



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 Mitchell 

DATE: December 5, 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 Zoneton Middle School 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.

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	NBHS GIRLS BASKETBALL		Telephone	(502) 297-3041
Representative's Name	David MARDON (COACH, DISTRICT EMPLOYEE)			
Address	2007 GRANGER RD. FAIRDALE, KY 40118			
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)	<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		
N/A		N/A		
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>CONCESSIONS- TO HELP PAY FOR CHRISTMAS TREE, EQUIPMENT, SENIOR NIGHT CELEBRATION</u>				
Building/school/facility	<u>ZONETON MIDDLE SCHOOL GYMNASIUM</u>			
Purpose	<u>BASKETBALL TOURNAMENT FUNDRAISER</u>			
Date(s) requested	<u>JANUARY 19th - 20th</u>		Time(s) Requested	<u>8:00-8:00</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain <u>TO WATCH GAMES</u>	
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	If yes, please explain <u>N/A</u>	
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain <u>ADMISSION FOR FUNDRAISER</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.

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 \$ <u>754.56</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 <u>January 19/20, 2019</u>		Length of Time _____	
<u>7:30 - 8:30 / 7:30 - 6:30</u>			
<u>19 20</u>			

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>CHAB PRICE</u> <u>KRYSTAL KEMP F</u>	<u>11.5</u> <u>12.5</u>	<u>10.68 (15.72)</u> <u>10.68 (15.72)</u>	<u>180.78</u> <u>+50.78 196.50</u>
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				\$ <u>377.28</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 _____ 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

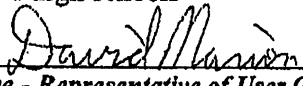
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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

8-17-18

Date



Signature - Superintendent/designee

12/5/18

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

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Representative's Name <u>David MARION (COACH, DISTRICT EMPLOYEE)</u>	
Address <u>2007 GRANGER RD. FAIRDALE, KY 40118</u>	
The above organization/individual requests the use of:	
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> dining room/kitchen
	<input type="checkbox"/> stadium
	<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 <u>N/A</u>	Operator's Name <u>N/A</u>
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>CONCESSIONS - TO HELP PAY FOR CHRISTMAS TRIP, EQUIPMENT, SENIOR NIGHT CELEBRATION</u>	
Building/school/facility <u>ZONETON MIDDLE SCHOOL GYMNASIUM</u>	
Purpose <u>BASKETBALL TOURNAMENT FUNDRAISER</u>	
Date(s) requested <u>FEBRUARY 23RD - 24TH</u>	Time(s) Requested <u>8:00-8:00</u>
Will public be admitted? <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>TO WATCH GAMES</u>
Will advertisement(s) be used? <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>N/A</u>
Will admission be charged? <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>ADMISSION FOR FUNDRAISER</u>

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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 <u>February 23/24, 2019</u>		Length of Time _____	
<u>7:30-8:30 7:30-6:30</u>			

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>Chie Price</u> <u>Kristal Kempf</u>	<u>18.5</u> <u>12.5</u>	<u>10.64 (15.72)</u> <u>10.64 (15.72)</u>	<u>180.74</u> <u>133.00</u> <u>313.74</u>
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				\$ <u>377.28</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 _____				
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Stadium				
at _____ school				
Other Property				
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KITCHEN

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OUTSIDE PROPERTIES

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

David Mason
Signature - Representative of User Group

8-17-18
Date

[Signature]
Signature - Superintendent/designee

12/5/18
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)
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(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 Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	CONTACT NAME: D. Glenn Pike	
	PHONE (A/C, No, Ext): 502-473-5454	FAX (A/C, No): 502-473-8695
	E-MAIL ADDRESS: Glenn@Louisvilleins.com	
INSURED Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Watterson Trail Louisville, KY 40299	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Secura Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC # 22543	

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 INSD	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CP3272878	08/02/2018	08/02/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED 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	OTH-ER
							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 additional insured.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools 1040 Highway 44 East 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

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INSURED Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Watterson Trail Louisville, KY 40299	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Secura Insurance	22543
	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 INSD	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CP3272878	08/02/2018	08/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED 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 OTH-ER 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)

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