 6:00 p.m. - 8:30 pm, effective May 6, 2018 to August 2018. Hope City Church would like to use the Auditorium, classrooms & HUB every Sunday, effective September 2018 to December 31, 2018 from 7:00 a.m. to 1:00 p.m. Additionally, Hope City Church will provide an updated Certificate of Liability Insurance form for the September rental in August 2018 when the current policy expires.

Thank you,

Erik Huber

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	<u>Hope City Church</u>	Telephone	<u>502-762-502-363-0182</u>
Representative's Name	<u>JASON ISAACS</u>		
Address	<u>7515 3rd St Rd. Louisville KY 40214</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 checked="" type="checkbox"/> classroom(s)	<u>4 Rooms</u>	<input checked="" type="checkbox"/> other, specify	<u>HUB</u>
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment _____ Operator's Name _____			
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 High School</u>			
Purpose <u>Church Services</u>			
Date(s) requested <u>Aug - TBD</u>		Time(s) Requested <u>Sundays 7am - 1pm</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	
Will admission be charged?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>Open to all</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.

andrea isaacs @ me.com

Monthly Meeting May - August

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 \$ 30 Cost for school employee \$ 58.77 Total cost \$ 88.77

Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: Custodian

Board Action Date, if applicable _____ Board Order # _____

Date of Use Sunday (monthly) May - August Length of Time 2.5 hours 8:00 - 8:30 pm * may vary

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>R. Riley (Tentative)</u>	<u>(2.5)</u>	<u>OT @ 17.96 x 2.5 = 44.90</u>	<u>\$58.77</u>
Food Service Employees	<u>mid-Range OT to calculate Custodian fee</u>			
Supervisory Personnel				
Other				
TOTAL PERSONNEL CHARGE				<u>\$58.77</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium			
at _____ 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 <u>Boys Library</u> school	<u>\$30</u>		<u>\$30</u>

Sunday Rentals

Sept 2018 -
Dec 2018

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 \$ 105.00 Cost for school employee \$ 141.06 Total cost \$ 246.06

Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: Custodian

Board Action Date, if applicable _____ Board Order # _____

Date of Use Sundays September 2018 - ~~October 2018~~ Length of Time 7am - 1pm

December 2018
Will sign new contract January 2019

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>R. Riley - (Tenative)</u>	<u>(6)</u>	<u>OT 17.96 x 6 = 107.76</u>	<u>\$ 141.06</u>
Food Service Employees	<u>mid-Range OT to calculate Custodian Fee</u>			
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				<u>141.06</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium			
at _____ school			
Auditorium	<u>\$30 - 3 hrs</u>		
at <u>BCHS</u> school	<u>\$10 x 3 = \$30</u>		<u>\$60</u>
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both			
at _____ school			
Classroom(s) Number <u>5 Rooms</u>	<u>\$30 - 3 hrs</u>		
at <u>BCHS</u> school	<u>\$5 x 3 = \$15</u>		<u>\$45</u>
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



Signature - Representative of User Group

2-12-18

Date



Signature - Superintendent/designee

2-14-18

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2018

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 Independent Agents of KY 3830 Taylorsville Road, Suite 11 Louisville KY 40220-1368		CONTACT NAME: Stephen E. Corey PHONE (A/C No. Ext): (502) 459-8880 E-MAIL ADDRESS: Sam@IAKInsurance.com FAX (A/C No): (502) 451-3268	
INSURED River City Worship Center dba Hope City Church 7515 Old Third Street Rd Louisville KY 40214		INSURER(S) AFFORDING COVERAGE INSURER A: GUIDEONE MUT INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15032	

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	ADDITIONAL SUBROGATION	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	1295-813	08/17/2018	08/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	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)

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 and classrooms as required in written contract. All Additional Insureds are subject to the Policy Term.

CERTIFICATE HOLDER**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

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

Monthly Library Rental May - August

MAY				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
5/6	Reggie Riley	2.5	17.96 (OT) 13.87 (FRINGE)	58.77
Date	Facility	# Hours	Rate	Total Facility
5/6	Library	2.5	30.00 Library	30.00
Date	Total Facility	Total Custodian		Grand Total
5/6	30.00	58.77		88.77

JUNE				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
6/3	Reggie Riley	2.5	17.96 (OT) 13.87 (FRINGE)	58.77
Date	Facility	# Hours	Rate	Total Facility
6/3	Library	2.5	30.00 Library	30.00
Date	Total Facility	Total Custodian		Grand Total
6/3	30.00	58.77		88.77

JULY				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
7/1	Reggie Riley	2.5	17.96 (OT) 13.87 (FRINGE)	58.77
Date	Facility	# Hours	Rate	Total Facility
7/1	Library	2.5	30.00 Library	30.00
Date	Total Facility	Total Custodian		Grand Total
7/1	30.00	58.77		88.77

AUGUST				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
8/5	Reggie Riley	2.5	17.96 (OT) 13.87 (FRINGE)	58.77

Date	Facility	# Hours	Rate	Total Facility
8/5	Library	2.5	30.00 Library	30.00
Date	Total Facility	Total Custodian		Grand Total
8/5	30.00	58.77		88.77

Sunday Rental September - December 2018

SEPTEMBER				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
9/2	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
9/9	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
9/16	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
9/23	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
9/30	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
Date	Facility	# Hours	Rate	Total Facility
9/2	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
9/9	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
9/16	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
9/23	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
9/30	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
Date	Total Facility	Total Custodian		Grand Total
9/2	105.00	141.06		246.06
9/9	105.00	141.06		246.06
9/16	105.00	141.06		246.06
9/23	105.00	141.06		246.06
9/30	105.00	141.06		246.06

OCTOBER				
Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
10/7	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
10/14	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
10/21	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
10/28	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
Date	Facility	# Hours	Rate	Total Facility
10/7	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
10/14	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00

10/21	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
10/28	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
Date	Total Facility	Total Custodian		Grand Total
10/7	105.00	141.06		246.06
10/14	105.00	141.06		246.06
10/21	105.00	141.06		246.06
10/28	105.00	141.06		246.06

NOVEMBER

Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
11/4	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
11/11	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
11/18	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
11/25	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06

Date	Facility	# Hours	Rate	Total Facility
11/4	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
11/11	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
11/18	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
11/25	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00

Date	Total Facility	Total Custodian		Grand Total
11/4	105.00	141.06		246.06
11/11	105.00	141.06		246.06
11/18	105.00	141.06		246.06
11/25	105.00	141.06		246.06

DECEMBER

Date	Custodian	# Hours	Hourly Rate (Overtime at 1.5 times)	Total Custodian
12/2	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
12/9	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
12/16	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
12/23	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06
12/30	Reggie Riley	6 HRS	17.96 (OT) 33.30 (FRINGE)	141.06

Date	Facility	# Hours	Rate	Total Facility
12/2	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
12/9	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
12/16	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
12/23	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
12/30	Auditorium & 4 classrooms & HUB	6 HRS	60.00 Auditorium, 45.00 Classrooms & HUB	105.00
Date	Total Facility	Total Custodian		Grand Total
12/2	105.00	141.06		246.06
12/9	105.00	141.06		246.06
12/16	105.00	141.06		246.06
12/23	105.00	141.06		246.06
12/30	105.00	141.06		246.06