




Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

MEMO

TO: Jessie Bacon

FROM: Tony Roth 

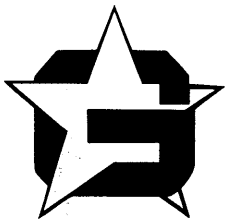
DATE: February 16, 2022

RE: Agenda Item for February 28, 2022, Board Meeting
Facility Use Application for Mt. Washington Middle School

Mt. Washington Middle School requests permission to allow the Jon Gordon Companies use their library for a Positive Schools Tour on March 11, 2022 from 8:00 am to 12:00 pm. Since our teachers are attending for free the rental fee is being waived, per Jesse Bacon.

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

I recommend the Board approve this request.



Dr. Bacon,

I would like to request permission for Dr. Jim Van Allan and Jon Gordon of the Jon Gordon Companies to use the library and MWMS as a location for their Positive Schools Tour. MWMS recently became a Certified Energy Bus School and this would be a great way to showcase the work we are doing. This training will be open to educators in the area but they are allowing some MWMS/BCPS employees to attend for free. Please let me know if you have any questions.

Thanks

Tim Ridley

Mount Washington Middle

269 Water Street Tim Ridley, Pr
Mt. Washington, KY 40047 Carl Curtis
Ph: (502) 869-5200 Fax: (502) 538-0703 Ch
www.bullittschools.org/8/Home Mega

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>Jon Gordon Companies</u>		Telephone <u>904-285-6842</u>
Representative's Name <u>Jim Van Allan</u>		
Address <u>5523 SW Landing Creek Drive, Palm City, FL 34990</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"/> classroom(s)	<input checked="" type="checkbox"/> other, specify	<input type="checkbox"/> stadium
<u>Multi-purpose room</u>		
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, specify equipment <u>AV</u> 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. _____		
Building/school/facility <u>MWMS</u>		
Purpose <u>Training - BCPS staff will get to attend for free.</u>		
Date(s) requested <u>March 11, 2022</u>		Time(s) Requested <u>8a to Noon</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain <u>Educators from community</u>
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain <u>Marketing to advertise event</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain <u>Admission per person</u>

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> </u>		Cost for school employee \$ <u> </u> Total cost \$ <u> </u>	
Deposit \$ <u> </u>		Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received <u> </u>		Balance Due \$ <u> </u>	
Board employee(s) assigned: <u> </u>			
Board Action Date, if applicable <u> </u>		Board Order # <u> </u>	
Date of Use <u> </u>		Length of Time <u> </u>	

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	<u> </u>		<u> </u>	<u> </u>
Food Service Employees				
Supervisory Personnel				
Other <u> </u>				
TOTAL PERSONNEL CHARGE				

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

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

James Van Allan

Signature - Representative of User Group

J. Nick

Signature - Superintendent/designee

1/26/2022

Date

2/8/22

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)

02/15/2022

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 Brown & Brown of South Carolina 10 Falcon Crest Dr., Suite 100 Greenville SC 29607	CONTACT NAME: Kellianne Covil PHONE (A/C, No, Ext): (864) 234-8889 FAX (A/C, No): (864) 583-1398 E-MAIL ADDRESS: 285.Certificates@bbrown.com
INSURED Jon Gordon Companies Inc 830-13 Aia North-St 111 Ponte Vedra Bea FL 32082	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Casualty Insurance Company INSURER B: Underwriters at Lloyd's, London (Illinois) INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 21-22 Mast **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	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		22SBMVK3616	03/28/2021	03/28/2022	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:							\$
C	AUTOMOBILE LIABILITY			22SBMVK3616	03/28/2021	03/28/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
B	PROFESSIONAL LIABILITY			MPL1557672.21	04/04/2021	04/04/2022	EACH CLAIM	3,000,000
	AGGREGATE						3,000,000	
	RETENTION						10,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bullitt County Board of Education is an additional insured with regard to the above general & professional liability when required by written contract.

CERTIFICATE HOLDER Bullitt County Board of Education 1040 Highway 44 East Shepherdsville 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 Kellianne Covil
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Hasting, Tracy <tracy.hasting@bullitt.kyschools.us>

Fwd: Facility Request

1 message

Roth, Tony <tony.roth@bullitt.kyschools.us>

Wed, Feb 16, 2022 at 9:18 AM

To: "Hasting, Tracy" <tracy.hasting@bullitt.kyschools.us>

fyi

----- Forwarded message -----

From: **Bacon, Jesse** <jesse.bacon@bullitt.kyschools.us>

Date: Wed, Feb 16, 2022 at 9:13 AM

Subject: Fwd: Facility Request

To: Betsy Nutt <betsy.nutt@bullitt.kyschools.us>

Cc: Brillhart, Tom <tom.brillhart@bullitt.kyschools.us>, Tony Roth <tony.roth@bullitt.kyschools.us>

We need to get this on the board agenda for approval on the 28th. Since our teachers are attending for free we are also going to waive the rental fee.

Jesse Bacon, Ed.D.**Superintendent**

Bullitt County Public Schools | 1040 Highway 44 East, Shepherdsville, KY 40165

Office: (502) 869-8000 | Cell: (606) 748-3844 | Email: jesse.bacon@bullitt.kyschools.us

Our mission is to inspire and equip our students to succeed in life

----- Forwarded message -----

From: **Ridley, Tim** <tim.ridley@bullitt.kyschools.us>

Date: Wed, Feb 16, 2022 at 7:08 AM

Subject: Re: Facility Request

To: Bacon, Jesse <jesse.bacon@bullitt.kyschools.us>, Brillhart, Tom <tom.brillhart@bullitt.kyschools.us>, Tony Roth <tony.roth@bullitt.kyschools.us>

Here is the website and they are letting us bring in 5 people for free.

On Wed, Feb 16, 2022 at 8:00 AM Ridley, Tim <tim.ridley@bullitt.kyschools.us> wrote:

Attached are documents to request the use of the library at MWMS for a Positive Schools Tour by Jon Gordon.

Please let me know if you have any questions.

Thanks

 EnergyBusRequest .docx PositiveSchoolsTour.pdf LiabilityInsurance.pdf

--

Tim Ridley

Principal

Mt. Washington Middle School

502-869-5200

Celebrating Success, Collaborating Together, Creating Futures

#GeneralsLEAD

My apologies for any typos. Sent from my iPhone

--

Tim Ridley

Principal

Mt. Washington Middle School

502-869-5200

Celebrating Success, Collaborating Together, Creating Futures

#GeneralsLEAD



"Thoughts are magnetic. What we think about we attract."

Jon Gordon, The Energy Bus