

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 31, 2024

RE: Agenda Item for February 26, 2024, Board Meeting District Facility Use by the The Church of the Crossroads to hold Church Services for Easter.

The Church of the Crossroads has requested permission to use BEHS for Easter Church Service and to set up the day before on March 30 and March 31, 2024. They are requesting the use of the main gym, five classrooms, and the CCC gym.

I recommend granting them permission to use BEHS for their Easter Church Service on March 30-31, 2024.

A handwritten signature in black ink, appearing to be 'D. Clemens', is written in the center of the page.

A handwritten signature in black ink, appearing to be 'J. Wood', is written in the bottom right corner of the page.

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

Bullitt East High School

College. Career.

Tradition. Unrivaled.

11450 Highway 44 East - Mt. Washington, KY - 502-869-6400 - Fax 502-538-8368

January 28, 2024

Re: Facility Use Request Memo

The Church of the Crossroads (COTC) in Mount Washington has requested to use our facilities on March 30 and March 31 to hold church services for Easter. They are requesting to use the main gym, five classrooms, and the CCC gym. They have agreed to pay \$700 to rent the facility and pay for a janitor to be on site.

As part of the rental, COTC would need to temporarily add speakers, screen, and lights to the main gym. These will be brought in and will not be attached to any part of the structure. Floor protection will be deployed to prevent marking of the main gym floor. There will be no additional electric need as they will bring their own generators.

The classrooms and CCC gym will be used for Sunday School classes. Our previous experience with COTC is that they leave the facility in much better shape than they found it.

Please see the attached facility use request and insurance document.

Thank you,

Nate Fulghum
Principal

Kenny Hughes
Athletic Director



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 Church of the Crossroads Telephone 502 2956796

Representative's Name Holly DeMeusy

Address 10848 Hwy 44F

The above organization/individual requests the use of:

auditorium gymnasium² dining room/kitchen stadium

classroom(s) _____ other, specify _____

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

If yes, specify equipment N/A 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. N/A

Building/school/facility Bullitt East HS

Purpose Easter Sunday Church Service

Date(s) requested ~~3/31/24~~ 3/31/24, 3/30/24 (setup) 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 _____

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

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ _____ Cost for school employee \$ _____ Total cost \$ 700

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 3/30/24 (set up) 3/31/24 Easter Service Length of Time
12 hrs 8 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	<u>1</u>			<u>600</u>
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				<u>600</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>Main gym / CCC gym</u> school	<u>\$ 100</u>	<u>\$ 600</u>	<u>700</u>
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

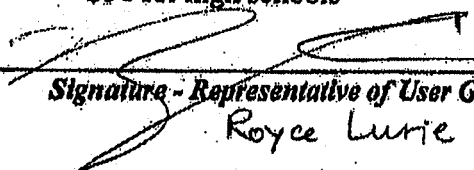
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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
 Royce Lurie

Signature - Superintendent/designee

1/29/24

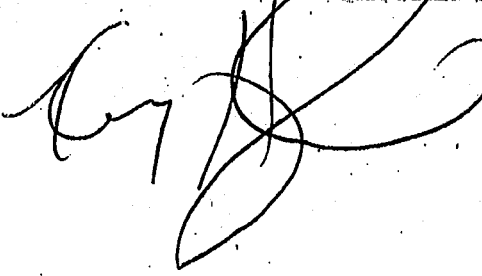
Date

1/29/24

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

 AD, BEHS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2023

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		CONTACT NAME: Phil Barber	
Independent Agents of KY 806 Stone Creek Parkway, Suite 1		PHONE (A/C, No., Ext): (502) 459-8880	FAX (A/C, No.): (502) 451-3268
Louisville KY 40223		E-MAIL ADDRESS: Sam@IAKInsurance.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
CHURCH OF THE CROSSROADS, INC. 10848 HWY 44 E		INSURER A: ERIE INS CO	NAIC # 26263
MOUNT WASHINGTON KY 40047-7210		INSURER B: ERIE INS EXCH	26271
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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	ADDSUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	x	Q61-0223593	09/10/2023	09/10/2024	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000	
POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COM/POP AGG \$ 3,000,000	
OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/>					SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>	BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE \$	
	EXCESS LIAB					OCCUR <input type="checkbox"/>	AGGREGATE \$
						CLAIMS-MADE <input type="checkbox"/>	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Q93-1000959	09/10/2023	09/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location Rented: 1040 Hwy 44, Mount Washington, KY 40047

Bullitt County Board of Education is included as an additional insured. The General Liability Policy is Primary/Non-Contributory.

CERTIFICATE HOLDER	CANCELLATION
Bullitt County Board of Education 1040 KY-44 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 <i>Wendy S. Campbell</i>