



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 10, 2018

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

Bullitt Central High School is requesting permission to allow Kentucky State Beekeepers Association to use their facility on November 3, 2018 from the hours of 7:30 am to 5:30 pm to host their District Meeting. They are requesting the use of the auditorium, cafeteria, two classrooms and the HUB.

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

I recommend the Board approve the request for Kentucky State Beekeepers Association to use Bullitt Central High School for their District Meeting on November 3, 2018.



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: May 8, 2018

REF: Facility Use Request

I am sending the Facility Request from John Benham with the Kentucky State Beekeepers Association for your review and Board approval. They are requesting the use of the auditorium, cafeteria, two classrooms and the HUB to host their District meeting. They have requested the date of November 3rd from 7:30 a.m. to 5:30 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>Kentucky State Beekeepers Association</u>		Telephone <u>270-678-7924</u>
Representative's Name <u>John Benham</u>		
Address <u>1523 Colesbend Rd, Smiths Grove, Ky 42171</u>		
The above organization/individual requests the use of:		
<input checked="" type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input checked="" type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) <u>2</u> <input checked="" type="checkbox"/> other, specify <u>MEDIA ROOM (MIB)</u>		
Is the organization planning to use District-owned equipment? <input 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. _____		
Memberships to our non-profit organization 501-C-5 (Fed Tax ID 061013290)		
Building/school/facility <u>BULLITT CENTRAL HIGH SCHOOL</u>		
Purpose <u>Yearly Scheduled Association Meeting</u>		
Date(s) requested <u>Nov 3, 2018</u>		Time(s) Requested <u>7:30 am - 5:30 pm</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 _____		
When using school facilities, this organization agrees to observe the following:		

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.

Attendance: 200 (approx)

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>\$295.00</u>	Cost for school employee \$ <u>425.37</u> Total cost \$ <u>720.37</u>
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	T. Stokes	12 ✓	OT \$ 324.96 Fringes \$ 100.4	\$ 425.37 ✓
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				\$ 425.37

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school			
Auditorium at <u>BCHS</u> school	\$ 50 3 HR ✓ \$ 10 x 7 HR * 20 ✓	\$ 120	
Cafeteria <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>BCHS</u> school	\$ 30 x 2 HR ✓ \$ 14	\$ 60	
Classroom(s) Number _____ at <u>BCHS</u> school	\$ 30 3 HR ✓ \$ 5 x 7 = 35 ✓	\$ 65	
Stadium at _____ school			
Other Property at <u>HUB (BCHS)</u> school	\$ 50 ✓ all day	\$ 50	

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.)

2 ALL PURPOSE ROOM / MEETING ROOM

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

1 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

1 CAFETERIA

- \$30 per hour

KITCHEN

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

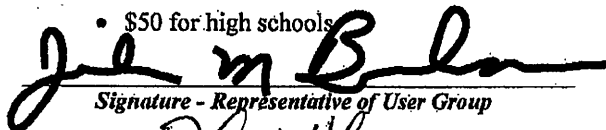
KITCHEN AND CAFETERIA

- \$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

02/05/18

Date


Signature - Superintendent/designee

3/23/18

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)

04/30/2018

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 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 LANI BASBERG AGENCY 12 MAIN STREET SHELBYVILLE, KY 40065		CONTACT NAME: LANI BASBERG PHONE (A/C No. Ext.): 502-647-6021 FAX (A/C No.): 502-647-6081 E-MAIL ADDRESS:	
INSURED KENTUCKY STATE BEEKEEPERS ASSOCIATION INC. 1623 COLESBEND ROAD SMITHS GROVE, KY 42171-9210		INSURER(S) AFFORDING COVERAGE INSURER A: AMERICAN NATIONAL PROPERTY & CASUALTY 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 (NSD 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	1601L0141	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000			
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					CUMULATED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$			
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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)

ADDITIONAL INSURED: BULLITT COUNTY BOARD OF EDUCATION, 1040 HWY 44 E, SHEPHERDSVILLE, KY 40165

CERTIFICATE HOLDER**CANCELLATION**

BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 E 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 <i>Lani Basberg Agency</i>
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Hasting, Tracy <tracy.hasting@bullitt.kyschools.us>

Re: Send data from MFP11876506 05/03/2018 12:36

1 message

Huffman, Angela <angela.huffman@bullitt.kyschools.us>

Thu, May 3, 2018 at 1:28 PM

To: "Hasting, Tracy" <tracy.hasting@bullitt.kyschools.us>

Yes, per their application they are a 501-C-3[✓] organization. (FED Tax Id #061013290)

On Thu, May 3, 2018 at 1:20 PM, Hasting, Tracy <tracy.hasting@bullitt.kyschools.us> wrote:

Hey Angie,

Are they a non-profit organization?

Thanks and have a blessed day.

On Thu, May 3, 2018 at 12:36 PM, Huffman, Angela <angela.huffman@bullitt.kyschools.us> wrote:

----- Forwarded message -----

From: **angela.huffman** <angela.huffman@bullitt.kyschools.us>

Date: Thu, May 3, 2018 at 12:36 PM

Subject: Send data from MFP11876506 05/03/2018 12:36

To: angela.huffman@bullitt.kyschools.us

Scanned from MFP11876506

Date: 05/03/2018 12:36

Pages: 5

Resolution: 200x200 DPI

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Angela Huffman

Secretary

Bullitt Central High School

502.869.6012

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Angela Huffman