






## 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: January 11, 2022

RE: Agenda Item for January 24, 2022 Board Meeting  
Facility Use Application for North Bullitt High School

North Bullitt High School requests permission to allow the Maryville Patriots to host a Cheer Competition at their school on January 30, 2022 from 12:00 pm to 5:00 pm.

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

I recommend the Board approve this request to allow the Maryville Patriots to use their facility.

# North Bullitt High School



3200 E Hebron Lane  
Shepherdsville, KY 40165

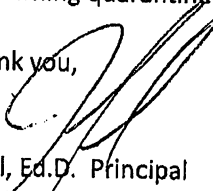
One Team-One Dream

Tel: 502-869-6200  
Fax: 502-957-6762

12/13/2021

I am in agreement with the Maryville Patriots and Marcie Scott (Coach) to hold the Cheer Competition event at North Bullitt High School on 01/30/2022 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

Jessica Sturgeon  
Kyle Roach  
Lindsey Wegley

## Principal

J Lail, Ed.D.

## Counselors

Chelsea Mullennex  
Missy Speakman  
April Walker

**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	Maryville Patriots		Telephone	502 836 3707
Representative's Name	Marcu Sch			
Address	265 Starline Dr Louisville KY 40229			
The above organization/individual requests the use of:				
<input checked="" type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium	
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____			
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 checked="" 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. 5050 tickets vendors, flowers, cheer grams all proceeds will cover cost to district				
Building/school/facility	North Bullitt High School			
Purpose	Cheer competition			
Date(s) requested	01/30/2022	Time(s) Requested	12-5pm	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	spectators	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	facebook and email	
Will admission be charged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	\$8 per spectator, kids \$5	

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	1	5		158.40
Food Service Employees	0			
Supervisory Personnel				
Other Fringe Calc.				60.65
TOTAL PERSONNEL CHARGE				219.05

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at NBHS school	\$170		170
Auditorium at NBHS school	\$170		170
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			
Classroom(s) Number _____ at _____ school			
Stadium at _____ school			
Other Property at _____ school			

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

**CAFETERIA**

- \$30 per hour

**KITCHEN**

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

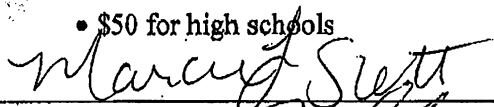
**KITCHEN AND CAFETERIA**

- \$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

12/8/2021  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature - Superintendent/designee

12-13-2021  
\_\_\_\_\_  
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.

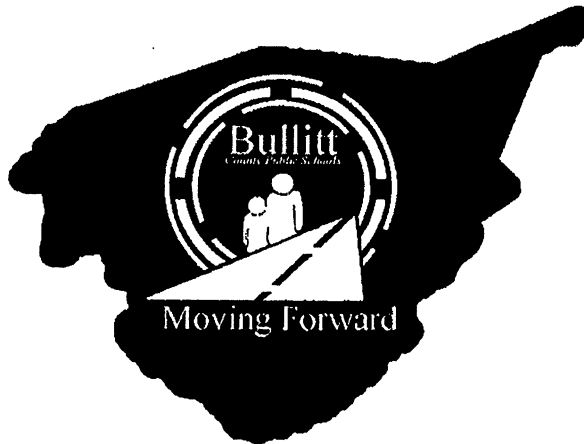
Review/Revised:7/19/11

# 2021-2022 School Year

## Fringe Benefit Worksheet

### EMPLOYER PORTION

#### Classified Employees



Employee #	
Employee Name	
Date	
Pay Rate	\$ 31.68
Over Time Rate (Time & Half)	
Hours	5
Gross Pay	\$ 158.40
County Employment Retirement 26.95%	\$ 42.69
FICA (Social Security) 6.20%	\$ 9.33
Medicare 1.45%	\$ 2.18
Worker's Compensation Insurance 4.07%	\$ 6.45
Total Check to be submitted to C.O.	\$ 219.05

Comments:

Make Checks Payable to Bullitt County Public Schools



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/21/2021

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).

<b>PRODUCER</b> Hyland, Block Hyland 9750 Ormsby Station Rd Ste 200  Louisville KY 40223		<b>CONTACT NAME:</b> Adam Shipley <b>PHONE (A/C, No, Ext):</b> (502) 637-4733 <b>FAX (A/C, No):</b> (502) 637-6222 <b>E-MAIL ADDRESS:</b> adams@hylandins.net	
<b>INSURED</b> Greater Bullitt County Youth Football League, Inc. 152 Williamsburg Ct  Mt. Washington KY 40047		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Northfield Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 21/22Liability

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		WS221605	09/16/2021	09/16/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COM/POP AGG \$ 2,000,000
C	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 is hereby named as an Additional Insured with respects to General Liability per policy form Blanket Additional Insured S2853-CG (3/20)

## CERTIFICATE HOLDER

## CANCELLATION

Bullitt County Board of Education 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  
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**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 Maryville Patriots Cheer

Representative's Name Marcie Scott

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

☒ auditorium ☐ classrooms(s) ☐ other, specify \_\_\_\_\_

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

☒ 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.

**SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT**

<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>

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 _____

Review/Revised:1/15/08