

## **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.

Duttor



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

To whom it may concern,

The following group, BEHS  $B_{s}k_{e}H_{n}II$ , has permission to use the facilities at Bullitt East High School.

Thanks

Chris Mason



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,

in the approved with the returned.
Name of Sponsoring Organization/Activity Bullit East GBB Telephone 302-418-697
Address 162 Probus Dr Fred Hale 502-727-7404
The above organization/individual requests the use of:
☐ auditorium    gymnasium    dining room/kitchen   ☐ stadium
□ classroom(s) □ other, specify + CCC qym
Is the organization planning to use District-owned equipment? 🗷 VES 🗀 NO
If yes, specify equipment Clocks · Cooler - Operator's Name Chris Stallings
Is the organization planning to conduct sales on school premises?  YES NO
If yes, give a complete description of what is being sold and how the proceeds will be used.
Building/school/facility Bullitt East gym CCC gym/mwms gym- East side gym
Purpose fundraiser
Date(s) requested April 13.14 2019 Time(s) Requested 8.9
Will public be admitted? AYES NO If yes, please explain fans will be admitted
Will advertisement(s) be used?  \( \subseteq \text{YES} \) NO If yes, please explain
Will admission be charged? XYES NO If yes, please explain \$8.00 fee to be split with hast
When using school facilities this annulus is

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.

Classroom(s) Number

Stadium

Other Property

school

school

school

at\_

at \_

## Application and Agreement for Use of District Property

	For Office Use O	nly - T	o be Cor	npleted by	School Official	· ·			
Cost for use of D	istrict property \$ Cost	for sch	ool empl	oyees 9	05.32Total cost \$	905.32			
							8		
Date Deposit Red	eived		Balan	ce Due \$	* *************************************				
Board employee(	s) assigned:			-		***************************************	l		
Board Action Da	te, 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 Di	strict facilit	ies.				
	# of Employees Required	# of	Hours	Hour	y Rate (Overtime a	t 1.5 times)	Total		
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Supervisory Personnel		··				عر			
Other				***************************************					
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at <u>B</u>	Gymnasium EHS school	***************************************							
77	Auditorium	** 70 0000000					····		
at	school								
Cafeteria 🗆	Dining Room   Kitchen   Both								
at	school								

### 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	2.26.19
Signature - Representative of User Group	Date
J= Middly	3/4/19
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



### 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).

thi	s cer	tificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PROD	UCER	Levieville bermene LLC				CONTAC NAME:	D. Glenn F	Pike				
		Louisville Insurance LLC 11828 Ransum Dr				PHONE (A/C, No. Ext): 502-473-5454 FAX (A/C, No): 502-473-8695						395
		Louisville KY 40243				E-MAIL	ss. Glenn@Lo	ouisvilleins.com	n	,,,,,,,,,		
		253,5 11,7 152,16									NAIC#	
						INSURE	C I		DING GOVERGOE			22543
INSUF	RED	Frederick A. Hale LLC DBA				INSURE						
		Midwest Basketball Tournaments				INSURE						
		1906 Watterson Trail				INSURE						
		Louisville, KY 40299				INSURE						
						INSURE						· · · · · · · · · · · · · · · · · · ·
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		PRO-							GENERAL AGGREGAT		\$	2,000,000
ŀ									PRODUCTS - COMP/C		\$ \$	2,000,000
		OTHER: MOBILE LIABILITY	<del>                                     </del>						COMBINED SINGLE LIF	ur.	\$ \$	
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ļ.		N OF OPERATIONS / LOCATIONS / VEHICLE				e, may be	attached if mor	e space is requi	red)			
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CER	TIFIC	CATE HOLDER				CANC	ELLATION					
		Bullitt County Public Schools 1040 Highway 44 East				THE	EXPIRATION	DATE THE	SCRIBED POLICIES REOF, NOTICE V PROVISIONS.			
		Shepherdsville, KY 40165				AUTHO	RIZED REPRESE	NTATIVE				
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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 13 691 Telephone 502-4/8	297
Representative's Name Chris Stalling America Fred Hale	
Address 162 Probus Dr	
The above organization/individual requests the use of:	
🗖 auditorium 💆 gymnasium 🗖 dining room/kitchen 🗖 stadium	
classroom(s) other, specify	
Is the organization planning to use District-owned equipment? Z YES NO	
If yes, specify equipment Clock Operator's Name Chrishe Scold	
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 Mt. Washington Middle School	ı
Purpose fundraiser for Cirls Basketball	ŀ
Date(s) requested April 13-14 Time(s) Requested 3-8	
Will public be admitted? \ \ YES \ \ NO If yes, please explain \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Will advertisement(s) be used?	
Will admission be charged? A YES D 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.
- 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.

