




## 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 

FROM: Mark Mitchell 

DATE: March 08, 2019

RE: Agenda Item for March 25, 2019 Board Meeting  
Facility Use Application for Bullitt East High School

The Bullitt East High School girls' basketball team requests permission to host a basketball tournament at Bullitt East High, Crossroads Elementary, Mt. Washington Middle, Eastside Middle, North Bullitt High and Hebron Middle School on April 13-14, 2019.

MidAmerica Sports Center LLC will facilitate the tournament splitting the profits 50/50 with the girls' basketball program. MidAmerica Sports Center LLC will organize and schedule the tournament and Bullitt East High School will supply the facility and workers. They will have district employees at all sites during the tournament.

Attached are the Application and Agreement Forms and Liability Insurance Certificates for Bullitt East High, Crossroads Elementary, Mt. Washington Middle, Eastside Middle, North Bullitt High and Hebron Middle School.

I recommend the Board approve this request for the Bullitt East High School girls' basketball team to host the basketball tournament on April 13-14, 2019.



# Bullitt East High School

College. Career.



Tradition. Unrivaled.

11450 Highway 44 East – Mt. Washington, KY – 502-869-6400 – Fax 502-538-8368

To whom it may concern,

The following group, BEHS Basketball, has permission to use the facilities at Bullitt East High School.

Thanks

Chris Mason

Principal:

Chris Mason

Assistant Principals:

Kari Stewart

Tim Ridley

Cynthia Bell



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

Equal Education and Employment Institution

## SCHOOL FACILITIES

05.31 AP.21

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 East GBB</u>		Telephone <u>502-418-6979</u>
Representative's Name <u>Chris Stallings</u>		<u>Mid America running tournament</u>
Address <u>162 Probus Dr</u>		<u>Fred Hale 502-727-7404</u>
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"/> classroom(s)	<input type="checkbox"/> other, specify <u>+ CCC gym</u>	<input type="checkbox"/> stadium
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, specify equipment <u>clocks cooler</u> Operator's Name <u>Chris Stallings</u>		
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>Bullitt East gym</u> <u>CCC gym/mums gym - Eastside gym</u>		
Purpose <u>Fundraiser</u> <u>Crossroads Ele. gym</u>		
Date(s) requested <u>April 13-14 2019</u>		Time(s) Requested <u>8-9</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>fans will be admitted</u>
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain _____
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>\$8.00 fee to be split with host</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.

## SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)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 \$ <u>905.32</u> Total cost \$ <u>905.32</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 _____	Length of Time _____

## 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>2 Tony</u>	<u>26</u>	<u>34.82</u>	<u>905.32</u>
Food Service Employees	<u>Winston</u>			
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>BEHS</u> 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			

SCHOOL FACILITIES

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 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

Chris Stalling

Signature - Representative of User Group

J. K. [Signature]

Signature - Superintendent/designee

2-26-19

Date

3/4/19

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



# 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).

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

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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
	<b>AUTOMOBILE LIABILITY</b> 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) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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	BEHS Girls B-hg1	Telephone	502-418-6979
Representative's Name	Chris Stallings	America Fred Hale	
Address	162 Poybus Dr		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment		Operator's Name	
clock		Christa Scott	
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	Mt. Washington Middle School		
Purpose	fundraiser for Girls Basketball		
Date(s) requested	April 13-14	Time(s) Requested	8-8
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	to watch games
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain	
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	admission to watch games

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.
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## SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official			
Cost for use of District property \$	0	Cost for school employee \$	0
Total cost \$		0	
Deposit \$	0	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received	0	Balance Due \$	0
Board employee(s) assigned: <u>Chashtal Scott (Stallings)</u>			
Board Action Date, if applicable		Board Order #	
Date of Use	<u>April 13-14</u>	Length of Time	<u>8am - 8pm</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	0	0	0	0
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				0

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>MWMS</u> school	0	0		0
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				



SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)

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(The Principal of the school may set additional charges if not specifically stated.)

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- \$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

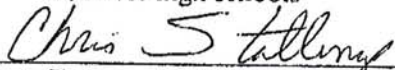
KITCHEN AND CAFETERIA

- \$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



Signature - Superintendent/designee

3-10-19

Date

3-13-19

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



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PRODUCER Louisville Insurance LLC 11828 Ransum 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	NAIC #
	INSURER A: Secura Insurance	22543
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 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 SCHEDULED AUTOS HIRED AUTOS ONLY 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		N/A				PER STATUTE <input type="checkbox"/> OTHER <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 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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Hasting, Tracy &lt;tracy.hasting@bullitt.kyschools.us&gt;

---

**Re: request**

1 message

**Stallings, Chris** <chris.stallings@bullitt.kyschools.us>

Tue, Mar 12, 2019 at 5:55 PM

To: "Hasting, Tracy" &lt;tracy.hasting@bullitt.kyschools.us&gt;

Tracy

In the past Coach Scott myself and Mr. Curtsinger have cleaned MWMS and made sure all trash in gym and bathrooms was thrown away and floors cleaned.

