

DEPARTMENT OF FACILITIES

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

MEMO

TO: Jessie Bacon *JB*  
FROM: Tony Roth  
DATE: Sep 15, 2023  
RE: Agenda Item for Sep 25, 2023 Board Meeting *TR*  
Facility Use Application for Bullitt Central High School

Bullitt Central High School requests permission to allow their Chess Team and Chess Education Foundation to host a Chess Tournament in both of the gyms at Bullitt Central High School on October 28, 2023 from 8:00 am to 4:00 pm.

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

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**

📍 1040 HIGHWAY 44 EAST, SHEPHERDSVILLE, KY 40165 📞 (502)869-8022 🏢 (502)543-2106 ✉️ TONY.ROTH@BULLITT.KYSCHOOLS.US

*TWood*



# BULLITT CENTRAL HIGH SCHOOL

**JOE PAT LEE, PRINCIPAL**  
CHRISTY BURDEN, ASSISTANT PRINCIPAL  
ABBY BAYLOR, ASSISTANT PRINCIPAL  
KYLE ROACH, ASSISTANT PRINCIPAL

To: Dr. Jesse Bacon, Superintendent

From: Joe Pat Lee, Principal

Date: 08/21/2023

Re: BCCHS Chess Tournament

Brandon Edmondson, Chess Coach at Bullitt Central High School would like to host a Chess Tournament in both of the gyms at BCCHS. He has requested the date of 10/28/2023 from 8:00am-4:00pm. The tournament will be run by Ryan Velez with the Chess Education Foundation.

Thank you,

Joe Pat Lee  
Principal  
Bullitt Central High School

**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 Chess Education Foundation Telephone 502-240-9325  
 Representative's Name Ryan Velez  
 Address 2908 Brownsboro Rd Louisville KY

The above organization/individual requests the use of:  
 auditorium  gymnasium  dining room/kitchen  stadium  
 classroom(s)  other, specify caterina

Is the organization planning to use District-owned equipment?  YES  NO  
 If yes, specify equipment Chairs/Tables Operator's Name \_\_\_\_\_

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. Tournament Fees goes to USCF Ratings, Trophies, Maintenance Costs, Scholarships

Building/school/facility BCHS  
 Purpose Chess Tournament  
 Date(s) requested 28 OCT 2023 Time(s) Requested 8am-4pm

Will public be admitted?  YES  NO If yes, please explain \_\_\_\_\_  
 Will advertisement(s) be used?  YES  NO If yes, please explain \_\_\_\_\_  
 Will admission be charged?  YES  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.



**Application and Agreement for Use of District Property**

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ 200 Cost for school employee \$ 418 Total cost \$ \$ 618<sup>00</sup>

Deposit \$ 0 Is deposit refundable?  Yes  No

Date Deposit Received  Balance Due \$ \_\_\_\_\_

Board employee(s) assigned: Judy Ice

Board Action Date, if applicable \_\_\_\_\_ Board Order # \_\_\_\_\_

Date of Use 10/28/23 Length of Time 11 hrs

**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                       | 11         | 38.00 / hr                          | 418   |
| Food Service Employees |                         |            |                                     |       |
| Supervisory Personnel  |                         |            |                                     |       |
| Other _____            |                         |            |                                     |       |
| TOTAL PERSONNEL CHARGE |                         |            |                                     |       |

| Property Used   | Facility/ Equipment Fee | Personnel Cost, if applicable | Total Cost for Facility Use |
|---|-------------------------|-------------------------------|-----------------------------|
| Gymnasium <u>Both gyms</u><br>at <u>BCHS</u> school         | 200                     | \$ 418 <sup>00</sup>          | 618 <sup>00</sup>           |
| Auditorium<br>at _____ school                               |                         |                               |                             |
| Cafeteria • Dining Room • Kitchen • Both<br>at _____ school |                         |                               |                             |
| Classroom(s) Number _____<br>at _____ school                |                         |                               |                             |
| Stadium<br>at _____ school                                  |                         |                               |                             |
| Other Property<br>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

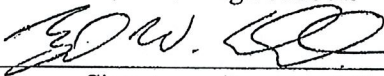
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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

21 Aug 2023  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Signature - Superintendent/designee

8-23-23  
 \_\_\_\_\_  
 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)

09/14/2023

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).

|  |   |  |
|--|---|--|
| <b>PRODUCER</b><br><b>State Farm</b><br>               | <b>GREG HAUS STATE FARM</b><br>100 CANNONS LN<br>LOUISVILLE, KY 40208 | <b>CONTACT NAME:</b> YISANDRA GESPEDES<br><b>PHONE:</b> 502-894-4408<br><b>FAX:</b> 502-894-4463<br><b>E-MAIL ADDRESS:</b> YISANDRA@GREGHAUS.COM |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                                  |  |
| <b>INSURER A:</b> State Farm Fire and Casualty Company |   | <b>NAIC#:</b> 25143  |
| <b>INSURER B:</b>                                      |   | <input checked="" type="checkbox"/>  |
| <b>INSURER C:</b>                                      |   | <input checked="" type="checkbox"/>  |
| <b>INSURER D:</b>                                      |   | <input checked="" type="checkbox"/>  |
| <b>INSURER E:</b>                                      |   | <input checked="" type="checkbox"/>  |
| <b>INSURER F:</b>                                      |   | <input checked="" type="checkbox"/>  |

## 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.

| INBR LTR                            | TYPE OF INSURANCE   | ADD. SUB. INSD. WVO | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS  |
|-------------------------------------|---|---------------------|---------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECTIONS <input type="checkbox"/> LOC<br>OTHER: | Y Y                 | 97-AJ-D0856   | 08/17/2023               | 08/17/2024               | EACH OCCURRENCE: \$1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence): \$300,000<br>MED EXP. (Any one person): \$5,000<br>PERSONAL & ADV. INJURY: \$1,000,000<br>GENERAL AGGREGATE: \$2,000,000<br>PRODUCTS - COMB. OF AGES: \$2,000,000 |
| <input type="checkbox"/>            | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> RENTED AUTOS ONLY  |                     |               |                          |                          | COMBINED SINGLE LIMIT (Per accident): \$<br>BODILY INJURY (Per person): \$<br>BODILY INJURY (Per accident): \$<br>PROPERTY DAMAGE (Per accident): \$  |
| <input type="checkbox"/>            | <b>UMBRELLA LIAB.</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB.</b> <input type="checkbox"/> CLAIMS-MADE<br>DED: \$      RETENTION: \$  |                     |               |                          |                          | EACH OCCURRENCE: \$<br>AGGREGATE: \$  |
| <input type="checkbox"/>            | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>(YES - describe in detail)<br>DESCRIPTION OF OPERATIONS:  | N/A                 |               |                          |                          | PER STATUTE: \$<br>PER POLICY: \$<br>E.L. EACH ACCIDENT: \$<br>E.L. DISEASE - EA EMPLOYEE: \$<br>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 INCLUDED AS AN ADDITIONAL INSURANCE. COVERAGE APPLIES ON A PRIMARY AND NON-CONTRIBUTORY BASIS.

### CERTIFICATE HOLDER

### CANCELLATION

BULLITT COUNTY BOARD OF EDUCATION  
 1040 HWY 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

*[Signature]*

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