


DEPARTMENT OF FACILITIES

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

MEMO

TO: Jessie Bacon

FROM: Danny Clemens 

DATE: Dec 6, 2023

RE: Agenda Item for Dec 18, 2023 Board Meeting  
Facility Use Application for Brooks Elementary School

Brooks Elementary School has requested permission to allow Little Flock Baptist Church to use their facility for basketball practice during the week and games on Saturday starting January 9, 2024 through March 16, 2024..

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

**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 <u>Little Flock Baptist Church</u> Telephone <u>502-975-3760</u>	
Representative's Name <u>Noah Francke</u>	
Address <u>5510 N. Preston Hwy</u>	
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 checked="" type="checkbox"/> other, specify <u>cafeteria</u>	
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, specify equipment <u>Basketball Goals/Score board</u> Operator's Name <u>Noah Francke</u>	
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. _____	
Building/school/facility <u>BROOKS Elementary School</u>	
Purpose <u>Basketball League</u>	
Date(s) requested <u>Tuesday, Thursday, Saturday</u>	Time(s) Requested <u>6-9:15pm &amp; 11a-11p on Sat.</u>
Will public be admitted? <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain _____	

116) 7p on Sat.  
↓  
Gym only

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.

Brooks Gym/Cafeteria Rental

Date	Time
1/9/24	6:00pm - 9:15pm
1/11/24	6:00pm - 9:15pm
1/16/24	6:00pm - 9:15pm
1/18/24	6:00pm - 9:15pm
1/20/24	- 11:00am - 7:00pm
1/23/24	6:00pm - 9:15pm
1/25/24	6:00pm - 9:15pm
1/27/24	- 11:00am - 7:00pm
1/30/24	6:00pm - 9:15pm
2/1/24	6:00pm - 9:15pm
2/6/24	6:00pm - 9:15pm
2/8/24	6:00pm - 9:15pm
2/10/24	- 11:00am - 7:00pm
2/13/24	6:00pm - 9:15pm
2/15/24	6:00pm - 9:15pm
2/17/24	- 11:00am - 7:00pm
2/20/24	6:00pm - 9:15pm
2/22/24	6:00pm - 9:15pm
2/24/24	- 11:00am - 7:00pm
2/27/24	6:00pm - 9:15pm
2/29/24	6:00pm - 9:15pm
3/2/24	- 11:00am - 7:00pm
3/5/24	6:00pm - 9:15pm
3/7/24	6:00pm - 9:15pm
3/9/24	- 11:00am - 7:00pm

Date

Time

5/12/24

6:00pm - 9:15pm

5/14/24

6:00pm - 9:15pm

5/16/24

11:00am - 7:00pm

Application and Agreement for Use of District Property

**For Office Use Only - To be Completed by School Official**

Cost for use of District property \$ ~~000~~ \$1,230 Cost for school employee \$ \_\_\_\_\_ Total cost \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Is deposit refundable?  Yes  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	1	149		
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 at <u>Brooks</u> school			<del>000</del>
Auditorium at _____ school			\$1,230
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

*Douglas N. Francke*

Signature - Representative of User Group

12/4/2023

Date

*Betty J. Davis*

Signature - Superintendent/designee

11/30/23

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)  
12/07/2023

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 Church Mutual Insurance Company, S.I. 3000 Schuster Lane P.O. Box 357 Merrill WI 54452	CONTACT NAME: Church Mutual Insurance Company, S.I.	
	PHONE (A/C, No, Ext): 1-800-554-2642 FAX (A/C, No): 855-264-2329 E-MAIL ADDRESS: customerservice@churchmutual.com	
INSURED LITTLE FLOCK BAPTIST CHURCH OF SHEPHERDSVILLE KY 5510 N PRESTON HWY SHEPHERDSVILLE KY 40165-9227	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Church Mutual Insurance Company, S.I.	18767
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

### 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.

ISR TR	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	Y	Y	0224354 25-589142	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						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)

Certificate Holder is additional insured on a primary and non-contributory basis as required by written contract per the General Liability Enhancement endorsement attached to the policy. Waiver of Transfer of Rights of Recovery Against Others to Us is provided per written contract

<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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