Thank You

Chris Stallings

On Tuesday, March 12, 2019, Hasting, Tracy <tracy.hasting@bullitt.kyschools.us> wrote:

Hey Chris,

Who will be cleaning MWMS after each tournament?

----- Forwarded message -----

From: **Curtsinger, Carl** <carl.curtsinger@bullitt.kyschools.us>

Date: Tue, Mar 12, 2019 at 3:53 PM

Subject: Re: request

To: Hasting, Tracy &lt;tracy.hasting@bullitt.kyschools.us&gt;

She is our girls basketball coach and one of the coaches at BE. She will be in charge of the games on both days. In the past when they have held the tournament in our gym and cleaned up the gym and bathrooms. I make sure of that because I am there as the administrator. No one is paid to clean because we allow them to use the gym with the understanding that they are responsible for that.

On Tue, Mar 12, 2019 at 3:27 PM Hasting, Tracy <tracy.hasting@bullitt.kyschools.us> wrote:

Good afternoon Mr. Curtsinger,

Is Chrystal Scott (Stallings) in charge of your building and donating her time both days to clean up from this event?

Thanks and have a blessed day.

----- Forwarded message -----

From: **Mitchell, Mark** <mark.mitchell@bullitt.kyschools.us>

Date: Tue, Mar 12, 2019 at 3:10 PM

Subject: Fwd: request

To: Tracy Hasting &lt;tracy.hasting@bullitt.kyschools.us&gt;

*Mark S. Mitchell*

Mark S. Mitchell  
Director of Facilities  
Bullitt County Public Schools

"Remember that your influence as a leader rests on the strength of your character and that if your character is not strong, neither will the legacy you leave behind."

Lee Cockerell

----- Forwarded message -----

From: **Curtsinger, Carl** <carl.curtsinger@bullitt.kyschools.us>

Date: Tue, Mar 12, 2019 at 2:33 PM

Subject: Re: request  
To: Mitchell, Mark <mark.mitchell@bullitt.kyschools.us>

This is the file I sent to Ms. Bramlage. I don't have any issues not having custodians coming in as long as the girls clean up the gym and the bathrooms. The coaches have been very respectful of that, and if there were any issues, we would not let them use it. I am there throughout the event to make sure that things are okay. Just let me know how to proceed. Thanks.

On Tue, Mar 12, 2019 at 2:06 PM Mitchell, Mark <mark.mitchell@bullitt.kyschools.us> wrote:

***I do not see any attachments.***

*Mark S. Mitchell*

Mark S. Mitchell  
Director of Facilities  
Bullitt County Public Schools

"Remember that your influence as a leader rests on the strength of your character and that if your character is not strong, neither will the legacy you leave behind."

Lee Cockerell

On Mon, Mar 11, 2019 at 9:39 PM Bramlage, Rachelle <rachelle.bramlage@bullitt.kyschools.us> wrote:

Can you take a look at the attachment and let Carl next what are the next steps? I don't want to promise anything when I would prefer an expert.

*Rachelle Bramlage-Schomburg*  
Director of Secondary Education  
Bullitt County Public Schools  
1040 Highway 44 East  
Shepherdsville, KY. 40165  
502-869-8000

*"Education is not the learning of facts, but the training of the mind to think." Albert Einstein*



On Mon, Mar 11, 2019 at 1:51 PM Curtsinger, Carl <carl.curtsinger@bullitt.kyschools.us> wrote:

BEHS is requesting to use our gym in April. I am not sure what to do with this because they are also requesting use of other gyms and I don't know if this is one request or part of a bigger request. Can you help?

Thanks.

--

**Carl Curtsinger**

Asst. Principal/Athletic Director  
Mount Washington Middle School

***"Lead Like A General"***

--

**Carl Curtsinger**

Asst. Principal/Athletic Director  
Mount Washington Middle School

***"Lead Like A General"***

--

*Tracy Hasting*

**Maintenance Secretary**

Tracy.Hasting@bullitt.kyschools.us  
502-869-8022 fax 502-543-2106

**Let your life be a light**

--

**Carl Curtsinger**

Asst. Principal/Athletic Director  
Mount Washington Middle School

***"Lead Like A General"***

--

*Tracy Hasting*

**Maintenance Secretary**

Tracy.Hasting@bullitt.kyschools.us  
502-869-8022 fax 502-543-2106

**Let your life be a light**

**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 EAST GIRLS BBALL</u>			Telephone	<u>502-418-6979</u>
Representative's Name	<u>CHRIS STALLINGS - BEHS GIRLS BASKETBALL COACH</u>				
Address	<u>BULLITT EAST HIGH SCHOOL</u>				
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 <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 EXPENSES FOR EQUIPMENT AND TRIPS</u>					
Building/school/facility <u>EASTSIDE MIDDLE SCHOOL GYMNASIUM</u>					
Purpose <u>BASKETBALL TOURNAMENT</u>					
Date(s) requested <u>4-13 AND 4-14, 2019</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 FUNDRAISING</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.