	For Office Use (	nly - To be	Completed by	y School Official	,	
Cost for use of D	District property \$O_Cost	for school e	mployee \$	O Total cost	s_ Ø	
Deposit \$	3			is deposit refi	undahla? [7] Vac	□ No
Date Deposit Red	ceived	В	alance Due S	0		
Board employee	ceived S (s) assigned: Chrok	Scott	(Stulling	( z <sub>r</sub> x		
Board Action Da	ite, if applicable			Board Order #		
Date of Use	April 13-14	Le	ngth of Time_	8 Am - 8	r~	<b> </b>  -
FEE SCHEDULE	agrees to pay the applicable fee(s)  # of Employees Required	for the use o	f District facili	ities.		
Custodians			rs Hour	ly Rate (Overtime	at 1.5 times)	Total
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Food Service Employees	and the same of th		-			
Supervisory Personnel				**************************************		
Other		ļ				
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			TOTAL PE	RŠONNEL CHAR	GÉ	0
	Property Used	Eq	Facility/ uipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
M	Gymnasium  WM 5 school		4	λ.		
at			6	٥		6
at	Auditorium school				, , ,	
. Cafeteria 🗆	Dining Room 🗆 Kitchen 🗆 Both		······································		·	
	school					·
	room(s) Number					
at	school	ŀ			ļ	
	Stadium					<del>- </del>
at	school					
	Other Property					
at	school				<u>.</u>	

### 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
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• \$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

Mis Stalling

Signature - Representative of User Group

Date

3-13-19

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



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NAME: D. Glenn Pike
PHONE (A/C. No. Ext): 502-473-5454
E-MAIL ADDRESS: Glenn@Louisvilleins.com PRODUCER Louisville Insurance LLC FAX (A/C, No): 502-473-8695 11828 Ransum Dr Louisville KY 40243 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Secura Insurance 22543 Frederick A, Hale LLC DBA INSURED INSURER B : Midwest Basketball Tournaments INSURER C: 1906 Watterson Trail INSURER D: Louisville, KY 40299 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 POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 Х CP3272878 08/02/2018 08/02/2019 EACH OCCURRENCE 100,000 CLAIMS-MADE OCCUR PREMISES (Ea accurrence) Excluded MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENL AGGREGATE LIMIT APPLIES PER; GENERAL AGGREGATE 2,000,000 PRO-JECT PRODUCTS - COMP/OP AGG \$ \$ OTHER: OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY \$ UMBRELLA LIAB \$ OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT N/A 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) Buillitt County Board of Education is named as 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 Public Schools** 1040 Highway 44 East AUTHORIZED REPRESENTATIVE Shepherdsville, KY 40165 Dathan Plan



#### Hasting, Tracy <tracy.hasting@bullitt.kyschools.us>

### Re: request

1 message

**Stallings, Chris** <chris.stallings@bullitt.kyschools.us> To: "Hasting, Tracy" <tracy.hasting@bullitt.kyschools.us>

Tue, Mar 12, 2019 at 5:55 PM

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 <tracy.hasting@bullitt.kyschools.us>

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 Tracy Hasting@bullitt.kyschools.us>

