


TONY ROTH, DIRECTOR
GEORGE BROCK, MAINTENANCE SUPERVISOR
THOMAS STOKES, CUSTODIAL SUPERVISOR
ANDREA ROCK, ENERGY MANAGER

DEPARTMENT OF FACILITIES

MEMO

TO: Jessie Bacon

FROM: Tony Roth 

DATE: March 22, 2023

RE: Agenda Item for April 24, 2023, Board Meeting
Facility Use Application for North Bullitt High

North Bullitt High School requests permission to allow the Kentucky Music Week Organization hold an event at their school June 23-30, 2023. They are asking to use the Gymnasium, CCC Gymnasium, Dining Room, 52 Classrooms. The Band Director and band students will be supervising and they have sweepers for cleaning each day. North Bullitt Band Boosters will be setting up for this event.

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

I recommend the Board approve this request.

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION



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>

03/02/2023

To whom it may concern:

I am in agreement with The Kentucky Music Week Organization and Nancy Johnson Barker to hold an event at North Bullitt High School on the dates of 06/23/2023 - 06/30/2023.

Thank you,

Kristi W. Lynch, Ed.S.

Principal

North Bullitt High School

Assistant Principals
Ms. Valerie Skillman
Ms. Lindsey Wegley

Principal
Kristi W. Lynch, Ed.S

Counselors
Sara Thornsberry
Rebecca Murdock

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 Kentucky Music Week Telephone 502-827-4085

Representative's Name Nancy Johnson Barker Telephone 502-388-2011 (Main)

Address P. O. Box 86 Bardstown, KY 40004

The above organization/individual requests the use of:

auditorium gymnasium dining room stadium

classroom(s) 52 classrooms other, specify All available pre-designated areas.

Is the organization planning to use District-owned equipment? YES NO

If yes, specify equipment additional chairs and portable tables, 3 smart boards, 3 areas w/water available

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. Instructors are musicians and will be selling their CDs, musical instruments, music books and a variety of craft items sold by craft instructors. Each artist is responsible for their own Kentucky sales tax payment. Proceeds to supplement instructor's fees.

Building/school/facility North Bullitt High School

Purpose To celebrate Kentucky traditional music, crafts, dance and more through classes in these arts.

Date(s) requested June 23, 24, 25 Load In / June 26-30 Classes Time(s) Requested Schedule submitted.

Will public be admitted? YES NO If yes, please explain Those taking classes will be admitted.

Will advertisement(s) be used? YES NO If yes, please explain Brochures, Dulcimer Magazine Ad

Will admission be charged? YES NO If yes, please explain None except for classes.

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? Yes 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	2	20 Hours EACH FOR WEEK	Per schedule submitted previously.	\$1,600.00
Food Service Employees	- 0 -			- 0 -
Supervisory Personnel	Robert Bernardi BAND DIRECTOR			- 0 -
Other _____				- 0 -
TOTAL PERSONNEL CHARGE				\$1,600.00

BAND DEPARTMENT SUPERVISES

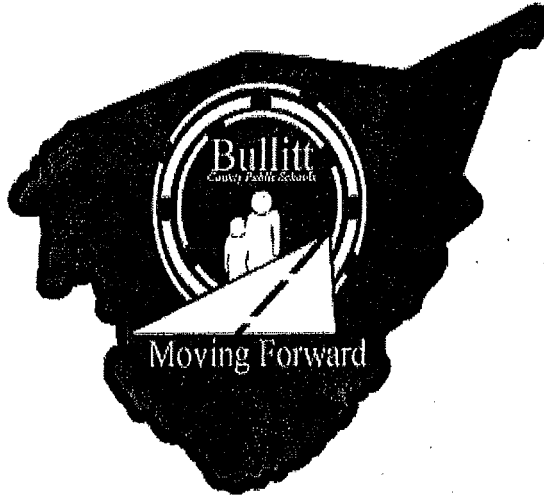
Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at ___ North Bullitt High School ___ school			
Auditorium at _____ N/A _____ school			
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at ___ North Bullitt High School ___ school			
Classroom(s) Number <u>52 classrooms</u> at ___ North Bullitt High School ___ school			
Stadium at _____ N/A _____ school			
Other Property at ___ Most areas of North Bullitt High ___ school			Total charge of \$5,000.00 payable 6/16.

2022-2023 School Year

Fringe Benefit Worksheet

EMPLOYER PORTION

Classified Employees-Maintenance & Transportation



Employee #	TBD
Employee Name	TBD
Date	6/20-6/24/23
Hourly Pay Rate	\$ 19.28
Over-Time Hours Worked (Above 40 in same wk)	39.943
Regular Hours Worked	
Gross Pay	\$ 1,155.15
County Employment Retirement 26.79%	\$ 309.47
FICA (Social Security) 6.20%	\$ 71.62
Medicare 1.45%	\$ 16.75
Worker's Compensation Insurance 4.07%	\$ 47.01
Total Check to be submitted to C.O.	\$ 1,600.00

Comments:

Make Checks Payable to Bullitt County Public Schools

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

RATE FOR ENTIRE SCHOOL, AS SCHEDULED AND AGREED TO FOR A TOTAL RENTAL AMOUNT OF \$5,000.00. BAND BOOSTERS - LOAD IN, SET UP, LOAD OUT \$1,000.00. CUSTODIAL HELP, 2 PERSONS FOR A TOTAL OF \$1,600.00 FOR ENTIRE TIME.

(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

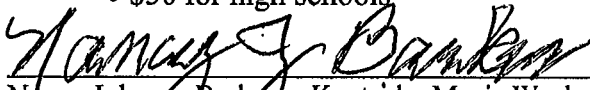
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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



 Nancy Johnson Barker Kentucky Music Week
 Representative of User Group



 Signature
 Date



 Signature - Superintendent/designee



 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)
3/22/2023

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 First Insurance Group KY Inc P O Box 845 Bardstown , KY 40004	CONTACT NAME: Anita Burkett
	PHONE (A/C, No, Ext): 502-348-5921 FAX (A/C, No): 502-874-5916
	E-MAIL ADDRESS: anita@myfirstinsurancegroup.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : The American Insurance Company
	NAIC # 21857
INSURED Kentucky Music, Inc. P O Box 86 Bardstown , KY 40004	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		NAEP107065	6/25/2023	6/30/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES	\$ 50,000
							MEDICAL EXPENSE	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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	\$
A	Accident Medical Expense				6/25/2023	7/1/2023		
A					6/25/2023	7/1/2023		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: BCBOE (Bullitt County Board of Education) shall be named as an additional insured on applicable insurance coverage. Any insurance provided by the user shall apply on a primary basis and shall not require contribution from any insurance maintained by BCBOE.

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 Robert V. Nuccio
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