



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

Phone: 502-869-8000
Fax: 502-543-3608
www.bullittschools.org

Memo

To: Jesse Bacon *JB*
From: Lesa Howel *LH*
Date: October 11, 2021
Re: Kentucky Blood Center



Please present this opportunity for the Bullitt County Public Schools to work with the Kentucky Blood Center during this current school year. Blood drives will occur throughout the district during the 2021-2022 school year and sponsor groups or individual students working on community service programs will advertise and assist the drives.

Attached you will find the Memorandum of Understanding and the Certificate of Liability Insurance. These agreements are automatically renewable; however, on legal advice, steps will be taken each year to confirm the arrangement. The Certificate of Liability Insurance was reviewed and accepted by Eric Farris.

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made and entered into this 1st day of October 2021 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and KENTUCKY BLOOD CENTER, INC., (hereinafter "KENTUCKY BLOOD CENTER") of 3121 Beaumont Centre Circle, Lexington, KY 40513.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

I. DUTIES OF BCPS

- A. To provide suitable facilities for carrying out the reasonable objectives of the Kentucky Blood Center in a blood drive during regular school hours**
- B. To distribute Kentucky Blood Center literature and post Kentucky Blood Center notices of upcoming blood drives in advance to maximize participation in blood drives**

C. To provide the BCPS Nurse Administrator as liaison for blood drives

II. DUTIES OF KENTUCKY BLOOD CENTER

A. To provide liability insurance coverage for each site of a blood drive with minimum limits of per \$4 million occurrence and naming Bullitt County Public Schools as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.

B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines

C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines

D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.

E. To provide suitable nutrition and hydration materials for participants in blood drives

F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found

G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

III. This agreement shall be effective November 1, 2021 through June 30, 2021 at which time the Kentucky Blood Center shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

BULLITT COUNTY PUBLIC SCHOOLS

BY: _____
JESSE BACON
SUPERINTENDENT

KENTUCKY BLOOD CENTER, INC.

BY:  10/1/2021
AUTHORIZED OFFICER
VP & CFO

ATTACHMENTS

- CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2021

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 BCx 2600 Meidinger Tower 462 South Fourth Street Louisville KY 40202	CONTACT NAME: Brenda Higgins PHONE INC. No. Etc.: 713-470-4142 E-MAIL ADDRESS: bhiggins@alliant.com FAX (A/C, No):
INSURED Kentucky Blood Center, Inc. 3121 Beaumont Centre Circle Lexington KY 40513	INSURER(S) AFFORDING COVERAGE INSURER A: The Community Blood Cntr Exch RRG INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 13893

COVERAGES

CERTIFICATE NUMBER: 1998465702

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL - Claims made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BCX21-00004	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 8,000,000 PRODUCTS - COMP/OP AGG \$ 8,000,000 \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					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

CANCELLATION

Bullitt County Public Schools
1040 Highway 44 East
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