

Application and Agreement for Use of District Property

NOTE: Please complete this form and submit 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 as a contract.

Name of Sponsoring Organization/Activity	Playcare	Telephone	870-709-3040
Representative's Name	Ashley Wilson and Shelby Royster		
Address	111 Park Rd. Paducah, KY 42003		
The above organization/individual requests the use of: Building/school/facility <u>SLES</u>			
<input type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) <input checked="" type="checkbox"/> other, specify <u>other as needed for daycare</u>			
Is the organization planning to use District-owned equipment?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, specify equipment <u>per contract</u>		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>daycare services</u>			
Building/school/facility representative to be on site <u>School administrative/designee</u>			
Purpose <u>daycare services</u>			
Date(s) requested <u>FY2019</u>		Time(s) Requested <u>7:00 AM-5:45PM</u>	
Will public be admitted?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Principal/facility representative 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**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	N/A			
Food Service Employees	N/A			
Supervisory Personnel	N/A			
Other _____				
TOTAL PERSONNEL CHARGE				

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

Ashley Scott-Wilson
Signature - Representative of User Group

7/10/18
Date

Signature - Principal/designee

Date

Vicki King
Signature - Superintendent/designee

7/10/2018
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES MAY BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

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For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____ N/A	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 # _____

Review/Revised:7/11/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/24/2018

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 HENNEBERGER FLYNN INSURANCE PO Box 1179 Paducah, KY 42002-1179	CONTACT NAME: RUSS FLYNN PHONE (606) No. Ext.: (270)444-7278 FAX (606) No. Ext.: (270)444-0830 E-MAIL ADDRESS: rfflynn@hennebergerflynn.com
INSURER A: WESTBEND	INSURER B:
INSURER C:	INSURER D:
INSURER E:	INSURER F:

INSURED PLAYCARE LEARNING CENTER LLC 111 PARK ROAD PADUCAH, KY 42003	CERTIFICATE NUMBER:	REVISION NUMBER:
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TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		AC95399	11/12/2017	11/12/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD 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) \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <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)

850 CUT OFF ROAD / SMITHLAND, KY 42081
LICENSED 45 CHILDREN
AGES: 16 MO - 12 YRS OLD

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