

*• Bd. Mtg Agenda Jan 2020*      *• Proof of Liability Ins.*

### Application for Community Use of School Property

The undersigned applicant hereby requests the following community use of school facilities.

<b>Name of Facility:</b> <u>Gravelly Hall</u>	<b>Date(s) Requested:</b> <u>102 / 11 / 2020</u>
<b>Purpose:</b> <u>Gospel Concert for Black History Month</u>	
<b>Beginning Time:</b> <u>1.5 Saturday</u>	<b>Ending Time:</b> <u>Sunday 6 PM</u> (indicate AM / PM)
<b>Are sales to be conducted on site?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, give a complete description of what will be sold, when the sale will occur, and for what the proceeds will benefit: _____	

#### I. GENERAL PROVISIONS

*The undersigned applicant agrees and certifies to the Danville Board of Education that all activities and programs conducted on school property shall be subject to the following terms and conditions.*

- A. All activities or events must be scheduled by the Principal/designee.
- B. That the activities and uses of the property shall be the responsibility of the applicant and shall be conducted in accordance with all school rules and regulations. Applicant shall be liable for any damages which occur to the school property during use by applicant.
- C. Danville Schools Central Office will bill user group for facility rental and personnel costs including overtime salary and fringe benefits. Rental of Gravelly Hall also includes the costs for the Technical Director. Use of school kitchen includes costs of a food service employee.
- D. That use of a school facility for personal profit is prohibited. Use of a school facility for non-school fundraising is prohibited.
- E. The use of tobacco is prohibited at all times in or on any property owned or operated by the Board and in outdoor facilities owned or operated by the Board during all District-sponsored activities, including sporting events.
- F. The use and/or sale of alcoholic beverages is prohibited in school buildings or on school grounds.
- G. No immoral or illegal activities shall be permitted on any property or ground owned by the Board.
- H. No organization will be allowed to sell or serve soft drinks or food unless permission is granted prior to the rental.
- I. The organization using the facility must make arrangements for crowd control as well as supervise participants.
- J. The school will be responsible for routine maintenance before and after rental. Please notify the Principal/designee of any conditions that need to be corrected. The applicant is responsible for leaving the facility and grounds in the same condition as they were found. It is further understood that a school employee (custodian) is required to be in the building during all uses of the facility. The employee insures security, unlocks and locks the facility, and handles all utility usage/emergency response when warranted.
- K. The renting organizations and officers thereof, shall name the school as an additional insured on the group's insurance coverage, receiving contractual hold harmless and indemnification protection and requiring note of cancellation of the outside group's insurance coverage.
- L. The renting party shall not sublease or reassign any portion of the building or item of equipment covered by the rental contract.
- M. That the Danville Board of Education shall, in all cases, have the final decision governing the use of school facilities
- N. Approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

**NOTE:** The specific requirements set forth in Board policy 05.31 shall be adhered to.

**Application for Community Use of School Property****FEES FOR LEASE OF SCHOOL FACILITIES**

<b>Facilities</b>	<b>Usage Fees</b>	<b>Estimated Personnel Wages</b>
Gravelly Hall	\$300 per event \$150 per practice	Tech Director @ \$22.50 hr. Custodian @ \$20 hr.
Cafeteria	\$25 per hour	Food Service Employee @ \$15 hr. Custodian @ \$20 hr.
Classroom DHS Gym BMS Gym MGH, ELT, JRE Gym Practice football field Athletic Fields Admiral Stadium	\$25 per hour \$50 per hour \$40 per hour \$35 per hour \$75 per event \$100 per event \$275 per event	Custodian @ \$20 hr.
<i>Hourly wage and fringe for custodian will not apply if use of facility occurs during the custodian's regular work schedule.</i>  <i>A minimum fee of two hours will be charged unless rental fee is per event.</i>		

**II. RENTAL AGREEMENT**

	<b>Hours</b>	<b>Rate</b>	<b>Total</b>
Rental Fee			150.00-300.00 *
Practice Session (s)			
School Supervisor			
Media Technician	TBD	22.50	
Custodian	TBD	20.00	
Additional Staff			
Damage Deposit			
<b>TOTAL DUE</b>			

Special Instructions: *\* Based on interest regarding student interest/involvement. DHS chairs may be part of this project.*

Copies of the Rental Agreement will be sent to the School Representative, Organization Representative, and the Danville Board of Education.

**Application for Community Use of School Property****III. Rental Agreement****To be completed by APPLICANT**

*I have read the terms and conditions of this lease of school facilities and agree to be responsible of compliance with each term listed above.*

SIGNED: Michael T. Hughes

PRINT NAME: Michael T. Hughes

CONTACT PHONE NUMBER: 859-326-6065

ORGANIZATION: Danville Boyle County African American Historical Society

BILLING ADDRESS: 195 Candlewood Drive Ky 40422  
STREET STATE ZIP

Applicant: Submit completed form to building Principal for approval

**To be completed by BUILDING PRINCIPAL**

Principal Approval ☒ YES ☐ NO

*If request is not approved, explain below and mail copy of this form to applicant*

Non-approval explanation: \_\_\_\_\_

If approved, event has been tentatively added to school Event Calendar. ☒ YES ☐ NO

Principal Signature: [Signature] Date: 12/4/2019

Principal: Upon approval, submit form to Facilities Director for consideration.

**To be completed by BOARD PERSONNEL**

Facilities Director Approval ☒ YES ☐ NO

Signature: [Signature] Date: 12/5/19

Director: Upon approval, submit to Superintendent for Board consideration.

Board Approval ☒ YES ☐ NO

Superintendent/Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Central Office Personnel: Submit/mail copy of approval or non-approval to requesting group and Principal.

REVIEW/REVISED: 8/21/2017





DANVCOA-01

SGENTRY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2019

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

<b>PRODUCER</b> Johnson Pohlmann Insurance 129 S 4th Street Danville, KY 40422		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (859) 236-5922 <b>E-MAIL ADDRESS:</b> info@johnsonpohlmann.com <b>FAX (A/C, No):</b> (859) 236-8399	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : WEST BEND MUTUAL INS CO</b>	<b>15350</b>
<b>INSURED</b>  Danville-Boyle Co African American Historical Society PO Box 753 Danville, KY 40423		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			A704818	2/1/2020	2/3/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	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)

## CERTIFICATE HOLDER

## CANCELLATION

Danville Independent School District  
115 E Lexington Ave  
Danville, KY 40422

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