

Memo

To:

Jesse Bacon

From:

Lesa Howell

Date:

August 8, 2023

Re:

Kentucky Blood Center

Please present this opportunity for the Bullitt County Public Schools to work with the Kentucky Blood Center, Inc. Blood drives will occur throughout the district during the 2023-2024 school year and sponsor groups or individual students will advertise and assist the drives.

Attached you will find the Memorandum of Understanding, and Certificate of Liability Insurance. These agreements are automatically renewable; however, on legal advice steps will be taken each year to confirm the arrangement. The certificate of Liability Insurance was reviewed and accepted by Eric Farris.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

## MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made and entered into this \_\_\_\_\_ day of August, 2023 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and KENTUCKY BLOOD CENTER, INC., (hereinafter "KENTUCKY BLOOD CENTER") of 3121 Beaumont Centre Circle, Lexington, KY 40513.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

### I. DUTIES OF BCPS

- A. To provide suitable facilities for carrying out the reasonable objectives of the Kentucky Blood Center in a blood drive during regular school hours
- B. To distribute Kentucky Blood Center literature and post Kentucky Blood Center notices of upcoming blood drives in advance to maximize participation in blood drives

C. To provide the BCPS Nurse Administrator as liaison for blood drives

#### II. DUTIES OF KENTUCKY BLOOD CENTER

- A. To provide liability insurance coverage for each site of a blood drive with minimum limits of per \$4 million occurrence and naming Bullitt County Public Schools as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.
- B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines
- C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines
- D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.
- E. To provide suitable nutrition and hydration materials for participants in blood drives
- F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found
- G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

111. This agreement shall be effective September 1, 2023 through June 30, 2024 at which time the Kentucky Blood Center shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

BULLITT	COUNTY	PUBLIC	SCHOOL	_S
BY:				
JESSE	BACON			
SUPE	RINTEND	ENT		

KENTUCKY BLOOD CENTER, INC.

BY: Mahlle hir 11000 7-70-2023

**AUTHORIZED OFFICER** 

#### **ATTACHMENTS**

CERTIFICATE OF INSURANCE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/4/2023

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)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER		CONTACT NAME: Brenda Higgins										
BCx 2600 Meidinger Tower					(A/C, No, Ext): 713-470-4142 (A/C, No):							
462 South Fourth Street				E-MAIL ADDRESS: bhiggins@alliant.com								
Louisville KY 40202				INSURER(S) AFFORDING COVERAGE NAIC #								
				INSURER A : The Community Blood Cntr Exch RRG 13893								
INSURED			KENTBLO-01	INSURER B:						10000		
Kentucky Blood Center, Inc.					INSURER C :							
3121 Beaumont Centre Circle												
Lexington KY 40513					INSURER D:							
	INSURER E:											
COVERAGES CER	INSURER F :											
			NUMBER: 756628556	/C DCC	N ISSUED TO		REVISION NUM		IE DOLL	CV DEDIOD		
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.  INSIN   POLICY EFF   POLICY EXP												
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
A X COMMERCIAL GENERAL LIABILITY			BCX23-00004		9/1/2023	9/1/2024	EACH OCCURRENC		\$ 4,000.	000		
X CLAIMS-MADE OCCUR							DAMAGE TO RENTED		\$ 250,00			
X PL - Claims made							MED EXP (Any one person) \$ 1,000		\$ 1,000			
							PERSONAL & ADV INJURY \$ 4,000		\$ 4,000,	000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$8,000,		000			
X POLICY PRO-							PRODUCTS - COMP/OP AGG \$ 8,000,		000			
OTHER:									\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
ANY AUTO							BODILY INJURY (Pe	r person)	\$			
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$					
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$						
									\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
DED RETENTION \$							8		\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE TIN							E.L. EACH ACCIDEN		\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)					
CERTIFICATE HOLDER	CANCELLATION											
Bullitt County Public Schools 1040 Highway 44 East Shepherdsville 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							
					Allin							