

## **Bullitt County Public Schools**

1040 Highway 44 East Shepherdsville, Kentucky 40165

502-869-8000 Fax 502-543-3608 www.bullittschools.org

**MEMO** 

TO:

Jessie Bacon

FROM:

Mark Mitchel

DATE:

November 6, 2018

RE:

Board Agenda Item--Fundraiser--North Bullitt High School--Girls

**Basketball Tournament** 

The North Bullitt High School girls basketball team requests permission to host a basketball tournament at North Bullitt High and Hebron Middle on January 19-20, 2019 and February 23-24, 2019.

Midwest Basketball Tournaments will facilitate the tournament splitting the profits 50/50 with the girls' basketball program. Midwest Basketball Tournaments 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 girls' basketball team to host the basketball tournaments on January 19-20, 2019 and February 23-24, 2019.

Blutan

# North Bullitt High School



3200 E Hebron Lane Shepherdsville, KY 40165

#Proveit

Tel: 502-869-6200 Fax: 502-957-6762

10/19/2018

To whom it may concern:

I am in agreement with Coach David Marion, Basketball Coach at North Bullitt High School to hold a Basketball tournament at North Bullitt High School on January 19<sup>th</sup> & 20<sup>th</sup>, 2019 from 8:00 AM; till 8:00 PM.

Thank you,

Joni Britt, Principal

North Bullitt High School

<u>NOTE:</u> 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. GIRLS Baldaldephone 502-297-30	41
Representative's Name David Marion (Coach) DISTRICT EMPLOYEE	
Address 2001 GRANGER ROAD FAIRDALE, KY 40118	
The above organization/individual requests the use of:	
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium	•
☐ classroom(s) ☐ other, specify	
Is the organization planning to use District-owned equipment?   YES NO	
If yes, specify equipment Operator's Name	
Is the organization planning to conduct sales on school premises? VYES INO	
If yes, give a complete description of what is being sold and how the proceeds will be used. oncessions	
TO Help PAY FUR CHRISTMAS TRIP, EQUIPMENT SENIOR WIGHT	,
Building/school/facility NORTH BULL ITT HIGH SCHOOL GYMNASIUM/M	IN E AUX
Purpose BASKETBALL TOURINAMENT FUND RAISER	
Date(s) requested January 19th 20th Time(s) Requested 8:00 ft 8:00 ft	<b>T</b>
Will public be admitted? YES NO If yes, please explain To WATCH GAMES	
Will advertisement(s) be used?   YES   NO If yes, please explain	
Will admission be charged? YES NO If yes, please explain <u>AOMISSION</u> Fon FUND	HISEN

- 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.

	For Office Use O							
Deposit \$	District property \$_\textit{\mathcal{O}} Cost				Is denosit refun	dable? □ Ves □		
	ceived V/A  (s) assigned: David M							
	A-4-4-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
Date of Use	ate, if applicable 2/23 ~ 2/24/2019		Length of	Time _	12 hours	each du	4	
FEE SCHEDULE The organization	agrees to pay the applicable fee(s)	for the us	e of Distric	t facili	ties.			*
	# of Employees Required	# of He	ours	Hour	ly Rate (Overtime a	it 1.5 times)	Total	
Custodians	Judy Ice	4-8	3		30.00/ nR		\$180 ay	porot
Food Service Employees	. 8							•
Supervisory Personnel		¥1	^				97	
OtherFringes					***************************************		59.76	
			тот	AL PE	RSONNEL CHARG	E	239.76	Appro
	Property Used	1	Facilit Equipmen		Personnel Cost, if applicable		Total Cost for Facility Use	
at	Gymnasium  VBHS school		0	-	239,76	5.4%	239.76	
	Auditorium							
at	school							
	Dining Room   Kitchen   Both		(5)	9				*: *
	school	,						
at	Stadium school		S <del>t</del>					

Other Property

school

#### 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

<ul> <li>\$50 for high schools</li> </ul>	
David Marion	10-19-18
Signature - Representative of User Group	D\nte
Q. Butt	10/22/18
Signature - Superintendent/designee	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.



