



JESSE BACON, SUPERINTENDENT
ADRIENNE USHER, ASSISTANT SUPERINTENDENT
BRANDY HOWARD, CHIEF ACADEMIC OFFICER
TROY WOOD, CHIEF OPERATIONS OFFICER

MEMO

TO: Jessie Bacon

FROM:

Tony Roth

DATE:

Nov 10, 2022

DATE:

Agenda Item for Nov 28, 2022 Board Meeting
Facility Use Application for Brooks Elementary School

Brooks Elementary is requesting permission to allow Little Flock Baptist Church to use their facility for basketball practice Monday and Tuesday evenings from 5:45 pm to 8:45 pm and games on Saturday from 12:30 pm to 6:00 pm. The dates they are requesting to use the gymnasium are January 2, 2023 to March 7, 2023.

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

I recommend the Board approve the request for Little Flock Baptist Church to use Brooks Elementary School.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

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 | Little Flick Baptist Church | Telephone | 902-955-8700 |
| Representative's Name | Douglas (Noah) Franklin | | |
| Address | 5510 N. Preston Hwy | | |
| The above organization/individual requests the use of: | | | |
| <input type="checkbox"/> auditorium | <input checked="" type="checkbox"/> gymnasium | <input type="checkbox"/> dining room/kitchen | <input type="checkbox"/> stadium |
| <input type="checkbox"/> classroom(s) | <input checked="" type="checkbox"/> other, specify <u>both</u> | | |
| Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, specify equipment <u>basketball goals/bleachers</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>BROOKS Elem. School</u> | | | |
| Purpose <u>Gym Rental</u> | | | |
| Date(s) requested <u>Mon & Tuesdays 6:45-8:45 (Jan 2-3)</u> | | Time(s) Requested _____ | |
| Will public be admitted? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, please explain _____ |
| Will advertisement(s) be used? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | If yes, please explain _____ |
| 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:

- 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.
- 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.
- 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.
- 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.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

✓
Saturdays
12:30 - 6:00
(1/21, 1/28, 2/4,
2/11, 2/18, 2/25,
3/4)

✓
Sat. days
12:30 - 6:00
(1/21, 2/8,
2/11, 1/18,
3/4)

✓
Sat. days
12:30 - 6:00

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SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ 4660.21 Cost for school employee \$ 3135.21 Total cost \$ 4660.21
 Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No
 Date Deposit Received _____ Balance Due \$ _____
 Board employee(s) assigned: _____
 Board Action Date, if applicable _____ Board Order # _____
 Date of Use 1/2/23 - 3/7/2023 Length of Time 10 weeks

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 | 98.5 | \$22.98 | 3135.21 |
| Food Service Employees | — | | | |
| Supervisory Personnel | — | | | |
| Other _____ | | | | |
| TOTAL PERSONNEL CHARGE | | | | 3135.21 |

| Property Used | Facility/ Equipment Fee | Personnel Cost, if applicable | Total Cost for Facility Use |
|--|-------------------------|-------------------------------|-----------------------------|
| Gymnasium at <u>Brooks Elem.</u> school | 1,525.00 | 3135.21 | 4,660.21 |
| Auditorium at _____ school | | | |
| Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school | | | |
| Classroom(s) Number _____ at _____ school | | | 8.21 |
| Stadium at _____ school | | | Cost for _____ |
| 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

D. N. Z. L.
Signature - Representative of User Group
Betty J. Davis
Signature - Superintendent/designee

11-2-22
Date
11/2/22
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

SCHOOL FACILITIES

05.31 AP.22

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

Little Flock Baptist Church

Representative's Name

Douglas Noah Grackle

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

Employee's Signature Date of Service # of Hours Worked

Employee's Signature Date of Service # of Hours Worked

Employee's Signature Date of Service # of Hours Worked

Employee's Signature Date of Service # of Hours Worked

Employee's Signature Date of Service # of Hours Worked

For Central Office use only

Employee Name *MATTHEW Hatfield* # of Hours @ \$ *22.98* per hour Total \$ *3*

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



BROOKS

ELEMENTARY SCHOOL

BETTY JO DAVIS, PRINCIPAL
TIM BURTON, ASSISTANT PRINCIPAL

SCANNED TO: Macy Hastings
11/9/22 @ 1:13

November 7, 2022

To: Bullitt County Public Schools - District Board Members

Dear Sir/Madam:

Please allow this letter as confirmation and approval for Little Flock Baptist Church to rent our gymnasium facility on the following dates and times.

