

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:

February 12, 2019

RE:

Agenda Item for February 25, 2019 Board Meeting Facility Use Application for North Bullitt High School

North Bullitt High School is requesting permission to allow Kentucky Chess Association to use their facility on March 23, 2019 from 7:00 am to 7:00 pm to hold a chess tournament.

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

I recommend the Board approve this request for Kentucky Chess Association to use North Bullitt High School on March 23, 2019.



North Bullitt High School



3200 E Hebron Lane Shepherdsville, KY 40165

#Provelt

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

01/28/2019

I am in agreement with Dennis Minnis, NBHS Chess Coach, along with the Kentucky Chess Association, to hold the State Team Chess Tournament at North Bullitt High School on 03/23/2019.

Thank you,

Joni Britt, Principal

North Bullitt High School

Application and Agreement for Use of District Property

<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 K (A Telephone 502 249 9 32
Representative's Name RVan VPIP2
Address 173 Sears Ave Suite 079 Louisville Ky
The above organization/individual requests the use of:
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium
□ classroom(s) □ other, specify └, brary
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 North Bullitt High School
Purpose State Team Chess Championship
Date(s) requested 3/23/19 Time(s) Requested 7 PM-7 PM
Will public be admitted? TYES INO If yes, please explain Parents Players and couches party
Will advertisement(s) be used?
Will admission be charged? A YES D NO If yes, please explain a connect players Pay \$25

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

	<u> Аррисации авс</u>	I APICEI	nent for Ose of Dr	Strict & roberty			
Cost for use of D	For Office Use O	niy - To	be Completed by	School Official 4. 32 Estima Total cost	te 5 1059	. 32-	
N .						•	
II.					,		•
	(s) assigned: Judy Ice	10	ennis Min	inis			
]	ite, if applicable	-					
H .	3/23/2019						
			_ Longer or 1 mo _				
FEE SCHEDULE The organization	agrees to pay the applicable fee(s)	for the u	se of District facili	ties,			
	# of Employees Required	# of E	Hours Hour	ly Rate (Overtime	at 1.5 times)	Total	
Custodians	1 Judy lee	13	3	\$30.30		363.60	Estimate
Food Service Employees					•		
Supervisory Personnel							
Other						120.72	
1111422					· · · · · · · · · · · · · · · · · · ·	1010 . 102	
·		L	TOTAL PE	RSONNEL CHAR	je	484.32	Estimate
•							
	Property Used		Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use	
	Gymnasium	~	4 ,			1	
at NOR	TH BULLITT HIGH SCHO	OL	4 140	484.32		624.32	T T

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at NORTH BULLITT HIGH SCHOOL	4140	484.32	624.32
Auditorium at NORTH BULLITT HIGH SCHOO		NA	
Cafeteria Dining Room Kitchen Both at NORTH BULLIT HIGH SCHOOL	*360	0	\$360.
Classroom(s) NumberatNORTH BULLITT HIGH SCHOOL		NA	
Stadium at NORTH BULLITT HIGH SCHOOL		NA	
Other Property Library V at NORTH BULLITT HIGH WELHOOL	. \$75	0	475

only if

05.31 AP.21 (CONTINUED)

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	PU	RPOSE	ROOM
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• \$30 for up to 3 hours, \$5 per hour each additional hour

\$15

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

FILLO

CAFETERIA

• \$30 per hour \$360

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	
Oyan Velley	1-23-19
Signature - Representative of User Group	Date
- G. Biett	1/29/19
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.

Review/Revised:7/19/11

Reporting Form for Employee Extra Pay

Submit this form to the Central Office accom	within one (1) week of the upany this form.	e event. A check should	
Name of Sponsoring Organization/Activi	ty KCA - K	Centucky Chess	Association
Representative's Name Ryan V			-
Facilities used by organization: gymnasia		itchen	
□ auditorium □ classrooms(s) □ other,	_		
Personnel assigned to the event: Custodia		Employee(s)	
Supervisory personnel will be paid at no overtime pay with pay beginning 30 mir or whenever the facility (including the state of the st	t less than their regular ho nutes before and ending on	ourly rate or regular the (1) hour after the event	
SIGNATURES BELOW V	ERIFY SERVICE FOR THIS	EVENT	
Employee's Signature	Date of Service	# of Hours Worked	
Employee's Signature	Date of Service	# of Hours Worked	· ••·
Employee's Signature	Date of Service	# of Hours Worked	
Employee's Signature	Date of Service	# of Hours Worked	
Employee's Signature	Date of Service	# of Hours Worked	
	ral Office use only		7
Employee Name	# of Hours @ \$	per hour Total \$	
Employee Name	# of Hours @ \$	per hour Total \$	
Employee Name	# of Hours @ \$		
Employee Name	# of Hours @ \$		
Employee Name	# of Hours @ \$	per hour Total \$	
Employee Name	# of Hours @ \$	per hour Total \$	
Cunamintan dant Darion asla Cionatura	Date		

