

Bullitt County Public Schools

1040 Highway 44 East Shepherdsville, Kentucky 40165

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

TO:

Dr. Jesse Bacon, Superintendent

FROM:

Lee Barger, Director of College and Career Readiness,

and Mike Settles, Assistant Principal Bullitt East High School

DATE:

April 28, 2023

RE:

Northwest AHEC Junior Scholars Healthwise Program

Please see the attached contract between Bullitt County Public Schools and Northwest AHEC Junior Scholars

Please approve this request with Northwest AHEC Junior Scholars. (See attached)

Morthwest AHIEC Junior Scholars Hiealthwise Program

June 12, 2023 - June 21, 2023 8330 AM - 3:00 PM Hkasted by East Bullitt High School 11450 KY-44 Mt Washington, KY 40047



Connecting Students to Careers in the Health Professions

The program includes:

- Shadowing Opportunities
- Exploration of Health Careers
- Guest Speakers in Medical Professions
- ACT and College Prep
- College Tours
- Development of Leadership Skills

Register here today to secure a spot: **nwahecky.org**



For more information contact us at 502-778-1607 or email us at bcoffman@fhclouisville.org

QR Code for Application





CERTIFICATE OF LIABILITY INSURANCE

03/01/2023

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).

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Dalias TX 75231 Some	IVIA	rsn & McLennan Agency LLC 14 Walnut Hill Lane, 16th Floor				PHONE (A/C, No	o, Ext): 972-77	0-1402		FAX (A/C, No):	972-77	0-1699
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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 Organiza	tion/Activity	AHEC	Telephone	· · · · · · · · · · · · · · · · · · ·
Representative's Name	emi Gilk	o-ert		
Address3	015 Wilson	. Ave	Louisville, ky.	40211
The above organization/individu	ual requests the us	se of:	' (
auditorium 🛛 gyn	nnasium 🗖 din	ing room/kitchen	□ stadium	
classroom(s)		other, specify	Library & Bathr	2005
Is the organization planning to use	District-owned equ	lipment? 🗗 YES 🗀	NO	
If yes, specify equipment	Computers	/ Operator	r's Name Deni Gill	pert
Is the organization planning to cond	duct sales on school	of premises? UYES	S III NO	ent of
If yes, give a complete description			· · · · · · · · · · · · · · · · · · ·	244
		·····		
Building/school/facility BEH	15 Media	a Cunter		3
Purpose Health	Science:	Training		
Date(s) requested June	12 - June.	\$21	Time(s) Requested 8:30 -	3:00 4000
Date(s) requested	YES D NO I	f yes, please explain _	students from Bullitt	Sancer, She
·	lyes 🗹 no i	f ves, please explain		Countre
Will admission be charged?	YES D NO I	f yes, please explain	\$25 per student.	

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 On	ıly - To be Cor	npleted by	School Official		
Cost for use of Distri	ct property \$	Cost for school	l employee	\$T	otal cost \$	
Deposit \$				Is deposit refu	ındable? 🗆 Yes	□ No
Date Deposit Receive	ed		Balance I)ue \$		<u>·</u>
Board employee(s) as	ssigned:					
Board Action Date, i	f applicable			Board (Order#	
Date of Use					Length of	Time
FEE SCHEDULE						
-	agrees to pay the appl					
# o	f Employees Required	# of Hours	Hourly	Rate (Overtime	at 1.5 times)	Total
Custodians						
Food Service Employees	· · · · · · · · · · · · · · · · · · ·	X	1			1
Supervisory			\ \ \			<u>, </u>
Personnel			J -	\mathcal{O}_{i}		
Other		00				
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Pr	operty Used	Equ	cility/ ipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
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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

Signature - Superintendent/designee

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

NA

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							
Representative's Name	· · · · · · · · · · · · · · · · · · ·						
Facilities used by organization: gymnasium	dining room/kit	chen 🗖 stadium					
☐ auditorium ☐ classrooms(s) ☐ other, spec	eify						
Personnel assigned to the event: Custodian(s)						
Supervisory personnel will be paid at not lest overtime pay with pay beginning 30 minute or whenever the facility (including the stadi	s before and ending one um) is in good, useable	e (1) hour after the event order for the next day.					
Signatures below veri	FY SERVICE FOR THIS I	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 Centra	l Office use only						
Employee Name		per hour Total \$					
Employee Name		per hour Total \$					
Employee Name		per hour Total \$					
Employee Name	 '	per hour Total \$					
Employee Name		per hour Total \$					
Employee Name	_# of Hours @ \$	per hour Total \$					
Superintendent/Designee's Signature	Date						

Review/Revised: 1/15/08