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

DATE (MM/DDIYYYY) 07/30/2018

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(les) 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). CONTACT D. Glenn Pike PRODUCER Louisville Insurance LLC PHONE (A/C. No. Ext): 502-473-5454 E-MAIL ADDRESS: Glenn@Louisvilleins.com FAX (A/C, No): 502-473-8695 11828 Ransum Dr Louisville KY 40243 INSURER(S) AFFORDING COVERAGE NAIC # 22543 Secura Insurance INSURER A: Frederick A. Hale LLC DBA INSURED INSURER 8: Midwest Basketball Tournaments INSURER C : 1906 Watterson Trail INSURER D : Louisville, KY 40299 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY CP3272878 1,000,000 08/02/2018 08/02/2019 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE OCCUR Excluded MED EXP (Any one parson) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY MBINED SINGLE LIMIT ANY AUTO **BODILY INJURY (Fer person)** OWNED AUTOS ONLY HRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INURY (Per accident) PROPERTY DAMAGE (Per accident) LIMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION S DED WORKERS COMPENSATION WORKENS DOMPENSATION
AND EM PLOYERS' LIABILITY
ANY PROPRIETOMPASTINERIESECUTIVE
OPFICER/MEMBER EXCLUDED?
(Mandatory in NH)
if yes, describe under
DESCRIPTION OF OPERATIONS below STATUTE E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORO 101, Additional Remarks Schedule, may be attached if more space is required) Bulllitt County Board of Education is named as additional insured. **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. **Bullitt County Public Schools** 1040 Highway 44 East AUTHORIZED REPRESENTATIVE Shepherdsville, KY 40165 Do Gang ?L.

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ACORD 25 (2016/03)

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<u>NOTE:</u> 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 GIRLS BASKETBALL Telephone (502) 257-304/
Representative's Name David Marton (CEACH, DESTREET EMPLOYET)
Address 2007 GRANGER RD, FATROME, KY 40118
The above organization/individual requests the use of:
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium
☐ classroom(s) ☐ other, specify
Is the organization planning to use District-owned equipment?   YES NO
If yes, specify equipment ///A Operator's Name ///A
Is the organization planning to conduct sales on school premises? XYES NO
If yes, give a complete description of what is being sold and how the proceeds will be used. <b>CONCESTIONS</b>
TO HELP PAY FOR CHRESTMAS TREP, EQUIPMENT, SENDOR NIGHT CELEBRATION
Building/school/facility HERRON MIDDLE SCHOOL CYMNASTUM
Purpose RASKETBALL TOURNAMENT FUNDRATSUR
Date(s) requested JANUARY 19th - 20th Time(s) Requested 8:00-8:00
Will public be admitted? YES NO If yes, please explain TO WATCH GAMIES
Will advertisement(s) be used? TYES NO If yes, please explain
Will admission be charged? XYES NO if yes, please explain Admission For FUNDRALSER

- 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.
- 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.

For Office Use Only - To be Completed by School Official

Cost for use of	District property \$	Cost for school	ol employe	e \$T	otal cost \$ 8	33.36
Deposit \$		<u></u>		Is deposit ref	undable? 🛘 Ye	s 🗆 No
Date Deposit R	Received		Balance :	Due \$		
Board employe	ee(s) assigned:					
Board Action I	Date, if applicable			Board	Order #	
Date of	Use			<del>- 13841 - 1</del> 3	Length o	of Time
FEE SCHEDU						
The organizat	tion agrees to pay the app					T
Contadlana	# of Employees Required			Rate (Overtime		Total
Custodians	Tonya Vog L	24	#17.8	7 Reg. 826	10 10.	643.32
Food Service Employees				, ),		
Supervisory Personnel				,		
Other				3-3	*****	
Fringes			054	nated	•	190.04
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						1,
	Property Used	Equ	cility/ ipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
	Gymnasium					
at	schoo	1				-
at	Auditorium schoo					
						ļ
	Dining Room 🗆 Kitchen 🗅 Bo					e
	room(s) Numberschoo	1	***************************************			
······	Stadium schoo					
	Other Property				<del> </del>	

school

#### 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
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  - \$30 for elementary/middles schools

• \$50 for high schools	8-17-18
Signature - Representative of User Group	Date
ZSU	8/21/18
Signature - Superintendent/designee	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.