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

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 BULLETTEAST GIRLS BBAUT elephone 502-418-6979									
Representative's Name CHRLS STHLLTIVGS -BEHS GIRLS RATKETBALL COMACH									
Address BULLITT EAST HIGH SCHOOL									
The above organization/individual requests the use of:									
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium									
classroom(s) other, specify									
Is the organization planning to use District-owned equipment?   YES NO									
If yes, specify equipment \( \infty / \beta \) Operator's Name \( \infty / \beta \)									
Is the organization planning to conduct sales on school premises? X YES NO									
If yes, give a complete description of what is being sold and how the proceeds will be used. <b>CONCESSIONS</b>									
70 HELF PAY EXPENSES FUR EQUIPMENT AND TRIPS									
Building/school/facility EASTSIDE MIDDLE SCHOOL GYMNATUM									
Purpose BASKETBALL TOYRNAMENT									
Date(s) requested 4-13 AND 4-14, 2015 Time(s) Requested 8:00-8:00									
Will public be admitted? YES DO If yes, please explain TO WATCH GAMES									
Will advertisement(s) be used? YES NO If yes, please explain									
Will admission be charged? XYES DO 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.
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- 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.
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THIS IS PART OF A TOURNAMENT THAT BULLITT EAST IS HOSTING (AND IS GETTING APPROVALFOR), WE ARE JUST PROVIDING EXTRA GYM SPACE,

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ 6 Cost for school employee \$ 87.96 Total cost \$ 87.96

Deposit \$	NA			Is deposit refundab	le? □ Yes	□ No
Date Deposit R	eceived		Balance	Due \$		1
Board employe	e(s) assigned: Bubbre	Castlen	الم لم	es one additio	al board	enplacede
Board Action I	e(s) assigned: Bubbre Date, if applicable			Board Order	#	(Alison
Date of	Use			Len	gth of	
FEE SCHEDU					_	ar e
The organizat	tion agrees to pay the app					
0 ( 1)	# of Employees Required	# of Hours	Hourly	Rate (Overtime at 1.5	times)	Total
Custodians	/	4		21,99		87.96
Food Service Employees						***************************************
Supervisory Personnel						مرون المرون
Other						
		TC	OTAL PER	RSONNEL CHARGE		
9: CEEST 51: 10 JUL 2 PROSERVEN SING	Property Used	Equ	cility/ ipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
	Gymnasium					<u></u>
at Fac	tride Middle schoo	1				9
	Auditorium					<i>f</i>
at	schoo	i				***************************************
Cafeteria 🗆	Dining Room 🗆 Kitchen 🗆 Bo	oth				**************************************
at	schoo	1				-
Class	room(s) Number					
at	schoo	1				-
	Stadium		<del></del>			
at	schoo	ol				
	Other Property					
at	schoo	,				<b></b>
			<del></del>			

#### 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 - Representative of User Group

Date

Signature - Superintendent/designee

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

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). CONTACT D. Glenn Pike PRODUCER Louisville Insurance LLC PHONE (A/C, No, Ext): 502-473-5454 FAX (A/C, No): 502-473-8695 11828 Ransum Dr E-MAIL ADDRESS: Glenn@Louisvilleins.com Louisville KY 40243 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Secura Insurance 22543 Frederick A. Hale LLC DBA INSURED INSURER B: Midwest Basketball Tournaments INSURER C: 1906 Watterson Trail INSURER D : Louisville, KY 40299 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 INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER CP3272878 1,000,000 COMMERCIAL GENERAL LIABILITY x 08/02/2018 | 08/02/2019 EACH OCCURRENCE \$ DAMAGE TO RENTED
PREMISES (Ea occurrence) CLAIMS-MADE 100,000 OCCUR \$ Excluded MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY \$ 2,000,000 GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT 2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG s. \$ OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L, EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bulllitt County Board of Education is named as 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 Public Schools** 1040 Highway 44 East AUTHORIZED REPRESENTATIVE Shepherdsville, KY 40165

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and the same of the

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 Orga	nization/A	ctivity BEGirlo B-ball Mid Americ Telephone 502-418
Representative's Name	hris =	Stallings / Fred Hale
Address #	7 44 E	Mt. Washington
The above organization/ind	ividual requ	ests the use of:
🗖 auditorium 🕱	. gymnasiun	n □ dining room/kitchen □ stadium
classroom(s)		other, specify
		owned equipment? TYES KNO
If yes, specify equipment		Operator's Name
Is the organization planning to	conduct sale	s on school premises? 🛂 YES 🗆 NO
If yes, give a complete descript	ion of what i	is being sold and how the proceeds will be used. admit fee
tor games		
Building/school/facility		
Purpose <u>fundraiser</u>		Girls Basketball @ BEHS
Date(s) requested April	13-14	Time(s) Requested 9-8 - 8-5
Will public be admitted?	🔀 YES	□ NO If yes, please explain
Will advertisement(s) be used?	□ YES	NO If yes, please explain
Will admission be charged?	<b>E</b> YES	NO If yes, please explain for entrance to sames

