



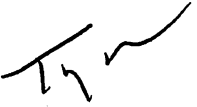
Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

MEMO

TO: Jesse Bacon

FROM: Tony Roth 

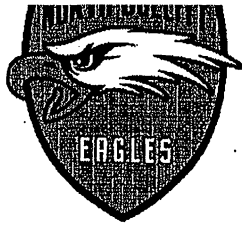
DATE: October 12, 2021 

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 their Chess Team and Chess Education Foundation to hold a Chess Tournament on October 30, 2021 from 7am to 5pm.

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

I recommend the Board approve the request to allow North Bullitt High Schools Chess Team and Chess Education Foundation to use their facility for the Chess Tournament.



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>

September 27, 2021

Chess Team sponsor Dennis Minnis and the Chess Education Foundation are permitted to hold a chess tournament at North Bullitt High School on October 30, 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

Assistant Principals

Dr. Jessica Sturgeon
Ms. Lindsey Wealey
Mr. Kyle Roach

Principal

Dr. J Lail

Counselors

Ms. Chelsea Mullen
Ms. Melissa Speakman

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. 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	NBHS CHESS	Telephone	502-869-6200
Representative's Name	Cobhamminnis - Chess Education Foundation		
Address	3807 Thering Way Louisville Ky 40241		
The above organization/individual requests the use of:			
☐ auditorium	☒ gymnasium	☒ dining room/kitchen	☐ stadium
☐ classroom(s)	☐ other, specify LIBRARY		
Is the organization planning to use District-owned equipment? ☐ YES ☒ NO			
If yes, specify equipment _____ Operator's Name _____			
Is the organization planning to conduct sales on school premises? ☐ YES ☒ NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school/facility North Bullitt High School			
Purpose Chess Tournament			
Date(s) requested 10-30-21		Time(s) Requested 7:00am - 5:00pm	
Will public be admitted?	☐ YES	☒ NO If yes, please explain	Students and their parents only
Will advertisement(s) be used?	☐ YES	☒ NO If yes, please explain	
Will admission be charged?	☒ YES	☐ NO If yes, please explain	Entry Fee for Participants only

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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

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

#150 = BOTH GYMS

✓ CAFETERIA

- \$30 per hour

+

= \$150 + LIBRARY

KITCHEN

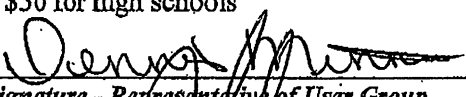
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

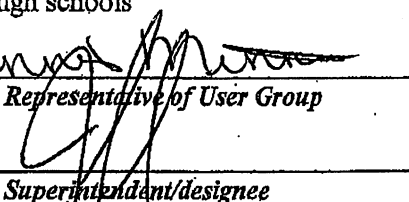
KITCHEN AND CAFETERIA

- \$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

X 
Signature - Representative of User Group


Signature - Superintendent/designee

9/27/2021

Date

9.27.2021

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

Reporting Form for Employee Extra Pay

Submit this form to the Central Office within one (1) week of the event. A check should accompany this form.

Name of Sponsoring Organization/Activity NORTH BULLITT CHESS / CHESS EDUCATION FOUNDATION

Representative's Name Dennis Minnis (Coach)

Facilities used by organization: ☒ gymnasium ☒ dining room/kitchen ☐ stadium

☐ auditorium ☐ classrooms(s) ☐ other, specify Library

Personnel assigned to the event: ☐ Custodian(s) ☐ Food Service Employee(s) - 0 -

☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day. - 0 -

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

Employee's Signature	Date of Service	# of Hours Worked

For Central Office use only		
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Superintendent/Designee's Signature _____		Date _____

N/A

Review/Revised: 1/15/08

Coaching Staff will clean up and lock all doors and restrooms -

CUSTODIAL STAFF WILL CLEAN RESTROOMS NEXT WORKDAY MORNING.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2021

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 State Farm GREG HAUS STATE FARM 100 CANNONS LN LOUISVILLE, KY 40208		CONTACT NAME: KATY SACK PHONE (A/C No. Ext): 502-894-4406 FAX (A/C No.): 502-894-4463 E-MAIL ADDRESS: KATY@GREGHAUS.COM	
INSURED CHESS EDUCATION FOUNDATION 3807 THERINA WAY LOUISVILLE, KY 40241		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25143	

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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LYR		INSR	NO		(MM/DD/YYYY)	(MM/DD/YYYY)	
1	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		97-AJ-D085-6	08/17/2021	08/17/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
2	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
3	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
4	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	N/A				PER STATUTE ☐ OTH-ER ☐ 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 ADDED AS ADDITIONAL INSURED

CERTIFICATE HOLDER BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 EAST SHEPARDVILLE, KY 40165	CANCELLATION 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
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