EMP#	7801		
NAME	TONYA VOGT	DATE	
PAY RATE	\$ 17.87		
OT	24.00 Time & Half	Y or N	
HOURS			
GROSS PA	Y \$ 643.32		
COUNTY E 21.48	MPLOYMENT RETIREMENT TEACHERS (CERS) 3%		
	\$ 138.19 (0232)	N.	
FICA			
6.20	<b>%</b>		
	\$ 39.89 (0221)		
MEDICARE 1.45			
	\$ 9.33 (0222)		
	ment Insurance		
1.00	9% On the first \$6,000 / max \$60		
	\$ 6.43 (0251)		
	% Administrative		
4.07	1996 Mechanics, Maintenance, Custodians, Sweepers, Food Service		
	\$ 2.64 (0260)		
	TOTAL FRINGES \$ 190.04 s 190.0	4	
	TOTAL CHECK \$ 833.36		



DATE (MM/DD/YYYY) 07/30/2018

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# North Bullitt High School



3200 E Hebron Lane Shepherdsville, KY 40165

#Proveit

Tel: 502-869-6200

Fax: 502-957-6762

10/19/2018

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Thank you,

Joni Britt, Principal

9. Butt

North Bullitt High School

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🗖 auditorium 🎾 gymnasium 🗖 dining room/kitchen 🗖 stadium							
Classroom(s) Other, specify							
Is the organization planning to use District-owned equipment?   YES, NO							
If yes, specify equipment ///A Operator's Name ////							
Is the organization planning to conduct sales on school premises? XYES II NO							
If yes, give a complete description of what is being sold and how the proceeds will be used. <b>CONCESSIONS</b>							
TO HELPPAY FOR CHRISTMAS TRIP, EDVIPMENT, SENTUR NIGHT CELEBRATION							
Building/school/facility HEBRON MEDDLE SCHOOL GYMNASTUM							
Purpose BASKETBAL TOURNAMENT FUNDRAISER							
Date(s) requested FERRUARY 23RD - 24:40 Time(s) Requested 8:00-8:00							
Will public be admitted? YES NO If yes, please explain TD WATCH GAMES							
Will advertisement(s) be used? YES NO If yes, please explain							
Will admission be charged? X YES NO If yes, please explain ADMISSION FOR FUNDIALSER							

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	For Office Use O						
Cost for use of	Cost for school employee \$ Total cost \$ 833.36						
						1	
	Received						
	ec(s) assigned:						
	Date, if applicable					Length o	
Date of	Use					Length C	1 time
					not were to		
FEE SCHEDU	LE	,					160
The organiza	tion agrees to pay the app				se of District	facilities.	
	# of Employees Required	# of H	lours	The state of the s	Rate (Overtime		Total
Custodians	Tonya Vogt	24		#17.8	1 Reg. 826	10 16.	643.32
Food Service Employees							1
Supervisory Personnel						1	
Other		-					
tringes		1			nated		190.04
<b>8</b> 8			r	OTAL PER	SONNEL CHA	RGE	833.3
	Property Used			acility/ uipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
entos (	Gymnasium		tac.,mosu				
at	scho	01					
	Auditorium				330740		
at	scho						
	Dining Room 🗆 Kitchen 🗆 I						ļ
	scho	ol			<u> </u>		
	sroom(s) Number scho	ool .			,		
	Stadium		-			+	
at	scho	ool					
	Other Property					1	
at	scho	ool					

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

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED

• \$30 for elementary/middles schools

•	\$50 for	high schools	\$	
	$\langle \cdot \rangle$	IM	~	

Signature - Representative of User Group

Signature - Superintendent/designee

7-18 Date

121/18

ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.



DATE (MM/DD/YYYY) 07/30/2018

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(les) 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 andorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT D. Glenn Pike PRODUCER Louisville Insurance LLC PHONE (AC No. Extl: 502-473-5454 E-MAIL ADDRESS: Glenn@Louisvilleins.com FAX (AC, No): 502-473-8695 11828 Ransum Dr Louisville KY 40243 INSURER(6) AFFORDING COVERAGE NAIC # 22543 Secura Insurance INSURER A : Frederick A. Hale LLC DBA INSURED INSURER B : Midwest Basketball Tournaments INSURER C : 1906 Watterson Trail INBURER D : Louisville, KY 40299 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY CP3272878 08/02/2018 08/02/2019 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) X 100,000 CLAIMS-MADE V OCCUR Excluded MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENL AGGREGATE LIMT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY PRO-PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (En accident) AUTOMOBILE LIABILITY 8 OTUA YMA \$ BODILY INJURY (Per parson) OWNED AUTOS ONLY CHEDULED **BODILY NURY (Per accident)** 8 AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) s AUTOS ONLY \$ UMBRELLA LIAB 5 EACH OCCURRENCE DOCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA OFFICENMENDER EXCODED?
(Mandatory In NH)
If yes, describe under
OESCRIPTION OF OPERATIONS below 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) Buillitt County Board of Education is named as additional insured. **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. Bullitt County Public Schools

