



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: July 3, 2018

RE: Agenda Item for July 23, 2018 Board Meeting
Facility Use Application for Mt. Washington Elementary

Mt. Washington Elementary School is requesting permission for the Church of the Crossroads to use their gymnasium and classrooms 75, 66 & 111 for Church Service from 8:00 am to ~~12:00~~ 2:00 pm from the dates of August 5, 2018 to July 31, 2019. This will be their second year to use Mt. Washington Elementary School. If the congregation continues to grow, they would like to request more space. The Mt. Washington Elementary School Principal will coordinate this with the Maintenance Department.

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

I recommend the Board approve this request for the Church of the Crossroads to use Mt. Washington Elementary School for church service.





Mt. Washington Elementary School

9234 Highway 44 East Mt. Washington, KY 40047

(502) 869-3000

Fax (502) 538-2744

Every Child - Every Day

Terri W. Lewis, Principal
Alicia Franklin, Counselor

July 2, 2018

Bullitt County Board of Education,

As principal of Mt. Washington Elementary School, I give permission for The Church of The Crossroads to petition the Bullitt County Board of Education for use of our building for their Sunday services. Prior to my arrival at BCPS, Mrs. Lewis met with the church leader, Mr. John Parkey, and detailed the expectations for facility use. The Church of the Crossroads has used MWES for the last year without incident or concern.

Julie Leston

Principal, Mt. Washington Elementary

*Dedicated to Laying the Foundation for All Students to be College or Career Ready
by High School Graduation.*

An Equal Education and Employment Institution

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>Church of the Crossroads</u>	
Representative's Name	<u>John Parkey</u>	Telephone <u>502-664-2356</u>
Address	<u>P.O. Box 743 Mt. Washington, Ky. 40047</u>	
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)	<u>75, 66, 111</u>	<input type="checkbox"/> other, specify _____
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 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. _____		
Building/school/facility	<u>Mt. Washington Elementary</u>	
Purpose	<u>Worship, gatherings, kid ministry</u>	
Date(s) requested	<u>Aug. 2018 - July 2019</u>	Time(s) Requested <u>Sundays 8:00 am - 12:00</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 _____

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.

* If Congregation continues to grow
We would like to request more space.

Application and Agreement for Use of District Property

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

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				
Food Service Employees				
Supervisory Personnel	* Kellie Weiher District Employee	8:00 - 1:00		
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>MWES</u> school	<u>50</u> + 1 hr.		<u>\$160</u>
Auditorium at _____ school			
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			
Classroom(s) Number <u>75, 66, 111</u> at <u>MWES</u> school	<u>35</u> <u>35</u> <u>35</u>		<u>\$105</u>
Stadium at _____ school			
Other Property at _____ school			

\$165

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

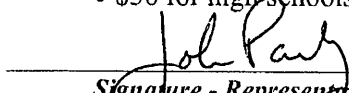
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

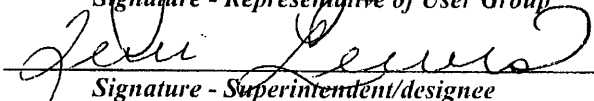
- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

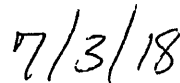
- \$30 for elementary/middles schools
- \$50 for high schools



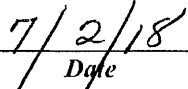
Signature - Representative of User Group



Signature - Superintendent/designee



Date



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)

07/03/2016

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

Claude Reynolds Insurance Agency
PO BOX 58400
Louisville KY 40258-0400

CONTACT

NAME Lorraine Lawson

PHONE

A/C No. Ext. 502-933-2255

FAX

A/C No. 502-933-0011

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

Ref. #

INSURED

Church of the Crossroads
PO BOX 743
Mt Washington KY 40047

INSURER A: Brotherhood Mutual

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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 SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	16M465495	06/01/2015	06/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO PROPERTY \$ 1,000,000
						PREMISES (EX. OCCURRENCE) \$ 1,000,000
						MED. EXP. (Any law person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV. INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 3,000,000
	OTHER:					PRODUCTS - COMPOUND AGG. \$ 3,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (EX. accident) \$ 1,000,000
	ANY AUTO					BODILY INJURY (per person) \$ 1,000,000
	OWNED AUTOS ONLY					BODILY INJURY (per accident) \$ 1,000,000
	HIRED AUTOS ONLY					PROPERTY DAMAGE (per person) \$ 1,000,000
	SCHEDULED AUTOS					
	NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB.					EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB.					AGGREGATE \$ 1,000,000
	DEC. RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			EL. EACH OCCURRENCE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL. DISEASE - EMPLOYED \$ 1,000,000
						EL. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

Bullitt County Board of Education
1040 Hwy 44
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