

DEPARTMENT OF FACILITIES


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

MEMO

TO: Jesse Bacon

FROM: Danny Clemens

DATE: June 11, 2024

RE: Agenda item for June 17, 2024 Board Meeting, North Bullitt High School
Baseball Boosters requesting use of baseball field. 

North Bullitt High School Baseball Boosters has requested the use of the baseball field for June 15th and June 16, 2024. Both days are an all day event.

A copy of insurance is included.

I recommend they be able to use the baseball field for their event.

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 NORTH BULLET BASEBALL ^{BOYSTERS} Telephone 502-419-3054

Representative's Name AARON HESTER - JUSTIN STENSON

Address _____

The above organization/individual requests the use of:

auditorium gymnasium dining room/kitchen stadium

classroom(s) _____ other, specify BASEBALL FIELD

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. _____

CONCESSIONS AT BASEBALL FIELD

Building/school/facility NORTH BULLET HS BASEBALL FACILITIES

Purpose FUNDRAISER EVENT FOR BASEBALL TEAM

Date(s) requested JUNE 15TH - 16TH Time(s) Requested ALL DAY EACH DAY

Will public be admitted? YES NO If yes, please explain PUBLIC → BASEBALL TEAMS - FUNDRAISER

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

Will admission be charged? YES NO If yes, please explain GATE FEE REQUIRED

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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school				
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

JUNE 6 2024

Date

Signature - Superintendent/designee

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

Reporting Form for Employee Extra Pay

Submit this form to the Central Office within one (1) week of the event. A check should accompany this form.

Name of Sponsoring Organization/Activity _____

Representative's Name _____

Facilities used by organization: gymnasium dining room/kitchen stadium
 auditorium classrooms(s) other, specify _____

Personnel assigned to the event: Custodian(s) Food Service Employee(s)

Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
_____	_____	_____
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
_____	_____	_____
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
_____	_____	_____
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
_____	_____	_____
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
_____	_____	_____

For Central Office use only

Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
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Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
<i>Superintendent/Designee's Signature</i> _____		<i>Date</i> _____

Review/Revised:1/15/08



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2024

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).

PRODUCER Chappell Insurance 4335 Cox Rd Ste 4335 Glen Allen, VA, 23060	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Daryl Chappell</td> </tr> <tr> <td>PHONE (A/C, No. Ext): 804-733-2020</td> <td>FAX (A/C, No): 804-591-1603</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: support@chappellinsurance.com</td> </tr> </table>	CONTACT NAME: Daryl Chappell		PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603	E-MAIL ADDRESS: support@chappellinsurance.com																
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INSURED Homerun Baseball Tournaments, LLC 767 Flatwoods Drive Clarksville, IN 47129	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td colspan="2">INSURER A: SiriusPoint America Insurance Company</td> <td>38778</td> </tr> <tr> <td colspan="2">INSURER B: Axis Insurance Company</td> <td>37273</td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: SiriusPoint America Insurance Company		38778	INSURER B: Axis Insurance Company		37273	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** NS-AI-226 **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	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PLH01GL0000693	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1 ml/\$2ml <input checked="" type="checkbox"/> See addendum	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						PERSONAL & ADV INJURY	\$1,000,000
	PARTICIPANT ACCIDENT						GENERAL AGGREGATE	\$8,000,000
							PRODUCTS-COMP/OP AGG	\$2,000,000
							Participant Legal Liability	\$1,000,000
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							EXCESS MEDICAL	\$
							DEDUCTIBLE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The certificate holder is an additional insured but only with respect to the operations of the named insured, Homerun Baseball Tournaments, LLC and its director(s) is a named insured on this policy. This policy covers Homerun Baseball Tournaments, LLC activities only.

Coverage Effective From 04:25 PM on 06/06/2024 TO 01/01/2025

CERTIFICATE HOLDER Bullitt County Public Schools 1040 KY 44 East Shepardsville, KY 40165 Certificate Number: NS-AI-226	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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AGENCY CUSTOMER ID: _____
LOC # _____

ACORD™

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Homerun Baseball Tournaments, LLC 767 Flatwoods Drive Clarksville, IN 47129	
POLICY NUMBER GL PLH01GL00000693			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number: NS-AI-226

SEXUAL ABUSE/MOLESTATION
\$1,000,000 PER OCCURRENCE
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Date Issued: 08/06/2024