

Issue Paper

DATE:

June 20, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with Northern Kentucky Youth Football and Cheer Club for use of Dixie Heights High School main and auxiliary gym on October 22, 2022.

APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

HISTORY/BACKGROUND:

The Northern Kentucky Youth Football and Cheer Club is a local youth organization that is requesting to use the Dixie Heights main and auxiliary gym to host event.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval to Community Use Facility contract with Northern Kentucky Youth Football and Cheer Club for use of Dixie Heights High School main and auxiliary gym on October 22, 2022.

CONTACT PERSON:

Matt Wilhoite

Principal/Administrator

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Facility Use Contract

and the Superintendent/designee	authorized so to act by direction of the hereinafter referred to as "user" of the sc	Board of Education and
described. The user is a: (Check 0038225	One): profit organization X no	n-profit organization/FEIN #
Category of user (1-5) 3 (Final deter	rmination of category is made by Superintendent/d	esignee).
WITNESSETH:		
• •	nereby agree to permit user to utilize certa Dixie Heights Main Gym, Aux Gym, and Conc	
at the following times and dates: _C following terms and conditions:	October 22, 2022 - 8:00AM -7:00PM	subject to the

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions specified by the Principal. Any violation of such terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the Principal.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. User is responsible for the conduct of its participants or guests.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

Facility Use Contract

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate

\$1,000,000 General Liability coverage per occurrence

12. An orientation has been provided.

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please initial)userschool repro	esentative			
Applicable Fees:				
Rental fee: \$300.00 per hr. (min 2 hours)	Rental fee total: TBD			
Custodial fee: \$48.00 per hour per hr. (min 2 hours)	Custodial fee total: TBD			
Supervisory fee: \$35.00 per hour per hr. (min 2 hours)	Supervisory fee total: TBD			
Equipment fee:	Equipment fee total: n/a			
Other fees:n/a	Other fees total:n/a			
50% of total fees to be paid as security deposit at contract weeks after contracted event.	signing; remainder to be paid within two (2)			
Total Fees: TBD Deposit: n/a				
Checks are payable to Kenton County Board of Educa	<u>tion</u>			
Supervision/Custodial Support Details: There will be 2 custodians at your event (\$48 per hour). One custodian will be	there for your entire event and the second will arrive at			
11:00am. Both will remain on campus until your event wi complete and everyt	hing is cleaned and back to normal. There will also me a			
supervisor on site for the entire event at rate of \$35.00 per hour.				
Misc. Considerations:				

Facility Use Contract

	NKYFL - Cheer Board				
Name of I	Renting Organiza	tion "User"			
Missy Howard					
	Representative (Print)			
786 Ravine Circle #2A					
Southgate, KY 4107	71 [.]				
City	State	Zip			
(859) 992-3942	2				
Ph	one Number				
missy.howard36@g	gmail.com				
·E-	E-Mail Address				
	•				
	·				
					
the Superintendent/design their hands this	day of	ehalf of the			
their hands this	day of school year.	ehalf of the			
their hands this	day of	ehalf of the			
	Missy Howard Name of "User" 786 Ravine Circle Ac Southgate, KY 410 City (859) 992-394 Ph missy.howard36@e E- he "User" whose signate	Missy Howard Name of "User" Representative (786 Ravine Circle #2A Address Southgate, KY 41071 City State (859) 992-3942 Phone Number missy.howard36@gmail.com			

Review/Revised:8/5/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2022

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).

this ce	rtificate does not confer rights to	o the	certi	ficate holder in lieu of su						
PRODUCER					CONTA NAME:	CT Damian (
DG Insura	ance Agency				PHONE (A/C, No	b, Ext): (513) 8	18-1923	FAX (A/C, No):		
151 W Fo	ourth St				E-MAIL ADDRE		dgins-agency.	com		
Ste 500A						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Cincinnat	i			OH 45202	INSURE	RA: ERIE IN	IS CO			26263
INSURED					INSURER B:					
	NKYFL				INSURE	RC:				
	1866 FREEDOM TRL				INSURER D :					
					INSURE	RE:				****
	INDEPENDENCE			KY 41051-7607	INSURE	RF:				
COVERA	GES CER	TIFIC	ATE	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 LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	COMMERCIAL GENERAL LIABILITY			PAGE 14 PAGE 14 A PAGE 14			,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	ŀ						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		ŀ						MED EXP (Any one person)	\$	
A -		Y	Y	Q61-0121350		07/18/2021	07/18/2022	PERSONAL & ADV INJURY	\$	1,000,000
GEN'L	. AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
F	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
P	ANY AUTO							BODILY INJURY (Per person)	\$	
	DWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
l l	JMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
E	CLAIMS-MADE							AGGREGATE	\$	
[DED RETENTION\$								\$	
	ERS COMPENSATION MPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PI	ROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Manda	ER/MEMBER EXCLUDED? atory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, o	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								CRIM		
A Crir	ne			Q61-0121350		07/18/2021	07/18/2022	EEMDH		15,000
				4				PAYPL		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) NKYFL Cheer Opportunity Additional Insured Kenton County Board of Education 1055 Eaton Drive FT Wright KY 41017										
CERTIFIC	ATE HOLDER				CANC	ELLATION				
CERTIFIC	ATE HOLDER				CANC	ELLATION				
Kenton County Board of Education				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1055 Eaton Drive				AUTHORIZED REPRESENTATIVE						
F4 W W. 41017				Damian Gilchrist						

Ft. Wright KY 41017