



**BULLITT  
COUNTY  
PUBLIC  
SCHOOLS**

**DEPARTMENT OF FACILITIES**

**DANNY CLEMENS, DIRECTOR**  
TRACY PARSLEY, MAINTENANCE SUPERVISOR  
THOMAS STOKES, CUSTODIAL SUPERVISOR  
GEORGE BROCK, ENERGY MANAGER

MEMO

TO: JESSE BACON *JB*

FROM: DANNY CLEMENS

DATE: January 9, 2024

RE: Agenda Item for January 22, 2024 Board Meeting  
Facility Use Application for North Bullitt High School

North Bullitt High School requests permission to allow their Chess Team and Chess Education Foundation to host a Chess Tournament at North Bullitt High School on 1/27/2024 from 8:00 am to 4:00 pm in their Gymnasium.

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

I recommend the Board to approve this request.

*000*  
*1/19/24*  
*TWood*

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

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



# North Bullitt High School

3200 Hebron Ln  
Shepherdsville, Kentucky 40165

Phone: 502-869-6200

Fax: 502-957-6762

<https://www.bullitt.k12.ky.us/3/Home>

01/08/2024

From: Kristi Lynch

Date: 01/08/2024

Re: Approval for Chess Educations Foundation / Dennis Minnis Use of Building

I approve for Dennis Minnis (NBHS Chess Coach and the Chess Education Foundation) to hold a Chess Tournament at North Bullitt High School on 01/27/2024 from 8:00 AM.-4:00 PM.,

Sincerely,

Kristi Lynch

Principal North Bullitt High School

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*Assistant Principals*

Ms. Valerie Skillman

Ms. Lindsey Wegley

*Principal*

Kristi W. Lynch, Ed.S

*Counselors*

Sara Thornsberry

Rebecca Murdock

**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 502-418-5312  
 Representative's Name John Simons  
 Address 3807 Therina Way

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

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. \_\_\_\_\_

Building/school/facility North Bullitt High School  
 Purpose Chess Tournament

Date(s) requested 1/27/2024 Time(s) Requested 8:00 AM - 4:00 PM

Will public be admitted?  YES If yes, please explain Chess families will be with their children between rounds.  
 Will advertisement(s) be used?  YES  NO If yes, please explain \_\_\_\_\_  
 Will admission be charged?  YES  NO If yes, please explain Player entry fee

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**

**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

John Simons  
 Signature - Representative of User Group

[Signature]  
 Signature - Superintendent/designee

1/5/2024  
 Date

1/8/24  
 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

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

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

Cost for use of District property \$ \_\_\_\_\_ 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				- 0 -
Food Service Employees				- 0 -
Supervisory Personnel				- 0 -
Other _____				- 0 -
<b>TOTAL PERSONNEL CHARGE</b>				

*Coaches will clean up*

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

*Total Charge  
\$300.00  
Per event*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2024

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> <b>State Farm</b> GREG HAUS STATE FARM 100 CANNONS LN LOUISVILLE, KY 40206	<b>CONTACT NAME:</b> GREG HAUS <b>PHONE (A/C, No, Ext):</b> 502-894-4406 <b>E-MAIL ADDRESS:</b> GREG.HAUS.M2F9@GREGHAUS.COM	<b>FAX (A/C, No):</b> 502-894-4463
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> CHESS EDUCATION FOUNDATION 3807 THERINA WAY LOUISVILLE, KY 40241-1639	<b>INSURER A:</b> State Farm Fire and Casualty Company <input checked="" type="checkbox"/>	<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.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	97-AJ-D085-6	08/17/2023	08/17/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$
							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)

PRIMARY / NON-CONTRIBUTORY ENDORSEMENT - CMP-4670

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GENERAL LIABILITY POLICY

**CERTIFICATE HOLDER****CANCELLATION**

BULLITT COUNTY BOARD OF EDUCATION  
 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

Completed by an authorized State Farm representative. If signature

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