

DEPARTMENT OF FACILITIES

TONY ROTH, DIRECTOR

GEORGE BROCK, MAINTENANCE SUPERVISOR

THOMAS STOKES, CUSTODIAL SUPERVISOR

ANDREA ROCK, ENERGY MANAGER

MEMO

TO: Dr. Jesse Bacon, Superintendent *JJB*

FROM: Tony Roth, Director of Buildings and Grounds **Tony**

Date: May 24, 2023

RE: Facility Use Request-Bullitt East High School

Kenny Hughes, Athletic Director, has entered a Facility Use Request by BEHS graduate Lindsey Duval, to host a youth basketball camp on July 10th and 11th. Members of the BEHS girls basketball team will also help with the camp. The Facility Use Agreement and Insurance Paperwork are attached for your review.

I recommend approval of this request.

TWR

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

Bullitt East High School

College. Career.

Tradition. Unrivaled.



11450 Highway 44 East - Mt. Washington, KY - 502-869-6400 - Fax 502-538-8368

May 23, 2023

Re: Facility Use Request Memo

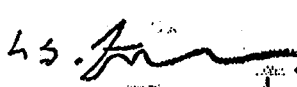
Bullitt East graduate Lindsey Duvall has requested to use the main gym, lobby, and cafeteria for a youth basketball camp titled "Champ Camp". Lindsey will host this camp with two fellow collegiate athletes. Members of the Bullitt East Lady Charger Basketball staff will also help with this camp. The camp will take place on July 10 and 11 from 8:00am to 1:00pm each day.

Bullitt East High School approves this facility use request.

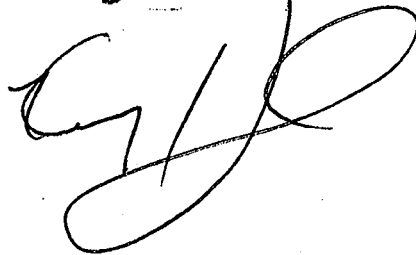
Please see the attached facility use request and insurance document. Please note, the insurance company has a standard wording of "host liquor liability" on their certificates of insurance. There will not be any liquor sales associated with this event.

Thank you,

Nate Fulghum
Principal

 5/24/23

Kenny Hughes
Athletic Director

 5/23/23

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	Champ Camp	Telephone	
Representative's Name	Lindsey Duvall, Emma Souder, Serran Robbins (also Chris Stallins/Katie Hickey)		
Address	457 Beaumont Ave Harrodsburg KY 40330		
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 type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment _____		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. <u>No sales. Ins. cert.</u>			
<u>Says "Host Liquor Liability" they do not plan to sell liquor</u>			
Building/school/facility	Bullitt East main gym		
Purpose	Basketball camp		
Date(s) requested	July 10, 11, 2023		Time(s) Requested 8:00 or 1:00 p
Will public be admitted?	<input type="checkbox"/> YES	<input checked="" 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Camp fee</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>0</u>	Cost for school employee \$ _____ Total cost \$ <u>0</u>
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school	<u>0</u>			<u>0</u>
Auditorium at _____ school				
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ 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

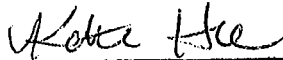
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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



Signature - Representative of User Group

5-18-20

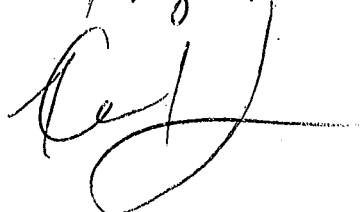
Date

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

Approved by Kenay Hughes, AD 5/23/23

45  5/24/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2023

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 Whitenack & Souder Insurance, Inc. 204 South Main Street Harrodsburg, KY 40330	CONTACT NAME: Greg Souder PHONE (A/C, No, Ext): 859-734-4358 FAX (A/C, No): 859-734-4350 E-MAIL ADDRESS: gsouder@whitenacksouder.com
INSURED Emma Souder, Lindsey Duvall & Seygan Robins DBA Champ Camp 457 Beaumont Avenue Harrodsburg, KY 40330	INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 21873

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"/>		UST022072220 NAEP109028	7/10/2023	7/12/2023	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) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$ 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)

Additional Insured: Bullitt East High School

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools
1040 Highway 44 East
Sheperdsville, KY 40165

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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Certificate Number: NAEF109028

Policy Number: UST022072220

Effective Dates: 7/10/2023 12:01am to 7/12/2023 12:01am

**Additional Insured - Person, Organization or other Entity - Use of
Scheduled Premises - 600004STEP 09 12**

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

**Name of Additional Insured Person(s) or
Organization(s) or other Entity(ies)**

Bullitt County Public Schools

Specified Premises 1040 Highway 44 East
Shepherdsville, KY 40165

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only with respect to **bodily injury, property damage or personal and advertising injury** caused by the ownership, maintenance or use of that part of the premises which is leased or rented to the Memorandum of Insurance holder and shown in the Schedule above, and then only to the extent that liability results from the negligence of the Memorandum of Insurance holder.

B. The insurance provided by this Endorsement does not apply to:

1. Any **occurrence** which takes place before the Memorandum of Insurance holder occupies the premises or after the Memorandum of Insurance holder ceases to be a tenant in that premises; or

2. Structural alterations, new construction or demolition operations performed by or on behalf of the person, organization or other entity shown in the Schedule above.

C. The insurance provided by this Endorsement is afforded on a primary basis and does not contribute with any other insurance available to the person, organization or other entity shown in the Schedule above.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy

Secretary



President

