

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 10, 2024
RE: Agenda Item for January 22, 2024 Board Meeting
Facility Use Application for Bullitt Central High School

Bullitt Central High School requests permission to allow their Chess Team to host a Chess Tournament at Bullitt Central High School, in their Gym and Cafeteria on 02/24/2024 from 7:00 am to 4:00 pm.

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

I recommend the Board to approve this request.

[Handwritten signature]
1/10/23

Wood

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

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 Chess Education Foundation Telephone 502-240-9325

Representative's Name Ryan Velez

Address 2908 Brownsboro Rd Louisville KY 40206

The above organization/individual requests the use of:

auditorium main gymnasium dining room/kitchen stadium

classroom(s) _____ other, specify _____

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

If yes, specify equipment Tables and Chairs 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 BCHS

Purpose Chess Tournament

Date(s) requested 24 Feb 24 Time(s) Requested 7am - 3pm

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 Tournament fees for players

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 \$ 440 Cost for school employee \$ 320 Total cost \$ 760

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 24 Feb 24 Length of Time 7am-3pm

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	8		320.00
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				320.00

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>BCHS</u> school	200		200
Auditorium at _____ school			
<u>Cafeteria</u> • Dining Room • Kitchen • Both at <u>BCHS</u> school	240		240
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 **200**

CAFETERIA

- \$30 per hour **240**

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

24 Feb 24

 Date



 Signature - Superintendent/designee

1-9-04

 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 includes 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 endorsements.

PRODUCER State Farm GREG HAUS STATE FARM 100 CANNONS LN LOUISVILLE, KY 40208	INSURER YISANDRA GREGHAUS 502-894-1408 YAGREGHAUS@STATEFARM.COM INSURER(S) ATTORNING COVERAGE State Farm Fire and Casualty Company	NAIC# 28148
INSURED CHESB EDUCATION FOUNDATION 8807 THEIRINA WAY LOUISVILLE, KY 40241	INSURED(S) INSURED(S) INSURED(S) INSURED(S) INSURED(S)	


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 EACH POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

PL. CTY.	TYPE OF INSURANCE	ADD. INS. N/A	INS. N/A	AGENCY NUMBER	ISSUE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	COVERAGES	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> FLEET MAINTENANCE <input checked="" type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> FIDELITY AND SURETY <input type="checkbox"/> DIRECTORS AND OFFICERS LIABILITY <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> EVIDENCE OF INSURANCE	Y	Y	97-AFD0858	09/17/2023	09/17/2024	BODILY INJURY AND PROPERTY DAMAGE AUTOMOBILE LIABILITY PERSONAL AND ADVERTISING INJURY GENERAL AGGREGATE PRODUCTS-COMM/OP-AGE COMBINED SINGLE LIMIT BODILY INJURY (PERSONAL) BODILY INJURY (PROPERTY) BODILY INJURY (PERSONAL) BODILY INJURY (PROPERTY) BODILY INJURY (PERSONAL) BODILY INJURY (PROPERTY)	1,000,000 300,000 5,000 1,000,000 2,000,000 2,000,000 5 5 5 5 5 5
	<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS UMB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEFENSE COSTS <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE DEFENSE COSTS RETENTION	
	<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> FIDELITY AND SURETY <input type="checkbox"/> DIRECTORS AND OFFICERS LIABILITY <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> EVIDENCE OF INSURANCE						FIDELITY AND SURETY DIRECTORS AND OFFICERS LIABILITY PROFESSIONAL LIABILITY EVIDENCE OF INSURANCE	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (ACORD 101, Additional Remarks section, 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 BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 EAST SHEPHERDSTOWN, KY 40165	CANCELLATION 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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