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 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.

		DEDE
Name of Sponsoring Organiza	zation/Activity <u>MKCAP- Head Start</u> Telephone <u>606-6</u>	00-6363
Representative's Name <u>Mary</u>	ry Francis	
Address <u>1930 (</u>	Oulcksand Rd. Jackson, KY 41339	
The above organization/individual	dual requests the use of:	
□ auditorium □ gym	mnasium  dining room/kitchen  stadium	
☐ classroom(s)	other, specify	
Is the organization planning to use	se District-owned equipment?	
If yes, specify equipment	Operator's Name	
Is the organization planning to con	onduct sales on school premises?	
If yes, give a complete description	n of what is being sold and how the proceeds will be used.	
Building/school/facility <u>LBJ Di</u>	Dining Room	•
Purpose Thanksgiving Dinner f	for the Families	
Date(s) requested _11-13-19 (2:30	0 to decorate) - 11-14-19 (9:00 -1:00) Time(s) Requested	
Will public be admitted?	UYES UNO 20th (215)	
Will advertisement(s) be used?	□ YES □ NO	
Will admission be charged?	☐ YES ☐ NO	

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

- 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.
- 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

#### FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# 01	Hours	Hourly	Rate (Overtime	e at 1.5 times)	Total
Custodians			_				
Food Service Employees							
Supervisory Personnel							
Other					-		
			TO	OTAL PER	SONNEL CHAI	RGE	
	Property Used			ty/Equip nt Fee	Personnel Cost, if applicable	Insurance cost, if	Total Cost for Facility
	Gymnasium	-	<del>                                     </del>		applicable	applicable	Use
at	school						
	Auditorium		<del>                                     </del>				
at	school			ŀ			
	Dining Room 🛭 Kitchen 🗆 Bo	th					
at	school			1			
et	room(s) Numberschool		_				
	Stadium						
at	school_						
at	Other Property school						
4	J.					100116	
Signa	nture - Representative of Us	A		<del></del>	_10	198/15	1_
_Q	R 1/49	er Gr	oup		ما	[28/19   128/19	
Signa	ture Superintendent/desig	nee	•	_		Para (1)	<del></del>
IN THE EVENT WITH THE EX	SCHOOL IS CLOSED DUE 1 CEPTION OF DINNER MI OR REFUND RENTAL FEE(s)	TO W			TIONS, ALL SC CANCELED AI	HEDULED AC	TIVITIES, NITY TO
	For Office Use Only	· To	be Com	nleted by	School Official		
Cost for use of D Deposit S	listrict property \$ C	ost fo	r school	employee	\$ To	tal cost \$	
Date Deposit Rec	ceived			IS	deposit refunda	ble?	i □ No
	s) assigned:		·	batance D	ue S	<del></del>	
Board Action Da	te, if applicable				Board C	order#	
<u> </u>		<del></del>			Re	view/Revised	·7/26/11