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	For Office Use (	Only - To be	Completed by	y School Official		
Cost for use of D	istrict property \$ Cost	t for school	employee \$		t \$	~
Deposit 5			/	ls deposit ref	undable? 🗆 Yes	□ No
Date Deposit Rec	eived	B	Balance Due \$	·		
	s) assigned;					
Board Action Day	te, if applicable			Board Order #		
Date of Use		Le	ength of Time			
P						
FEE SCHEDULE The organization a	agrees to pay the applicable fee(s)	for the use o	of District facili	ities.		
	# of Employees Required	# of Hou		ly Rate (Overtime	at 1.5 times)	Total
Custodians						
Food Service Employees						
Supervisory Personnel					***	
Other_ Principal					·····	
			TOTAL DE	RSONNEL CHAR		
	İ	<u> </u>	IUIALFE	RSUNNEL CHAR	GE	$\perp \mathscr{U}$
				,		
	Property Used	Eq	Facility/ uipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
at	Gymnasium school			W.A.C.		1
	Auditorium					1-7-
at	school					
	Dining Room   Kitchen   Both					
	school					
	oom(s) Number					
	school					
	Stadium		·			
at	school					
	Other Property					
at	school					

### 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

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#### **GYMNASIUM**

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• \$30 per hour

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- \$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

\*\*Neir Sulling 3-8-/9

\*\*Signature - Representative of User Group Date

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



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thi	s certificate does not confer rights t			ificate holder in lieu of su	ıch en	dorsement(s		squire an endorsement	. A state	inent on
PROD					CONTAC NAME:	CT D. Glenn F				
	Louisville Insurance LLC 11828 Ransum Dr				PHONE (A/C, No. Ext): 502-473-5454 FAX (A/C, No.): 502-473-8695					
	Louisville KY 40243				E-MAIL ADDRESS: Glenn@Louisvilleins.com					
	Estis into ter 15215				700			DING COVERAGE		NAIC#
					INSURE	Casumali		SING GOTELOGE		22543
INSUR	ED Frederick A. Hale LLC DBA				INSURE					
	Midwest Basketball Tournaments				INSURE					
	1906 Watterson Trail									
	Louisville, KY 40299				INSURE					*****
							***************************************			
COV	ERAGES CER	TIFIC	ATE	NUMBER:	INSURE	KF:		REVISION NUMBER:		J
	S IS TO CERTIFY THAT THE POLICIES O			<del></del>	FEN ISS	UED TO THE I			Y PERIOD	
IND	DICATED. NOTWITHSTANDING ANY REQU	JIREM	IENT,	TERM OR CONDITION OF AN	A CON	TRACT OR OTH	HER DOCUMEN	IT WITH RESPECT TO WHI	CH THIS	
	RTIFICATE MAY BE ISSUED OR MAY PE							EIN IS SUBJECT TO ALL TI	HE TERMS	,
INSR	CLUSIONS AND CONDITIONS OF SUCH PO		S. LIN		N KEDU	POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
A	<del> </del>	X		CP3272878		00/02/2010	08/02/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	Excluded
								PERSONAL & ADV INJURY	\$	1,000,000
_	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO		!					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						!	AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
/	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
i	lf yes, describe under DESCRIPTION OF OPERATIONS below	İ						E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF GERATIONS BEIOW							L.L. DISEASE +1 OLIO 1 EJIVIT	Ψ	
							i			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A/	OPD	101 Additional Pamarks Schodul	a may be	attached if mor	o space is requi	rod)	L	
1					e, may b	attached ii moi	e space is requi	reaj		
Dunn	tt County Board of Education is named as	adulti	Oliali	risureu.						
CER	TIFICATE HOLDER				CAN	CELLATION				
	Bullitt County Public Schools 1040 Highway 44 East				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CAP REOF, NOTICE WILL BE PROVISIONS.		
	Shepherdsville, KY 40165				AUTHO	RIZED REPRESEI	NTATIVE		- 5 /	
	2p 25 fillo; 111 10 100							To Stone	, Z.,	

