



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: April 9, 2019

RE: Agenda Item for April 22, 2019 Board Meeting
Facility Use Application for North Bullitt High School

The North Bullitt High School boys' basketball team requests permission to host a basketball tournament at North Bullitt High and Hebron Middle School on May 18 and 19, 2019.

Gym Rats Basketball Association LLC will facilitate the tournament splitting the profits 50/50 with the boys' basketball program. Gym Rats Basketball Association LLC will organize and schedule the tournament and North Bullitt 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 North Bullitt High and Hebron Middle School.

I recommend the Board approve this request for the North Bullitt High School boys' basketball team to host the basketball tournament on May 18 and 19, 2019.



North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

One Team --One Dream

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

April 8, 2019

I am in agreement with Alex Young (North Bullitt High School Basketball Coach) to host a Basketball Tournament at North Bullitt High School on May 18th -19th 2019.

Thank you,

A handwritten signature in cursive script that reads "J. Britt".

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 <u>NBHS Boys Basketball</u>		Telephone <u>502-442-2050</u>
Representative's Name <u>Alex Young (HEAD COACH)</u>		
Address <u>3200 E Hobson Lane Shepherdsville KY 40165</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 checked="" type="checkbox"/> other, specify <u>Aux Gym</u>	
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 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 pay for yearly basketball expenses</u>		
Building/school/facility <u>NBHS Main and Aux Gym</u>		
Purpose <u>Basketball Tournament Fundraiser</u>		
Date(s) requested <u>May 18-19</u>		Time(s) Requested <u>8A-9PM</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Fans to watch game</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>Admission for Fundraiser</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.

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>322.88</u> <i>Estimate</i> Total cost \$ <u>322.88</u>
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: <u>Judy Lee</u>	
Board Action Date, if applicable _____	Board Order # _____
Date of Use <u>May 18-19, 2019</u>	Length of Time <u>13 hours each day</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	<u>1 - Judy Lee</u>	<u>8</u>	<u>30.30</u>	<u>242.40</u>
Food Service Employees				
Supervisory Personnel				
Other _____	<u>Fringes</u>			<u>80.48</u>
TOTAL PERSONNEL CHARGE				<u>322.88</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>NBHS</u> school	<u>0</u>	<u>322.88</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 <u>Aux gym</u> school	<u>0</u>	<u>0</u>		

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

4/8/2019

Date



Signature - Superintendent/designee

4/8/19

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

EMP # 7077

NAME Judy Ice

DATE _____

start end total
6:40:00 23:00:00 16:20:00

PAY RATE \$ 20.20

OT 8.00

Time & Half Y or N

HOURS _____

GROSS PAY \$ 242.40

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)

21.48%

\$ 52.07 (0232)

FICA

6.20%

\$ 15.03 (0221)

MEDICARE

1.45%

\$ 3.51 (0222)

Unemployment Insurance

1.00% On the first \$6,000 / max \$60

\$ 2.42 (0251)

WC

0.41% Administrative

4.07% Mechanics, Maintenance, Custodians, Sweepers, Food Service

\$ 9.87 (0260)

TOTAL FRINGES \$ 80.48 80.48

TOTAL CHECK \$ 322.88

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Chappell Insurance Agency
25807-A Cox Rd
Petersburg, VA, 23803

CONTACT

NAME: richard@chappellinsurance.com

PHONE (A/C, No. Ext): 1-804-733-2020

FAX (A/C, No): 804-733-2968

E-MAIL ADDRESS: support@chappellinsurance.com

INSURED

Gym Rats Basketball Association LLC
811 Airport North Office Park
Fort Wayne, IN 46815

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: Nationwide Mutual Insurance Company

