

DEPARTMENT OF FACILITIES

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

MEMO

TO: Jessie Bacon *JB*  
FROM: Danny Clemens *DC*  
DATE: Nov 15, 2023  
RE: Agenda Item for Nov 27, 2023 Board Meeting  
Facility Use Application for Bullitt East High School

Bullitt East High School has requested permission to allow Pleasant Grove Dolphins of the GBCYFL and the Bullitt East Cheer Team to co-host a cheer competition at Bullitt East High School on Sunday, December 3, 2023 from 8:00 am to 6:00 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  
East**  
High School

**NATE FULGHUM, PRINCIPAL**  
ANGELA BINKLEY, ASSISTANT PRINCIPAL  
MIKE BRANGERS, ASSISTANT PRINCIPAL  
ONDREA SMALLWOOD, ASSISTANT PRINCIPAL

November 2, 2023

RE: GBCYFL/BE Cheer competition

To Whom It May Concern,

Bullitt East has received a facility use request by the Pleasant Grove Dolphins of the Greater Bullitt County Youth Football League and the Bullitt East Cheer team to co-host a cheer competition at Bullitt East on December 3, 2023. This event is a fundraiser for both programs. BE Cheer will have representatives on site managing the event.

The cheer competition will be held from 8am to 6pm and will use both gyms at Bullitt East.

The Pleasant Grove Dolphins have agreed to pay \$375 to cover the custodial fees for the event.

Bullitt East requests that the Board of Education approve this request.

Sincerely,

Nate Fulghum, Principal

**BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION**

**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 GBCYFL dba Pleasant Grove Dolphins Telephone 502-643-5132

Representative's Name Ryan Masterson

Address PO Box 895, Mt. Washington, KY 40047

The above organization/individual requests the use of:

auditorium  gymnasium  dining room/kitchen  stadium

classroom(s)  other, specify BE cheer will run concessions

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

If yes, specify equipment \_\_\_\_\_ 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. Cheergrams, Flowers, Bows. Money used to help with the cost of Nationals for our team

Building/school/facility BEHS

Purpose Cheer Competition

Date(s) requested 12/3/2023 Time(s) Requested \_\_\_\_\_

Will public be admitted?  YES  NO If yes, please explain Fans and Family

Will advertisement(s) be used?  YES  NO If yes, please explain \_\_\_\_\_

Will admission be charged?  YES  NO If yes, please explain admission into the event

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 \$ 0 Cost for school employee \$ 375 Total cost \$ 375  
 Deposit \$ 0 Is deposit refundable?  Yes  No  
 Date Deposit Received N/A 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	1			375
Food Service Employees				
Supervisory Personnel				
Other _____				
<b>TOTAL PERSONNEL CHARGE</b>				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium - <i>Main + ccc</i> at <u>BEH</u> school			0
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

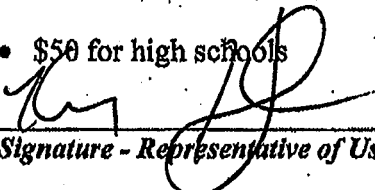
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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

11/13/23  
 \_\_\_\_\_  
 Date

45.7  
  
 \_\_\_\_\_  
 Signature - Superintendent/designee

11/14/23  
 \_\_\_\_\_  
 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)

10/13/2023

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> Hyland, Block Hyland 9750 Ormsby Station Rd Ste 200 Louisville KY 40223		<b>CONTACT NAME:</b> Christina Welsh <b>PHONE (A/C, No, Ext):</b> (502) 637-4733 <b>E-MAIL ADDRESS:</b> christlnaw@hylandlns.net <b>FAX (A/C, No):</b> (502) 637-6222	
<b>INSURED</b> Greater Bullitt County Youth Football League, Inc. 107 Roosevelt Court Taylorsville KY 40071		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Northfield Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 23/24 Master      **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.

NSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	WS221605	10/12/2023	10/12/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES - (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is hereby named as an Additional Insured with respects to General Liability per policy form Blanket Additional Insured S2853-CG (3/20)

Policy form: Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13

<b>CERTIFICATE HOLDER</b> Bullitt County Public Schools 1040 Highway 44 East Shepherdsville KY 40165	<b>CANCELLATION</b> 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 
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