

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 *JB*
FROM: Ed Oyler *EO*
DATE: September 9, 2020
RE: Agenda Item for September 28, 2020 Board Meeting
Facility Use Application for Mt. Washington Elementary School

Mt. Washington Elementary is requesting permission for the Church of the Crossroads to use their gymnasium, classrooms 11, 66, 75 and the cafeteria for Church Services from 9:00 am to 12:00 pm. This will be their fourth year to use Mt. Washington Elementary School. If the congregation continues to grow, they would like to request more space. The Mt. Washington Elementary School Principal will coordinate this with the Maintenance Department.

Attached are the Application and Agreement Form and Liability Insurance Certificate.

I recommend the Board approve the request to allow Church of the Crossroads to use Mt. Washington Elementary School for church service.

Ed Oyler



Mt. Washington Elementary School

9234 Hwy 44 East
Mt. Washington, KY 40047
(502) 869-3000
Fax (502) 538-2744

Julie Shumaker, Principal
Dionna Bickley, Assistant Principal
Alicia Franklin, Counselor

Every Child - Every Day

July 28, 2020

Bullitt County Board of Education,

As Principal of Mt. Washington Elementary School, I give permission for The Church of the Crossroads to petition the Bullitt County Board of Education for the use of our building for their Sunday services. I have met with Mr. John Parkey and detailed the expectations for facility use, similar to last year's expectations. The Church of the Crossroads had used MWES for the past few years without incident or concern.

Thank you,

Julie Shumaker

The vision of Mt. Washington is to empower all members of our learning community to strive for excellence as they develop into successful, engaged, lifelong learners.

An Equal Education and Employment Institution

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>Church of the Crossroads</u>			Telephone	<u>502 664 2386</u>
Representative's Name	<u>John Parkey - Lead Pastor</u>				
Address	<u>PO Box 743 Mt Washington KY 40047</u>				
The above organization/individual requests the use of:					
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium		
<input checked="" type="checkbox"/> classroom(s)	<u>3</u>	<input type="checkbox"/> other, specify _____			
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, specify equipment		Operator's Name			
<u>TV</u>		<u>Kellie Weine</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. _____					
Building/school/facility <u>Mt Washington Glen School</u>					
Purpose <u>Church Service</u>					
Date(s) requested		Time(s) Requested			
<u>1 yr of Sunday morning</u>		<u>9-12 noon</u>			
Will public be admitted?		If yes, please explain			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<u>church service/guests invited</u>			
Will advertisement(s) be used?		If yes, please explain			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<u>temporary sign by road each Sunday</u>			
Will admission be charged?		If yes, please explain			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

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 \$ _____
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				
Food Service Employees				
Supervisory Personnel	Kellie Weir District Employee	9-12 pm	(Volunteer)	
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>MWES</u> school	\$50 for 3 hrs			\$50
Auditorium at _____ school				
Cafeteria <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at 050 <u>MWES</u> school	\$30 for 3 hrs			\$30
Classroom(s) Number <u>3</u> at <u>MWES</u> school	\$30 for 3 hrs x 3			\$90
Stadium at _____ school				
Other Property at _____ school				

Total \$170 plw

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



Signature - Superintendent/designee

7.29.2020

Date

7/30/2020

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)

09/11/2020

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).

PRODUCER Claude Reynolds Insurance Agency Inc PO BOX 58400 Louisville KY 40268-0400	CONTACT NAME: Lorraine Lawson PHONE (A/C, No, Ext): 502-933-2255 FAX (A/C, No): 502-933-5057 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Brotherhood Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Church of the Crossroads PO BOX 743 Mount Washington KY 40047	NAIC #

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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		16M 489789	06/10/2020	06/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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 is listed as Additional insured

CERTIFICATE HOLDER**CANCELLATION**

Bullitt County Board of Education
1040 Hwy 44 E
Shepherdsville KY 40165

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
Lorraine Lawson

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