23787

INSURER B: Hartford Life and Accident Company

70815

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

GR-AI-105

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000
	<input checked="" type="checkbox"/> Abuse Molestation - \$1 million/\$2 million					MED EXP (Any one person)
	<input checked="" type="checkbox"/> PLL - \$2,000,000					PERSONAL & ADV INJURY 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS-COMP/OP AGG 2,000,000
	<input checked="" type="checkbox"/> OTHER:					PARTICIPANT LEGAL LIABILITY 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION					
	PARTICIPANT ACCIDENT			12:01 AM	12:01 AM	EXCESS MEDICAL
						DEDUCTIBLE

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

The certificate holder is an additional insured but only with respect to the operations of the named insured. Gym Rats Basketball Association LLC and its director(s) is a named insured on this policy. Sexual abuse molestation coverage - \$1,000,000 per occurrence and \$2,000,000 aggregate.

Coverage Effective From 03/11/2019 TO 08/01/2019

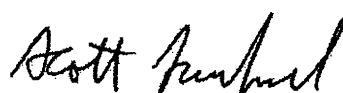
CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165
Certificate Number: GR-AI-105

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



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 Boys Basketball		Telephone	302-492-0502
Representative's Name	Alex Young Head Coach			
Address	3200 E Hebron Lane, Sheph, KY 40165			
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 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>Concession</u>				
<u>to help pay for yearly basketball expenses</u>				
Building/school/facility	Hebron Middle School Gym			
Purpose	Basketball Tournament Fundraiser			
Date(s) requested	May 18th & 19th, 2019		Time(s) Requested	7 AM - 9 PM
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Fans 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 fundraiser</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.

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>625.77</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		24	\$13.05 Reg. / \$19.58 OT	469.80
Food Service Employees				
Supervisory Personnel				
Other _____ Fringes			estimated	155.97
TOTAL PERSONNEL CHARGE				625.77

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				

EMP # 12473

NAME Frank McVay

DATE Saturday, May 18, 2019

Sunday, May 19, 2019

PAY RATE \$ 13.05

Boys Basketball

OT 24.00

Time & Half Y or N

0

HOURS

GROSS PAY 449.10

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)

21.48%

\$ 100.91 (0232)

FICA

6.20%

\$ 29.13 (0221)

MEDICARE

1.45%

\$ 6.81 (0222)

Unemployment Insurance

1.00% On the first \$6,000 / max \$60

\$ 4.70 (0251)

WC

0.41% Administrative

4.07% Mechanics, Maintenance, Custodians, Sweepers, Food Service

\$ 19.12 (0260)

TOTAL FRINGES \$ 155.97

TOTAL CHECK \$ 625.77

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

3/12/19

Date



Signature - Superintendent/designee

3/12/19

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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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Chappell Insurance Agency
25807-A Cox Rd
Petersburg, VA, 23803

CONTACT

NAME: richard@chappellinsurance.com

PHONE
(A/C, No, Ext): 1-804-733-2020FAX
(A/C, No): 804-733-2968E-MAIL
ADDRESS: support@chappellinsurance.com

INSURED

Gym Rats Basketball Association LLC
811 Airport North Office Park
Fort Wayne, IN 46815

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURER A: Nationwide Mutual Insurance Company

23787

INSURER B: Hartford Life and Accident Company

70815

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

GR-AI-105

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000
	<input checked="" type="checkbox"/> Abuse Molestation - \$1 million/\$2 million						MED EXP (Any one person)
	<input checked="" type="checkbox"/> PLL - \$2,000,000						PERSONAL & ADV INJURY 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG 2,000,000
	<input checked="" type="checkbox"/> OTHER:						PARTICIPANT LEGAL LIABILITY 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL
							DEDUCTIBLE

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

The certificate holder is an additional insured but only with respect to the operations of the named insured. Gym Rats Basketball Association LLC and its director(s) is a named insured on this policy. Sexual abuse molestation coverage - \$1,000,000 per occurrence and \$2,000,000 aggregate.

Coverage Effective From 03/11/2019 TO 08/01/2019

CERTIFICATE HOLDER

Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165
Certificate Number: GR-AI-105

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