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35 Jan 126

1040 Highway 44 East

Shepherdsville, KY 40165

AUTHORIZED REPRESENTATIVE

EMP#	78	01				
NAME			VOGT	DATE		
PAY RATE	\$	17.87				
OT	24	.00	Time & Ha	alf YorN		
HOURS					·	
GROSS PAY	\$	643.32				
COUNTY EF 21.48		RETIREMENT T	EACHERS (CERS)			
		\$	138.19 (0232)			
FICA 6.20	%					
		\$	39.89 (0221)			
MEDICARE 1.45					·	
		\$	9.33 (0222)			
	ment Insurar % On the first \$					
		\$	6.43 (0251)			
wc						
	% Administrativ	ve				
4.07	% Mechanics, N	Naintenance, Custodia	ns, Sweepers, Food Service			
		\$	2.64 (0260)			
	TO <b>T</b>	AL FRINGES \$	190.04 \$	190.04		

TOTAL CHECK \$ 833.36

<u>NOTE:</u> 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/BHS Girls Baskelball_Telephone 542-297-304/	
Representative's Name David Marion - DISTrict Employee - COACH	
Address 2001 GRANGER ROAD, Fairdale Ky 40118	•
The above organization/individual requests the use of:	
🗖 auditorium 🛕 gymnasium 🗖 dining room/kitchen 🚨 stadium	
☐ classroom(s) ☐ other, specify	
Is the organization planning to use District-owned equipment?   YES NO	
If yes, specify equipmentOperator's Name	
Is the organization planning to conduct sales on school premises? WYES INO	
If yes, give a complete description of what is being sold and how the proceeds will be used. Concessions	
TO HELP PAY FOR CHASTMAS TRIP, E QUIPMENT, SENIOR NIGHT	1
Building/school/facility WONTH BUILDIT HIGH SCHOOL GYMNASIUMS MADU E	$\nu \chi$
Purpose BASKETBALL TOURNAMENT FUNDRATER	/
Date(s) requested February 23rd-24th 2019 Time(s) Requested 8:06 PM 8:00 PD	
Will public be admitted? X YES D NO If yes, please explain 70 WATCH GAMES	
Will advertisement(s) be used?	
Will admission be charged? YES D NO If yes, please explain	

- 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.

	For Office Use O	nly - To	be Com	pleted by	School Official				
Cost for use of D	istrict property \$ Cost	for scho	ool emplo	yee \$239	M Total cost S				
Deposit \$						ndable? 🗆 Yes 🗀	l No		
Date Deposit Rec	ceived		Balance Due \$						
Board employee	(s) assigned: David M.	arti	m				i		
Board Action Da	ite, if applicable				Board Order #_				
Date of Use 1 -	ite, if applicable		_ Length	of Time _	12 Hour	s EACH !	DAY		
FEE SCHEDULE The organization	agrees to pay the applicable fee(s)	for the t	use of Di	strict facilit	ies.				
	# of Employees Required		Hours	Hourl	y Rate (Overtime	at 1.5 times)	Total		
Custodians	Judy Ice	4-	8	30.00/HR.			180	APRA	
Food Service Employees									
Supervisory Personnel									
Other	:		æ				59.76		
				TOTAL PE	RSONNEL CHAR	GE	239.76	APPILI	
Property Used				cility/ Personnel ment Fee Cost, if applicable			Total Cost for Facility Use		
Gymnasium at NORTH BULLTIT /!! Sechool				2	239.76		239.76		
	Auditorium								
at	school								
	□ Dining Room □ Kitchen □ Both	1							
Cla	ssroom(s) Numberschool	•							
	Stadium								

Other Property

school

#### 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	111-19-10
Signature - Representative of User Group	
9 Bitt	10/22/18
Signalure - Superintendent/designee	/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.



