




## Bullitt County Public Schools

1040 Highway 44 East  
Shepherdsville, Kentucky 40165

502-869-8000  
Fax 502-543-3608  
[www.bullittschools.org](http://www.bullittschools.org)

### MEMO

TO: Jesse Bacon

FROM: Tony Roth 

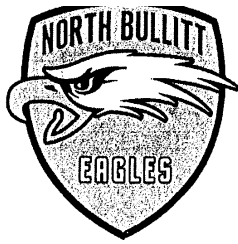
DATE: October 15, 2021

RE: Agenda Item for October 25, 2021 Board Meeting  
Facility Use Application for North Bullitt High School

North Bullitt High School requests permission to allow the American Cancer Society to host Relay for Life on October 22, 2021 from 5:00 pm to 8:30 pm at their facility.

Attached please find the Application and Agreement Form. Should the insurance certificate not be provided by the event date, permission will be denied.

I recommend the Board approve the request.



# North Bullitt High School

3200 Hebron Ln  
Shepherdsville, Kentucky 40165

Phone: 502-869-6200

Fax: 502-957-6762

<https://www.bullitt.k12.ky.us/3/Home>

10/13/2021

I am in agreement with the American Cancer Society Relay for Life and Brooke Whitis to hold the Relay for Life Event at North Bullitt High School on 10/22/2021 barring any issues that may arise from the state and local level concerning quarantines.

Thank you,

J Lail, Ed.D.

Principal North Bullitt High School

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**Assistant Principals**

**Dr. Jessica Sturgeon  
Ms. Lindsey Wegley**

**Principal**

**Dr. J Lail**

**Counselors**

**Ms. Chelsea Mullenex  
Ms. Melissa Speakman**

**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>American Cancer Society Relay For Life of Bullitt County</u>   |  |
| Telephone <u>606 872-3132</u>  |  |
| Representative's Name <u>Brooke White's, Community rep</u>   |  |
| Address <u>1504 College Way, Lexington, Ky 40502</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<br><input type="checkbox"/> classroom(s) <input checked="" type="checkbox"/> other, specify <u>Parking lot, lobby restrooms, baseball bleachers</u> |  |
| Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO  |  |
| If yes, give a complete description of what is being sold and how the proceeds will be used. <u>No sales, but donations will be accepted for Relay For Life</u>  |  |
| Building/school/facility <u>North Bullitt High School</u>  |  |
| Purpose <u>Charity event</u>   |  |
| Date(s) requested <u>10/22/2021</u> Time(s) Requested <u>approx. 5pm - 8:30pm</u>  |  |
| Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain <u>Open to public</u>  |  |
| Will advertisement(s) be used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain <u>Pioneer News article, invitation to Survivors, Relay website and Facebook page, email to team members</u>   |  |
| Will admission be charged? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain _____  |  |

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 \$                     | <u>0</u>   | Cost for school employee \$   | _____ |
| Total cost \$  |            | _____   |       |
| Deposit \$   | <u>0</u>   | Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Date Deposit Received                                    | <u>N/A</u> | 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  |                         |            |                                     |       |
| Other _____            |                         |            |                                     |       |
| TOTAL PERSONNEL CHARGE |                         |            |                                     |       |

| Property Used  | Facility/<br>Equipment<br>Fee | Personnel<br>Cost, if<br>applicable |  | Total Cost<br>for Facility<br>Use |
|--|-------------------------------|-------------------------------------|--|-----------------------------------|
| <b>Gymnasium</b>   |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |
| <b>Auditorium</b>  |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |
| <b>Cafeteria</b> <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |
| <b>Classroom(s) Number</b> _____   |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |
| <b>Stadium</b>   |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |
| <b>Other Property</b>  |                               |                                     |  |                                   |
| at _____ school  |                               |                                     |  |                                   |

No charge  
for use

**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

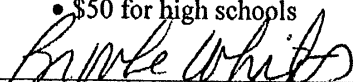
**KITCHEN AND CAFETERIA**

- \$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

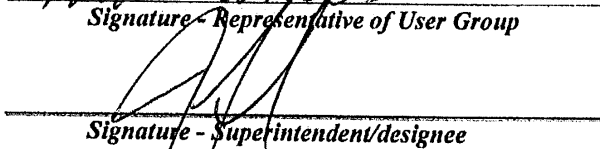
- \$50 for high schools



Signature - Representative of User Group

9/28/21

Date



Signature - Superintendent/designee

10-12-2021

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

Brooke Whitis  
Senior Community Manager, Relay For Life



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1504 College Way  
Lexington, KY 40502  
859.260.8350 (cell) 606.872.3132 fax) 859.260.8299  
brooke.whitis@cancer.org