

Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

MEMO

TO: Jesse Bacon *JB*

FROM: Mark Mitchell *mm*

DATE: December 12, 2018

RE: Agenda Item for December 17, 2018 Board Meeting
Facility Use Application for Bullitt Central High School

Bullitt Central High School is requesting permission to allow Hope City Church to use their facility from January 1, 2019 to December 31, 2019 from the hours of 7:00 am to 1:00 pm to have church service. They are requesting the use of the auditorium, HUB, 4 classrooms and occasionally the library. They will be using the facility on Sundays only.

Attached are the Application and Agreement Form and Liability Insurance Certificate. Their Liability Certificate is valid until August 2019, at which time they will give us a current certificate of their policy.

I recommend the Board approve the request for Hope City Church to use Bullitt Central High School for church service from January 1, 2019 to December 31, 2019.

B. Supton

Bullitt Central High School



1330 Highway 44 East – Shepherdsville, KY – 502-869-6000 – Fax 502-543-1797

TO: Mark Mitchell

FROM: Erik Huber, Principal

DATE: December 11, 2018

REF: Facility Use Request

I am sending you the Facility Request from Jono Gardner with Hope City Church for your review and Board approval. They are requesting the use of the Auditorium, HUB, 4 classrooms, and occasionally the library starting January 5th, 2018 until the end of the year from 7:00am to 1:00pm. They will be using the facility on Sundays only. Their liability certificate is valid until August 2019, at which time they will give us a current policy for the year. If you have any questions please do not hesitate to call.

Thank you,

A handwritten signature in black ink, appearing to read 'Erik Huber'.

**Erik Huber
Principal, BCHS**

Principal:
Erik Huber

Assistant Principals:
Joe Pat Lee Christy Burden Chad Foster



<http://ww2.bullittschools.org/bchs>

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 Hope City Church Telephone 502-965-018

Representative's Name Sona Gardner

Address 7575 2nd St Rd Louisville KY 40214

The above organization/individual requests the use of:

auditorium gymnasium dining room/kitchen stadium

classroom(s) 4 rooms hall other, specify Hub

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? YES NO

If yes, give a complete description of what is being sold and how the proceeds will be used. _____

Building/school/facility Bullitt Central High School

Purpose Church Services

Date(s) requested Jan - Dec. Time(s) Requested Sundays 6am - 7:00 am

Will public be admitted? YES NO If yes, please explain _____

Will advertisement(s) be used? YES NO If yes, please explain _____

Will admission be charged? YES NO If yes, please explain open to all

7:00 do
1:00
M.A.

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

- 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.
- 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.
- 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.
- 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 \$ 2105.00 Cost for school employee \$ 172.05 Total cost \$ 337.05

Deposit \$ _____ Is deposit refundable? Yes No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: Custodians

Board Action Date, if applicable _____ Board Order # _____

Date of Use Jan. 2018 to Dec. 2019 Length of Time 1:00 ~~1:00~~ 1:00

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities. M.A.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	<u>T. Stokes</u>	<u>2</u>	<u>O.T. - 55.62</u>	<u>172.05</u>
Food Service Employees			<u>Frisera - 16.43</u>	
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				<u>172.05</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school			
Auditorium at <u>BCHS - 6 hrs.</u> school	<u>50.00 - 3 hrs</u> <u>10.00 - 3 hrs.</u>		<u>\$80.00</u>
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			
Classroom(s) Number <u>(4)</u> at <u>BCHS - 6 hrs.</u> school	<u>35.00</u> <u>x 4</u>		<u>\$140.00</u>
Stadium at <u>HUB - 6 hrs.</u> school	<u>30.00 x 3</u> <u>5.00 x 3</u>		<u>\$45.00</u>
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

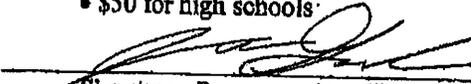
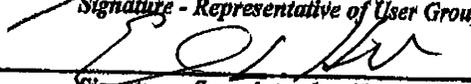
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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	12-11-18 Date
 Signature - Superintendent/designee	12-11-18 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)

03/29/2018

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 Independent Agents of KY 3830 Taylorsville Road, Suite 11 Louisville KY 40220-1368	CONTACT NAME: Stephen E. Corey PHONE (A/C No. Ext): (502) 459-8880 E-MAIL ADDRESS: Sam@IAKInsurance.com FAX (A/C No.): (502) 451-3268														
INSURED River City Worship Center dba Hope City Church 7515 Old Third Street Rd Louisville KY 40214	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: GUIDEONE MUT INS CO</td> <td style="text-align: center;">15032</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: GUIDEONE MUT INS CO	15032	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		1295-813	08/17/2018	08/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 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		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)

Bullitt County Board of Education is named as an Additional Insured with respects to the above General Liability policy regarding use of Bullitt Central High School's auditorium and classrooms as required in written contract. All Additional Insureds are subject to the Polity Term.

CERTIFICATE HOLDER Bullitt County Board of Education 1040 Hwy 44 East 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
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