# 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

<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 Organizatjon/Activity <u>NBHS /BEHS GIRLS BBML</u> Telephone(502)297-304/
Representative's Name David MaRION ICHRIS STALLINGS (BOTH DISTRICT EMPLOYEE
Address 2007 GRANGER ROAD, FAIRDALE, KY 40118
The above organization/individual requests the use of:
auditorium 🗖 gymnasium 🗖 dining room/kitchen 🗖 stadium
☐ classroom(s) ☐ other, specify
s the organization planning to use District-owned equipment?  YES NO
f yes, specify equipment \( \sum \sum / A \) Operator's Name \( \sum / A \)
s the organization planning to conduct sales on school premises? 💢 YES 🗖 NO
f yes, give a complete description of what is being sold and how the proceeds will be used. CONCESSION
STANDS SEZLING 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 $8:00-8:00$
Vill public be admitted? XYES NO If yes, please explain TD WATCH BASKETBALL GAMET
Vill advertisement(s) be used?
Will admission be charged? X YES NO If yes, please explain <u>ADMISSIDN FOR FUNORAISING</u>

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

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  - \$30 per hour

#### KITCHEN

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- \$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 Marion	3-5-19
Signature - Representative of User Group	Date
9. Butt	3/11/19
Signature - Superintendent/designee	' Date

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Review/Revised:7/19/11

	For Office Ose Of					. In	(
	District property \$						
Deposit \$	<i>\D</i>				Is deposit refu		
Date Deposit Re	eceived			Balance I	Due \$		
	e(s) assigned:						
Board Action D	ate, if applicable				Board O	)rder #	
	Use 4/13 - 4/14						'
FEE SCHEDU	E	11	e me i i i min	Symposium (1995) C	A Contract of the Contract of		
The organizat	ion agrees to pay the appl						
	# of Employees Required	# of I	Hours	Hourly	Rate (Overtime	at 1.5 times)	Total
Custodians	Judylce	12-	24		\$30.30		363.60
Food Service Employees							
Supervisory Personnel							
Other Fringes	Judylca						120.72
			TO	OTAL PEI	RSONNEL CHAR	GE	484.32
	Property Used			cility/	Personnel		Total Cost for Facility
				ipment Fee	Cost, if applicable		Use
at NOR	Gymnasium RTH BULLITT HIGH S©#©	ЮL Т		0	484.32	,	484.37
at NO	Auditorium ORTH BULLITT HIGH SQH	POL		Ø			
	Dining Room 🗆 Kitchen 🗆 Bo			0			
Class	room(s) Number RTH BULLITT HIGH S©I40		1	9			

Stadium

at NORTH BULLITT HIGH SCHOOL
Other Property

NORTH BULLITT HIGH SCHOOL



### **CERTIFICATE OF LIABILITY INSURANCE**

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

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ti	his certificate does not confer rights to	o the	cert	ificate holder in lieu of su						
PRO	DUCER Louisville Inquirence I.I.C.				CONTAC NAME:	CT D. Glenn F	Pike			
Louisville Insurance LLC 11828 Ransum Dr			PHONE (A/C, No. Ext): 502-473-5454 FAX (A/C, No): 502-473-8695							
1	Louisville KY 40243				E-MAIL ADDRES	Glenn@Lo	ouisvilleins.com			
ĺ	Louis Will IV 10210				ADDRE				- 1	NAIC#
			INSURER(S) AFFORDING COVERAGE					22543		
INGI	JRED Frederick A. Hale LLC DBA				INSURE	NA.	1100101100		}	
INSURED Frederick A. Hale LLC DBA  Midwest Basketball Tournaments					INSURER B:					
	1906 Watterson Trail	,			INSURER C:					
	Louisville, KY 40299				INSURE	RD:				
	,				INSURE	RE:		,		
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
l) C	HIS IS TO CERTIFY THAT THE POLICIES OF NOTICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH POI	IREM RTAII	ENT, N, THE	TERM OR CONDITION OF AN E INSURANCE AFFORDED B	AL COM	TRACT OR OTH POLICIES DES	HER DOCUME! SCRIBED HER! CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
A	1 /1	X	77.70	CP3272878		08/02/2018	08/02/2019	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE OCCUR				i			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	Signature To Cook							MED EXP (Any one person)	\$	Excluded
								• • • • • • • • • • • • • • • • • • • •		1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO						•	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY		1					PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A				ļ		1		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
			<u> </u>							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	101, Additional Remarks Schedul	le, may be	attached if mo	re space is requ	ired)		
Bull	litt County Board of Education is named as a	additi	onal i	nsured.						
								•		
CE	RTIFICATE HOLDER				CANC	CELLATION		(		
<u> </u>	III IOAIL HOLDEN				20140					
	Bullitt County Public Schools 1040 Highway 44 East				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CAN REOF, NOTICE WILL BE YPROVISIONS.		
Shepherdsville, KY 40165					AUTHORIZED REPRESENTATIVE					
	Onepherasvine, IVI 40100				D. Henrey Phone					

