



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 *JTB*
FROM: Mark Mitchell *mm*
DATE: February 12, 2019
RE: Agenda Item for February 25, 2019 Board Meeting
Facility Use Application for Lebanon Junction Elementary School

Lebanon Junction Elementary School is requesting permission to allow Bullitt County Public Library to use their facility on March 23, 2019 from 9:00 am to 3:00 pm to hold a Spring Showcase Community Heroes.

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

I recommend the Board approve this request for Bullitt County Public Library to use Lebanon Junction Elementary School on March 23, 2019.

B. Sexton

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 <u>Bullitt Co Public Library</u> Telephone <u>833-4648</u>	
Representative's Name <u>Jillian Tipping-Rodgers</u>	
Address <u>11392 Preston Hwy Lebanon Junction</u>	
The above organization/individual requests the use of:	
<input type="checkbox"/> auditorium	<input type="checkbox"/> gymnasium
<input checked="" 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 _____	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, give a complete description of what is being sold and how the proceeds will be used. _____	
Building/school/facility <u>LJES</u>	
Purpose <u>Spring Showcase. Community Heroes</u>	
Date(s) requested <u>3-23-19</u>	Time(s) Requested <u>9am-3pm</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain _____
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain _____
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain _____

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 \$ 180 Cost for school employee \$ 190 Total cost \$ 370

Deposit \$ _____

Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: _____

Board Action Date, if applicable _____ Board Order # _____

Date of Use 3-23-19 Length of Time 9am - 3pm**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>1</u>	<u>6</u>	<u>23.83</u>	<u>143.01</u>
Food Service Employees				
Supervisory Personnel				
Other <u>benefits on wages</u>				<u>46.99</u>
TOTAL PERSONNEL CHARGE				<u>190.00</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>LJES</u> school	<u>\$30 /hour</u> <u>180.00</u>	<u>190.00</u>		<u>370.00</u>
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

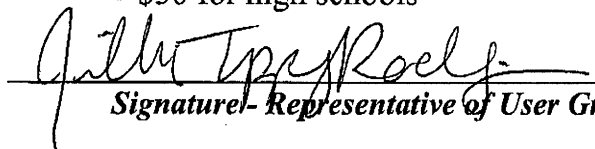
KITCHEN AND CAFETERIA

- \$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

01-25-19

Date



Signature - Superintendent/designee

1-25-19

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 within one (1) week of the event. A check should accompany this form.

Name of Sponsoring Organization/Activity Lebanon Junction Public Library

Representative's Name Jillian Tipping-Rodgers

Facilities used by organization: ☐ gymnasium ☒ dining room/kitchen ☐ stadium

☐ auditorium ☐ classrooms(s) ☐ other, specify _____

Personnel assigned to the event: ☒ Custodian(s) ☐ Food Service Employee(s)

☒ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
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<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>

For Central Office use only

Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____

Superintendent/Designee's Signature _____ **Date** _____

Approval for Advertising**SITE ADMINISTRATOR APPROVAL**

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 Board 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	<u>Tipping-Rodgers</u>	<u>Jillian</u>	<u>T</u>
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Address	<u>11382 N. Preston Hwy</u>	<u>Lebanon Junction</u>	<u>Ky</u>
	<i>Street Address</i>	<i>City</i>	<i>State</i>
			<u>40150</u>
			<i>ZIP Code</i>
Telephone Number	<u>502</u>	<u>833-4648</u>	FAX Number
	<i>(Area Code)</i>		<i>(Area Code)</i>

Applicant represents:

☐ Himself/herself ☒ Organization (specify) Bullitt County Public Library

Type of advertisement Signage promoting event & directions

Time period requested Day of event

IF THIS APPLICATION IS APPROVED, THE APPLICANT SHALL BE RESPONSIBLE FOR REMOVING ALL ADVERTISING MATERIALS AT THE END OF THE TIME PERIOD THE BOARD APPROVES.

Jillian Tipping-Rodgers
Applicant's Signature

01-25-19
Date

BOARD ACTION	
Date Of Consideration: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, the reason was as follows: _____	

Date applicant notified: _____	By whom: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2019

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(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 Lee & Marshall Insurance, Inc. P. O. Box 725 111 Lees Valley Road Shepherdsville KY 40165		CONTACT NAME: Teresa Golden PHONE (A/C, No. Ext.): (502) 955-7583 FAX (A/C, No.): (502) 543-2394 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Ins Co	
		INSURER B: KY Employers Mutual Ins.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 18-19

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			PHPK1823218	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
	<input type="checkbox"/> SCHEDULED AUTOS					\$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY					\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB630003	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	AGGREGATE \$				
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			327762	07/01/2018	07/01/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	E.L. EACH ACCIDENT \$ 100,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$ 100,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	Directors & Officers			PHSD1343499	07/01/2018	07/01/2019	Directors & Officers \$ 1,000,000
		Retention Limit \$ 1,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: March 23rd at Lebanon Junction Elementary

Certificate Holder is also an Additional Insured whereas their interest may appear.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Board of Education 1040 Highway 44E 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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