5:45 PM to 8:45PM (Monday's and Tuesday's) 12:30PM to 6:00 PM (Saturday's)

January 2, 2023
January 3, 2023
January 9, 2023
January 10, 2023
January 16, 2023
January 17, 2023
January 23, 2023
January 24, 2023
January 30, 2023
January 31, 2023
February 6, 2023
February 7, 2023
February 13, 2023
February 14, 2023
February 20, 2023
February 21, 2023
February 27, 2023
February 28, 2023
March 6, 2023
March 7, 2023

January 21, 2023
January 28, 2023
February 4, 2023
February 11, 2023
February 18, 2023
February 25, 2023
March 4, 2023

Please let me know if you have any questions.

Sincerely,

Betty Jo Davis

Principal, Brooks Elementary School

Attachment - Rental Facility Contract Agreement



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2022

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
Church Mutual Insurance Company, S.I.
1000 Schuster Lane
P.O. Box 357
Merrill WI 54452
INSURED
LITTLE FLOCK BAPTIST CHURCH OF SHEPHERDSVILLE KY
5810 N PRESTON HWY
SHEPHERDSVILLE KY 40165-9227

CONTACT NAME: Church Mutual Insurance Company, S.I.
PHONE (A/C No. Ext): 1-800-554-2642 FAX (A/C No.): 855-264-2329
E-MAIL: customerservice@churchmutual.com
ADDRESS:
INSURER(S) AFFORDING COVERAGE
INSURER A: Church Mutual Insurance Company, S.I.
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

OVERAGES 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.

| TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|--|-----------|----------|-------------------|-------------------------|-------------------------|---|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | | 0224354 25-383226 | 07/01/2022 | 07/01/2023 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED NON-OWNED HIRER 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) \$ |
| <input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | 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 an additional insured as required by written contract or agreement per the General Liability Enhancement endorsement attached to the

CERTIFICATE HOLDER

Brooks Elementary School
1430 Brooks Hill Rd
Brooks KY 40109

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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ACORD 25 (2016/03)

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2022-2023 School Year

Fringe Benefit Worksheet

EMPLOYER PORTION

Classified Employees-Maintenance & Transportation



| | |
|--|---|
| Employee # | 12064 |
| Employee Name | HATHFIELD, MATTHEW |
| Date | 2-4-23, 2-6-23, 2-7-23, 2-11-23, 2-13-23, 2-14-23, 2-18-23, 2-20-23, 2-21-23, 2-25-23, 2-27-23, 2-28-23, 3-4-23, 3-6-23, 3-7-23 |
| Hourly Pay Rate | \$ 22.98 |
| Over-Time Hours Worked (Above 40 in same wk) | 0 |
| Regular Hours Worked | 57.5 |
| Gross Pay | \$ 1,321.35 |
| County Employment Retirement 26.79% | \$ 353.99 |
| FICA (Social Security) 6.20% | \$ 81.92 |
| Medicare 1.45% | \$ 19.16 |
| Workers Compensation Insurance 4.07% | \$ 53.78 |
| Total Check to be submitted to C.O. | \$ 1,830.20 |

Comments: to Bullitt County Public Schools

County Clerk: J. L. ...
 FICA (Social Security): ...
 Medicare: ...
 Workers Compensation: ...
 Check: ...