THIS IS PART OF A TOURNAMENT THAT BULLITT EAST IS HOSTING (AND IS GETTING APPROVAL FOR), WE ARE JUST PROVIDING EXTRA GYM SPACE.

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official			
Cost for use of District property \$	<u>0</u>	Cost for school employee \$	<u>87.96</u> Total cost \$ <u>87.96</u>
Deposit \$	<u>N/A</u>	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received	Balance Due \$		
Board employee(s) assigned: <u>Bobbie Castleman plus one additional board employee TBE</u>			
Board Action Date, if applicable		Board Order # <u>(Alison Egan)</u>	
Date of Use		Length of Time	

**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>4</u>	<u>21.99</u>	<u>87.96</u>
Food Service Employees				<u>—</u>
Supervisory Personnel				<u>—</u>
Other _____				<u>—</u>
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>Eastside Middle</u> school			<u>0</u>
Auditorium at _____ school			<u>—</u>
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			<u>—</u>
Classroom(s) Number _____ at _____ school			<u>—</u>
Stadium at _____ school			<u>—</u>
Other Property at _____ school			<u>—</u>

**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**

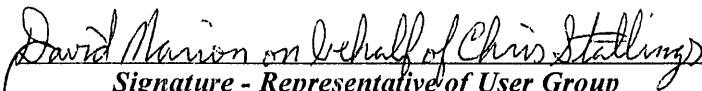
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

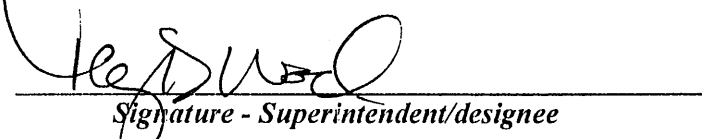
**KITCHEN AND CAFETERIA**

- \$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

  
Signature - Superintendent/designee

3-11-19  
Date

3/11/19  
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





# 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).

<b>PRODUCER</b> Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	<b>CONTACT NAME:</b> D. Glenn Pike
	<b>PHONE (A/C, No, Ext):</b> 502-473-5454 <b>FAX (A/C, No):</b> 502-473-8695
	<b>E-MAIL ADDRESS:</b> Glenn@Louisvilleins.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Secura Insurance <b>NAIC #</b> 22543
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L 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
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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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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	BE Girls B-ball / Mid America			Telephone	502-418-8979
Representative's Name	Chris Stallings / Fred Hale				
Address	Hwy 44 E Mt. Washington				
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 _____					
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>admit fee for games</u>					
Building/school/facility	<u>Crossroads Etc</u>				
Purpose	<u>fundraiser for Girls Basketball @ BEHS</u>				
Date(s) requested	<u>April 13-14</u>	Time(s) Requested	<u>8-8 - 8-5</u>		
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____			
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain _____			
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>for entrance to games</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.

## SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)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 \$ _____	
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 _____	Length of Time _____		

**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				
Food Service Employees				
Supervisory Personnel				
Other <u>Principal</u>				
TOTAL PERSONNEL CHARGE				<u>0</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>CES</u> school				<u>0</u>
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				

SCHOOL FACILITIES

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 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

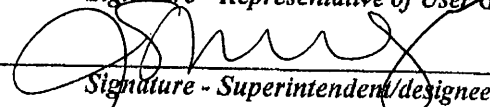
OUTSIDE PROPERTIES

- \$30 for elementary/middles schools

- \$50 for high schools

  
\_\_\_\_\_  
Signature - Representative of User Group

3-8-19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature - Superintendent/designee

3-8-19  
\_\_\_\_\_  
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



# CERTIFICATE OF LIABILITY INSURANCE

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

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**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).

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

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <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
	<b>AUTOMOBILE LIABILITY</b> 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) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

*D. Glenn Pike*

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# North Bullitt High School



3200 E Hebron Lane  
Shepherdsville, KY 40165

**One Team-One Dream**

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

---

03/06/19

I am in agreement with David Marion, Basketball Coach at North Bullitt High School along with Chris Stallings from Bullitt East High School to host a Basketball tournament at North Bullitt High School on April 13-14, 2019.