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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 GIRLS BBALL Telephone 500-4/6-6976
Representative's Name CHRIS STALINGS DAVID MARIUN BEHS NOTES COACHET
Address BULLETT EAST HIGH SCHOOL
The above organization/individual requests the use of:
□ auditorium
□ classroom(s) □ other, specify □
Is the organization planning to use District-owned equipment? DYES NO
If yes, specify equipmentOperator's Name
Is the organization planning to conduct sales on school premises? X YES II NO
If yes, give a complete description of what is being sold and how the proceeds will be used. CONCETCIONS,
ENTRY FIES-TO HELP PAY FOR EDUIPMENT AND TRIPS
Building/school/facility_HERRON_MIDDLE_SCHOOL
Purpose BASKETBALL TOURNAMENT
Date(s) requested 4-13, 4-14, 2019 Time(s) Requested 8',00-8',00
Will public be admitted? YES NO If yes, please explain TO WATCH GIMNET
Will advertisement(s) be used?   VES NO If yes, please explain   ///
Will admission be charged? XYES INO If yes, please explain ADMISSION FOR FUNDRAITING

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 SUST PROVIDING NEEDED EXTRA GYM SPACE.

	For Office Use O	nly - To be Co	mpleted b	y School Officia	1	
	District property \$				Fotal cost \$ 8	
	Received					- 1
	ee(s) assigned:					
	Date, if applicable				Order#	
Date of						of Time
FEE SCHEDU The organiza	tion agrees to pay the appl					
0.4.1	# of Employees Required			- 1		
Custodians Food Service Employees	Tonya Vogt	24	#17.87	Reg. /#26	81 OT	643.32
Supervisory Personnel						
Other			estin	nated		190.0
		Т	OTAL PE	RSONNEL CH	ARGE	833.36
	Property Used	100000000000000000000000000000000000000	ncility/ Lipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
and several about the principle of the p	Cymnasium		****************			

Property Used	ě	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium	odina de la competad			
ats	school			
Auditorlum				
ats	school			
Cafeteria [] Dining Room [] Kitchen	D Both			
ats	school			
Classroom(s) Number	_			
ats	school			
Stadium		<del>                                     </del>		
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 bigh schools

Signature - Representative of User Group

/ 11/19 Date

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

### 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



### 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(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). CONTACT D. Glenn Pike
NAME:
(A/C. Ho. Exit: 502-473-5454
E-MAIL
ADDRESS: Glenn@Louisvilleins.com PRODUCER Louisville Insurance LLC FAX No): 502-473-8695 11828 Ransum Dr Louisville KY 40243 INSURER(S) AFFORDING COVERAGE Secura Insurance 22543 INSURER A: INSURED Frederick A. Hale LLC DEIA INSURER 8 : Midwest Basketball Tournaments INSURER C: 1906 Watterson Trail INSURER D : Louisville, KY 40299 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 PERICO 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 POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY CP3272878 08/02/2018 08/02/2019 1,000,000 X EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE V OCCUR 100,000 PREMISES (Ea occurrence) Excluded MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENL AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 POLICY PRODUCTS - COMP/OP AGG 5 OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY BUURY (Par person) 5 SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODII Y INJURY (Per accident) s PROPERTY DAMAGE (Pgr accident) s AUTOS ONLY UMBRELLA LIAS OCCUR EACH OCCURRENCE EXCESS LIAB AGGREGATE CLAINIS-MADE RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXOLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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) Buillitt County Board of Education is named as 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 Public Schools** 1040 Highway 44 East AUTHORIZED REPRESENTATIVE Shepherdsville, KY 40165 D H. .. (21.

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