2022-2023 School Year

Fringe Benefit Worksheet

EMPLOYER PORTION

Classified Employees-Maintenance & Transportation



| | | |
|--|---|----------|
| Employee # | 12064 | |
| Employee Name | HATFIELD, MATTHEW | |
| Date | 1-2-23, 1-3-23, 1-9-23, 1-10-23, 1-16-23, 1-17-23, 1-21-23, 1-23-23, 1-24-23, 1-28-23, 1-30-23, 1-31-23 | |
| Hourly Pay Rate | \$ | 22.98 |
| Over-Time Hours Worked (Above 40 In same wk) | | 0 |
| Regular Hours Worked | | 41 |
| Gross Pay | \$ | 942.18 |
| County Employment Retirement 26.79% | \$ | 252.41 |
| FICA (Social Security) 6.20% | \$ | 58.42 |
| Medicare 1.45% | \$ | 13.66 |
| Worker's Compensation Insurance 4.07% | \$ | 38.39 |
| Total Check to be submitted to C.O. | \$ | 1,305.01 |
| Comments | Bullitt County Public Schools | |
| | Make Checks Payable to | |

BY: _____
 DATE: _____
 COUNTY: _____

252.41
 58.42
 13.66
 38.39
 1,305.01

22-23

EMP #

12064

NAME **HATFIELD, MATTHEW**

Grand Total Hours Per Job For 2 Week Period

| ORG. CODE | OBJECT |
|--------------------------|--------|
| CUSTODIAN - LITTLE FLOCK | |
| | |
| | |
| | |

| CONTRACT | NON-CONTRACT | O.T. | EXT | CODE |
|----------|--------------|------|-----|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1
2
3
4
5

| Job Title | Job Title | Job Title | Job Title | Job Title |
|-----------|-----------|-----------|-----------|-----------|
| CUSTODIAN | 2 | 3 | 4 | 5 |

| Job Title | Job Title | Job Title | Job Title | Job Title |
|-----------|-----------|-----------|-----------|-----------|
| CUSTODIAN | 2 | 3 | 4 | 5 |

| | | | | | | | | | | | |
|--------------|-----------|--|--|--|--|--------------|-----------|--|--|--|--|
| Sat Date | In Out | | | | | Sat Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Sun Date | In Out | | | | | Sun Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Mon Date | In Out | | | | | Mon Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Tue Date | In Out | | | | | Tue Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Wed Date | In Out | | | | | Wed Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Thur Date | In Out | | | | | Thur Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |
| Fri Date | In Out | | | | | Fri Date | In Out | | | | |
| Time | In Out | | | | | Time | In Out | | | | |

| | | | | | | |
|----------|----|--|--|--|--|---------------|
| Reg | In | | | | | Week 1 Totals |
| Regular | In | | | | | |
| Overtime | In | | | | | |

| | | | | | | |
|--|--|--|--|--|--|---------------|
| | | | | | | Week 2 Totals |
| | | | | | | |
| | | | | | | |

 Pay Period Covered: _____
 Employee Signature: _____

 Period Ending: _____
 Supervisors Signature: _____

* We the above signed do hereby certify that all statements made hereon are true to the best of our knowledge knowing that any misrepresentation later disclosed may cause loss of right to certification, appointment or employment.

We also certify that the above named is a true signature of said employee and that we together have examined the record of time worked

3 HOURS USED

SL _____ PL _____ BL _____ VAC _____ JD _____ FML/ML _____
 SICK LEAVE PL - PERSONAL LEAVE BL - EMERGENCY LEAVE VAC - VACATION JD - JURY DUTY FML / ML - (FAMILY) MEDICAL LEAVE
 ATTACH CHECK FOR JURY DUTY. PLEASE CONTACT THE PERSONNEL DEPARTMENT REGARDING FAMILY / MEDICAL LEAVE.
 Principal / Supervisor has the responsibility of coding. Leave cards must be attached for hours not worked.

ANY MISCALCULATION OF TOTAL HOURS MADE AT YOUR LOCATION WILL BE PAID ON THE NEXT PAY PERIOD.