DATE (MM/DD/YYYY) 07/30/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED the notice/lies must have ADDITIONAL INSURED provisions or he audits and

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Louisville Insurance LLC					CONTACT D. Glenn Pike   NAME:   PHONE   S02-473-5454   NAME:   S02-473-8695   NAME:   S02-473-8695   NAME:   NAME:						
11828 Ransum Dr					PHONE (AC, No. Ext): 502-473-5454 (AC, No.): 502-473-8695						
	Louisville KY 40243				ADDRE	er: Glenningt	puisvineins.co	n,	ı	•	
					<u> </u>		URER(8) AFFOR	DING COVERAGE		NAIC#	
	# 1 L.				INSURE		22543				
1SURED	FrederickA, Hale LLC DBA				INSURER B:						
	Midwest Baskelball Tournaments 1906 Watterson Trail			* *	INSURER C:						
	Louisville, KY 40299			•	INSURER D:						
	COORMINE, TO TOLUS				INSURER E :						
				1	INSURER F:						
OVER	AGES CER	TIFIC	CATE	NUMBER:		<u> </u>		REVISION NUMBER:	<del></del>		
CERTIF EXCLUS	TO CERTIFY THAT THE POLICIES C TED. NOTWITHSTANDING ANY REQ ICATE MAY BE ISSUED OR MAY P BIONS AND CONDITIONS OF SUCH PO	UIREM ERTAI OLICIE	Ment, N, The S. Lin	TERM OR CONDITION OF A EINSURANCE AFFORDED E HTS SHOWN MAY HAVE BEE	NY CON By THE	TRACT OR OT POLICIES DE: CED_BY PAID	HER DÖCUMEN SCRIBED HERI CLAIMS,	NT WITH RESPECT TO WH EIN IS SUBJECT TO ALL T	ICH THS		
RR TR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF IMM/DD/YYYY	POLICY EXP	LIM	<b>78</b>		
	COMMERCIAL GENERAL LIABILITY	X		CP3272878			08/02/2019		\$	1,000,000	
	CLAIMS-MADE OCCUR			·				EACH OCCURRENCE DAWAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
.								MED EXP (Any one parson)	\$	Excluded	
								PERSONAL & ADV INURY	s	1,000,000	
GEN	L AGGREGATE LIMIT APPLIES PER:					•		GENERAL AGGREGATE	8	2,000,000	
<u> </u>	POLICY PRO- LOC								<del></del>	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:			· · · · · · · · · · · · · · · · · · ·				COMBINED SINGLE LIMIT	5	<del></del>	
1	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	<del> </del>	<del></del>	
- 1	OWNED SCHEDULED							BODILY NUCRY (Per person)	\$		
	AUTOS ONLY AUTOS HRED NON-OWNED	ļ						BODILY NARY (Per accident) PROPERTY DAWAGE	\$		
	AUTOS ONLY AUTOS ONLY			•				(Per accident)	\$		
		<u> </u>	L						\$		
	UMBRELLA LIAB OCCUR			•				EACH OCCURRENCE	\$		
	EXCESS LIAD CLAIMS-MADE	}						AGGREGATE	\$		
	DED RETENTION \$		<u>                                     </u>			L			5		
	KERS COMPENSATION IM PLOYERS' LIABILITY							PER OTH-		_	
ANYP	ROPRIETORPARTNER/EXECUTIVE Y/N						1	E.L. EACH ACCIDENT	s		
OFFICE (Man)	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A		·			1	E.L. DISEASE - EA EMPLOYEE	5		
li yes. DESCI	describe under RPTION OF OPERATIONS below	}						E.L. DISEASE - POLICY LIMIT	s		
	Control of Grant College							E.C. GAGGACE - I OFFICE FRAME	1		
										•	
ESCRIPTION	IN OF OPERATIONS / LOCATIONS / VEHICL	FR TAC	ORD 4	01 Additional Parasta Catadas	la mari b	altached if we	e space le tochi	lted)			
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onin CO	unty Board of Education is named as	addıti	onal ii	nsur <b>eo</b> .							
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•					SHC	ULD ANY OF		SCRIBED POLICIES BE CA			
	Bullitt County Public Schools							REOF, NOTICE WILL B Y PROVISIONS.	E DELIVI	ERED IN	
	Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165				ACC		TH THE POLIC		E DELIVI	ERED IN	

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