Review/Revised:1/15/08

Approval for Advertising

SITE ADMINISTRATOR APPROVÁL

Principals/site administrators may approve or disapprove requests from nonschool groups to post on bulletin boards flyers or notices of general interest to students and/or staff, provided the information will be posted for fewer than thirty (30) calendar days.

If the site administrator is in doubt whether the request requires Poard approval, s/he shall confer with the Superintendent/designee.

BOARD APPROVAL

All other requests by outside groups to advertise on District property shall require prior approval of the Board, including the following: advertising to be posted for thirty (30) days or longer and commercial advertising involving placement of permanent or semipermanent signs in athletic facilities on other District properties.

TO APPLY FOR APPROVAL OF THE BOARD TO ADVERTISE, A REPRESENTATIVE OF THE NONSCHOOL GROUP MUST COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN THIS FORM TO THE CENTRAL OFFICE.

Applicant's Name		· · · · · · · · · · · · · · · · · · ·					
	Last Name First Name			Middle Initial			
Address			·				
	eet Address	City		State	ZIP Code		
Telephone Number	The Country of the Co						
(4	Area Code)		(Area	Code)			
Applicant represen	ıts:						
☐ Himself/herself	☐ Organizati	on (specify)					
Type of advertisem	nent						
Time made day							
i mie period reques	sted						
IF THIS APPLICAT	ION IS APPRO		ľ SHALÍ, RE D	FSDANGIDI	E FOR REMOVING ALL OVES.		
IF THIS APPLICAT	TON IS APPROTERIALS AT T	OVED, THE APPLICANT	ľ SHALÍ, RE D	FSDANGIDI	E FOR REMOVING ALL OVES. Date		
IF THIS APPLICAT	TION IS APPROTERIALS AT TO	OVED, THE APPLICANT HE END OF THE TIME P	T SHALL BE R PERIOD THE BO	FSDANGIDI	OVES.		
IF THIS APPLICAT ADVERTISING MAT	TION IS APPROTERIALS AT TO	OVED, THE APPLICANT HE END OF THE TIME P Applicant's Signature BOARD ACT	I SHALL BE R ERIOD THE BO	ESPONSIBL DARD APPR	OVES.		
IF THIS APPLICAT ADVERTISING MAT	TON IS APPROTERIALS AT TO	OVED, THE APPLICANT HE END OF THE TIME P Applicant's Signature BOARD ACT	I SHALL BE R ERIOD THE BO	ESPONSIBL DARD APPR	OVES.		

Review/Revised:5/15/2001

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/28/2019

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 endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT MIKE SHELTON StateParm MIKE SHELTON PHONE (A/C, No. Ext); 502-893-9255 502-893-8945 (A/C, No): 2917 BROWNSBORO RD donna.l.lane.c6df@statefarm.com ADDRESS: LOUISVILLE, KY 40206 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: State Farm Fire and Casualty Company 25143 INSURED INSURER B: KENTUCKY CHESS ASSOCIATION INSURER C: 173 SEARS AVE STE 079 INSURER D: LOUISVILLE, KY 40207 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 TYPE OF INSURANCE POLICY EFF POLICY EXP INSD WVD POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$ 5,000 MED EXP (Any one person) Х 97-B5-E919-7 08/01/2018 | 08/01/2019 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 GENERAL AGGREGATE POLICY 2,000,000 PRODUCTS - COMP/OP AGG OTHER: \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) 5 PROPERTY DAMAGE (Per accident) AUTOS ONLY \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE s EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE AND EMPLOYERS LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
if yes, describe under
DESCRIPTION OF OPERATIONS below 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 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 BOARD OF EDUCATION 1040 HWY EAST AUTHORIZED REPRESENTATIVE SHEPHERDSVILLE, KY 40165

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