INSURER  KACO 400 Englewood Drive Frankfork, Kentucky 4001  1800.764-5226  Company Letter A:  COMPANAGES  This certificate is issued as a matter of information only and confers to rights upon the certificate to information only and confers to rights upon the certificate instead as a matter of information only and confers to rights upon the certificate instead on the cer	CERTIFICATE OF INSURANCE	CE			Issue Date: October 28,	2019			
COD   Type of Insurance   Policy   Date			s issued as a matte	er of information					
## Bythe policies below.	KACo								
Company Letter A:   Company Letter A:   Company Letter B:   Comp	400 Englewood Drive								
INSURED  Middle XY Community Action Partnership (2)71 Howell Heights [Delson, KY 41339]  This is to certify that the policies of insurance listed below have been issued on the insured named above for the policy period indicated. Notwithstanding any equirement, term or condition of any contact or other document with respect to which this certificate may be issued or may periant, the issuance 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  Type of Insurance  Policy  Policy  Policy  Policy  Policy  Policy  Policy  Policy  Date  Type of Insurance  Policy  Policy  Policy  Date  Type of Insurance  Policy  Poli	Frankfort, Kentucky 40601								
INSURED   Company Letter B:   Company Letter C   Company Letter C   Company Letter D:   Company Letter D	1-800-264-5226	Company Letter A: KACo All Lines Fund							
In Howell Heights   Company Letter D: Company									
Jackson, KY 41339   Company Letter E:    COVERAGES									
This is to centify 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  Type of Insurance  Policy Po									
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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 Type of Insurance Policy Policy Eff. Policy Exp. Date General Aggregate \$5,000 Policy Eff. Number Policy Policy Eff. Policy Exp. Date General Aggregate \$5,000 Personal & Adv. Injury \$3,000 Each Occurrence Owner's & Contractor's Proc.  Automobile Liability Schedule Non-Owned Schedule Non-Owned Scheduled Non-Owned Scheduled Non-Owned Scheduled Non-Owned Scheduled Non-Owned Scheduled Non-Owned Non-Owned Scheduled Non-Owned Non-Owned Non-Owned Scheduled Non-Owned N									
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Exclusions, and conditions of such policies. Limits shown may have been reduced by claims.    CO	indicated. Notwithstanding any requir	ement, term or condit	ion of any contra	ct or other docu	ment with respect to which this				
CO Type of Insurance Policy Number Date Date  General Liability  General Liability  A Claims Made X Occurrence Owner's & Contractor's Prot.  Automobile Liability  Automobile Liability  Any Auto Hird Auto All Owned Scheduled Non-Owned Scheduled Non-Owned Scheduled Department on File Deductible (comp/coll)  Property Inland Marine  Property Additional Insured Imited to terms of contract between Breathitt Co. Board of Education and Middle Kentucky Community Action Partnership, Inc.  Certificate Holder Loss Payee Additional Insured  Breathirt County Board of Education and LiB Elementary School  Property School  Additional Insured  Breathirt County Board of Education and LiB Elementary School  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 fer, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, is agents, or representatives.  Authorized Representative	certificate may be issued or may pertai	n, the insurance afford	led by the policies	s described herei	n is subject to all terms,				
LTR	exclusions, and conditions of such pol	icies. Limits shown m	iay have been red	uced by claims.					
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General Liability  A Claims Made X Occurrence Owner's & Contractor's Prot.  Automobile Liability Automobile Liability Any Auto All Owned Scheduled Non-Owned Scheduled									
A Claims Made X Occurrence Owner's & Contractor's Prot.  P&C 0321  7/1/2019  7/1/2020  Personal & Adv. Injury S3,000 Each Occurrence Single Limit Bodily Injury (Per Pers.) Bodily Injury (Per Acc.) Property Inland Marine  Property Inland Marine  As Per Statement on File  Law Enforcement  Each Occurrence Aggregate Each Occurrence Aggregate Each Caim Aggregate  Each Claim Aggregate  Each Claim Aggregate  Each Claim Aggregate  Each Claim Aggregate  Combined Single Limit Bodily Injury (Per Acc.) Property Janage Deductible (comp/coll)  Brootenistions  Each Occurrence Aggregate Each Claim Aggregate  Each Claim Aggregate  Each Claim Aggregate  County Board of Education and Middle Kentucky Community Action Partnership, Inc.  Cancellation:  Cancellation:  Cancellation:  Cancellation:  Breathitt County Board of Education and the 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 Representatives.  Authorized Representatives.		Number	Date	Date	Garani Armenta				
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Property   Deductible (comp/coll)	, <u> </u>		1						
Property   Inland Marine   As Per Statement on File     Law Enforcement   Each Occurrence   Aggregate     Errors & Omissions   Each Claim   Aggregate     Employment Practices   Each Claim   Aggregate     Jemployment Practices   Jemployment Practices   Each Claim			1						
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Errors & Omissions									
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Breathitt County Board of Education and LBJ Elementary School  90 LBJ Road  the company, its agents, or representatives.  Authorized Representative									
and LBJ Elementary School  Authorized Representative  O LBJ Road	Providing Common Part 1 of P.1	, , , , ,							
90 LBJ Road	<u>-</u>								
(3)	•	Authorized Representative							
Jackson, KY 41339	10 LBJ Road TUM to								
	Jackson, KY 41339		/	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					

## Haddix, Sheretta - Secretary to Superintendent

From: Elaynea Smith <esmith@ROEDING.com>
Sent: Monday, October 28, 2019 11:58 AM

To:Haddix, Sheretta - Secretary to SuperintendentSubject:Addl Insured language provided on COIAttachments: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