Thank you,

Joni Britt, Principal  
North Bullitt High School

---

#### Assistant Principals

Jessica Sturgeon  
Nick Sutherland  
Lindsey Wegley

#### Principal

Joni Britt

#### Counselors

Chelsea Mullennex  
Missy Speakman  
April Walker

**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/BEHS GIRLS BBALL			Telephone	(502) 297-3041
Representative's Name	David MARION / CHRIS STALLINGS (BOTH DISTRICT EMPLOYEES)				
Address	2007 GRANGER ROAD, 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. CONCESSION STANDS SELLING REFRESHMENTS - TO HELP PAY FOR CHRISTMAS TRIPS					
Building/school/facility NORTH BULLITT GYM					
Purpose BASKETBALL TOURNAMENT					
Date(s) requested 4-13, 4-14			Time(s) Requested 8:00 - 8:00		
Will public be admitted?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain TO WATCH BASKETBALL GAMES	
Will advertisement(s) be used?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	If yes, please explain N/A	
Will admission be charged?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain ADMISSION FOR FUNDRAISING	

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.

THIS IS PART OF TOURNAMENT THAT BULLITT EAST IS HOSTING (AND IS GETTING APPROVAL FOR). WE ARE JUST PROVIDING NEEDED EXTRA GYM SPACE.

**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

David Morrison  
Signature - Representative of User Group

3-5-19  
Date

J. Bitt  
Signature - Superintendent/designee

3/11/19  
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



**Application and Agreement for Use of District Property**

For Office Use Only - To be Completed by School Official			
Cost for use of District property \$	<u>0</u>	Cost for school employee \$	<u>484.32</u>
		Total cost \$	<u>484.32</u>
Deposit \$	<u>0</u>	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received	<u>0</u>	Balance Due \$	
Board employee(s) assigned: _____			
Board Action Date, if applicable		Board Order #	
Date of Use	<u>4/13 - 4/14</u>	<u>12 hrs each day</u>	Length of Time

**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>Judy Ice</u>	<u>12-24</u>	<u>\$30.30</u>	<u>363.60</u>
Food Service Employees				
Supervisory Personnel				
Other	<u>Judy Ice</u>			<u>120.72</u>
<u>Fringes</u>				
TOTAL PERSONNEL CHARGE				<u>484.32</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>	<u>484.32</u>	<u>484.32</u>
Auditorium at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>		
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>		
Classroom(s) Number _____ at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>		
Stadium at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>		
Other Property at <u>NORTH BULLITT HIGH SCHOOL</u>	<u>0</u>		



# 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).

<b>PRODUCER</b> Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	<b>CONTACT NAME:</b> D. Glenn Pike	
	<b>PHONE (A/C, No, Ext):</b> 502-473-5454 <b>FAX (A/C, No):</b> 502-473-8695	
	<b>E-MAIL ADDRESS:</b> Glenn@Louisvilleins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Secura Insurance	22543
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <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 \$
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>DED RETENTION \$</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				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.

<b>CERTIFICATE HOLDER</b>  Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	<b>CANCELLATION</b>  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  <i>D. Glenn Pike</i>
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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	BULLITT EAST GIRL BBALL Telephone 502-418-6575		
Representative's Name	CHRES STALLINGS/DAVID MARION BEHS/NETS COACHES		
Address	BULLITT EAST HIGH SCHOOL		
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. CONCESSIONS, ENTRY FEES-TO HELP PAY FOR EQUIPMENT, AND TRIPS			
Building/school/facility HEBRON MIDDLE SCHOOL			
Purpose BASKETBALL TOURNAMENT			
Date(s) requested 4-13, 4-14, 2019		Time(s) Requested 8:00 - 8:00	
Will public be admitted?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain	
		TO WATCH GAMES	
Will advertisement(s) be used?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain	
		N/A	
Will admission be charged?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain	
		ADMISSION FOR FUNDRAISING	

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.

THIS IS PART OF A TOURNAMENT THAT BULLITT EAST IS HOSTING (AND IS GETTING APPROVAL FOR), WE ARE JUST PROVIDING NEEDED EXTRA GYM SPACE.

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>833.36</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 _____	Length of Time _____		

**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>Tonya Vogt</u>	<u>24</u>	<u>\$17.87 Reg. / \$26.81 OT</u>	<u>643.32</u>
Food Service Employees				
Supervisory Personnel				
Other <u>Fringes</u>			<u>estimated</u>	<u>190.04</u>
TOTAL PERSONNEL CHARGE				<u>833.36</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				

- \$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

1-3-19 David Marion  
Signature - Representative of User Group

3/11/19  
Date

M. S. Smith  
Signature - Superintendent/designee

3/13/19  
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

**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



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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	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Secura Insurance	22543
INSURED	Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Watterson Trail Louisville, KY 40299	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	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	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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## CERTIFICATE HOLDER

## CANCELLATION

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	AUTHORIZED REPRESENTATIVE 

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