

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 along with a contract prepared by the Board attorney. 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>MKCAP- Head Start</u> Telephone <u>606-666-8585</u>	
Representative's Name <u>Mary Francis</u>	
Address <u>1930 Quicksand Rd. Jackson, KY 41339</u>	
The above organization/individual requests the use of:	
<input type="checkbox"/> auditorium	<input 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 type="checkbox"/> NO	
If yes, specify equipment _____ Operator's Name _____	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input 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>LBJ Dining Room</u>	
Purpose <u>Thanksgiving Dinner for the Families</u>	
Date(s) requested <u>11-13-19 (2:30 to decorate) - 11-14-19 (9:00-1:00)</u> Time(s) Requested <u>20th/21st</u>	
Will public be admitted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will advertisement(s) be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will admission be charged?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

1. To schedule with the building Principal 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****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 _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Insurance 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				

Mary Francis
Signature - Representative of User Group

10/28/19
Date

J. R. Hall
Signature Superintendent/designee

10/28/19
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

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 # _____

Review/Revised: 7/26/11

CERTIFICATE OF INSURANCEIssue Date: **October 28, 2019****INSURER**

KACo
400 Englewood Drive
Frankfort, Kentucky 40601
1-800-264-5226

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certification does not amend, extend or alter the coverage afforded by the policies below.

Company Letter A: KACo All Lines Fund

INSURED

Middle KY Community Action Partnership
171 Howell Heights
Jackson, KY 41339

Company Letter B:
Company Letter C:
Company Letter D:
Company Letter E:

COVERAGES

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 terms, exclusions, and conditions of such policies. Limits shown may have been reduced by claims.

CO LTR	Type of Insurance	Policy Number	Policy Eff. Date	Policy Exp. Date		All Limits in Thousands
A	General Liability	P&C 0321	7/1/2019	7/1/2020	General Aggregate	\$5,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence				Products-Comp/Ops Aggr	\$5,000
	<input type="checkbox"/> Owner's & Contractor's Prot.				Personal & Adv. Injury	\$3,000
					Each Occurrence	\$3,000
					Fire Damage (Any 1 Fire)	\$3,000
					Medical Exp. (Any 1 Pers.)	\$5
	Automobile Liability				Combined Single Limit	
	<input type="checkbox"/> Any Auto <input type="checkbox"/> Hired Auto				Bodily Injury (Per Pers.)	
	<input type="checkbox"/> All Owned <input type="checkbox"/> Non-Owned				Bodily Injury (Per Acc.)	
	<input type="checkbox"/> Scheduled <input type="checkbox"/>				Property Damage	
					Deductible (comp/coll)	
	Property				As Per Statement on File	
	Inland Marine					
	Law Enforcement				Each Occurrence	
					Aggregate	
	Errors & Omissions				Each Occurrence	
					Aggregate	
	Employment Practices				Each Claim	
					Aggregate	
	Flood					

Description of Operations/Locations/Vehicles/Special Items:

Middle KY Community Action Partnership Head Start Thanksgiving Dinner
Date 11/14/19 (Set-up 11/13/19) at LBJ Elementary School, 90 LBJ Road, Jackson KY 41339
Additional Insured limited to terms of contract between Breathitt Co. Board of Education and
Middle Kentucky Community Action Partnership, Inc.

Certificate Holder

☐ Loss Payee
☐ Additional Insured

Breathitt County Board of Education
and LBJ Elementary School
90 LBJ Road
Jackson, KY 41339

Cancellation:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives.

Authorized Representative


Haddix, Sheretta - Secretary to Superintendent

From: Elaynea Smith <esmith@ROEDING.com>
Sent: Monday, October 28, 2019 11:58 AM
To: Haddix, Sheretta - Secretary to Superintendent
Subject: Addl Insured language provided on COI
Attachments: scanner@roeding.com_20191028_115732.pdf

Hi Sheretta,

Roeding insures the Head Start so I was able to get a copy of the updated certificate including the BOE as an additional insured.

We are in good shape.

Any questions let me know.

Elaynea

Elaynea Smith, CIC, CISR
Commercial Account Specialist
Roeding Insurance
505 Wellington Way, STE 275
Lexington, KY 40503
PH: 859-296-4580
Fax: 859-296-4583

