

DEPARTMENT OF HEALTH SERVICES

Memo

To:

Jesse Bacon

From:

Lesa Howell

Date:

July 9, 2024

Re:

Kentucky Blood Center

Please present this opportunity for the Bullitt County Public Schools to work with the Kentucky Blood Center, Inc. Blood drives will occur throughout the district during the 2024-2025 school year and sponsor groups or individual students will advertise and assist the drives.

Attached you will find the Memorandum of Understanding, and Certificate of Liability Insurance. These agreements are automatically renewable; however, on legal advice steps will be taken each year to confirm the arrangement. The certificate of Liability Insurance was reviewed and accepted by Emily Vessels.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made and entered into this _____ day of July, 2024 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and KENTUCKY BLOOD CENTER, INC., (hereinafter "KENTUCKY BLOOD CENTER") of 3121 Beaumont Centre Circle, Lexington, KY 40513.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

I. DUTIES OF BCPS

- A. To provide suitable facilities for carrying out the reasonable objectives of the Kentucky Blood Center in a blood drive during regular school hours
- B. To distribute Kentucky Blood Center literature and post Kentucky Blood Center notices of upcoming blood drives in advance to maximize participation in blood drives

C. To provide the BCPS Nurse Administrator as liaison for blood drives

II. DUTIES OF KENTUCKY BLOOD CENTER

- A. To provide liability insurance coverage for each site of a blood drive with minimum limits of per \$4 million occurrence and naming Bullitt County Public Schools as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.
- B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines
- C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines
- D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.
- E. To provide suitable nutrition and hydration materials for participants in blood drives
- F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found
- G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

III. This agreement shall be effective August 1, 2024 through June 30, 2025 at which time the Kentucky Blood Center shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

| DU | /LL!!! | COUNT | Y PUBLIC | SCHOO | 172 |
|----|--------|--------|----------|-------|-----|
| ΒY | * | | | | |
| | JESSE | BACON | | | |
| | SLIPE | RINTEN | DENT | | |

KENTUCKY BLOOD CENTER, INC.

BY: My MU MU AUTHORIZED OFFICER

VPA CFO

ATTACHMENTS

6/13/2124

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

7/5/2024

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).

| t | his certificate does not confer rights t | o the c | ertificate holder in lieu of su | uch end | dorsement(s | ۱. | equite all elluorsement | . A St | | | | |
|--|--|---|---|---|--|----------|---|----------|--------------|--|--|--|
| | DDUCER CX | CONTACT NAME: Brenda Higgins PHONE 742 470 4442 FAX | | | | | | | | | | |
| 70 | 2 North Shore Drive, Suite 500 | | L(A/C, No, Ext); / 13-4/U-4/42 (A/C, No); | | | | | | | | | |
| Je | ffersonville IN 47130 | | | E-MAIL ADDRESS: bhiggins@alliant.com | | | | | | | | |
| | | | , | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | | |
| _ | | INSURER A: The Community Blood Cntr Exch | | | | | 13893 | | | | | |
| INSURED KENTBLO-01 Kentucky Blood Center, Inc. | | | | | INSURER B: | | | | | | | |
| 31 | 21 Beaumont Centre Circle | | INSURER C: | | | | | | | | | |
| Le | exington KY 40513 | INSURER D: | | | | | | | | | | |
| | | | | INSURER E : | | | | | | | | |
| | | INSURER F: | | | | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 770849754 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. | | | | | | | | | | | | |
| INSF | | ADDL SU | JBR | POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS | | | | | | | | |
| A | X COMMERCIAL GENERAL LIABILITY | Y | BCX23-00004 | | 9/1/2023 | 9/1/2024 | EACH OCCURRENCE | \$4,000 | .000 | | | |
| | X CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 250,0 | - | | | |
| | X PL - Claims made | | | | | | MED EXP (Any one person) | \$ 1,000 | | | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 4,000 | | | | |
| ŀ | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 8,000 | | | | |
| | X POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 8,000 | • | | | |
| | OTHER: | | m** | | * | | TROBUSTO - GOMITTOT AGG | \$ 0,000 | ,000 | | | |
| - | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | \$ | | | | |
| | ANY AUTO | | - | | · · · · · · · · · · · · · · · · · · · | | BODILY INJURY (Per person) | \$ | | | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | |
| l | AUTOS ONET | | | | | | (rei accident) | \$ | | | | |
| Г | UMBRELLA LIAB OCCUR | | | ··· | | | EACH OCCURRENCE | \$ | | | | |
| 1 | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | = | | | |
| | DED RETENTION\$ | 1 | | | | : | , , , , , , , , , , , , , , , , , , , | \$ | | | | |
| | WORKERS COMPENSATION | | | | | | PER OTH- STATUTE ER | • | | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$ | | | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | | |
| | | | | | | , | | <u> </u> | | | | |
| | | | | | | | | | | | | |
| | | l : | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket Additional Insured endorsement that provides Additional Insured status to the owner or lessor of any property who allows the "Named Insured" to hold blood drives or donor registration drives on their premises, but only with respect to "bodily injury" or "property damage" caused in whole or in part by the "Named Insured" during the collection or registration process. Re: Bullitt County Board of Education. | | | | | | | | | | | | |
| <u></u> | EDTIFICATE UOI DED | | | CANOCI LATION | | | | | | | | |
| <u> </u> | ERTIFICATE HOLDER | CANC | CANCELLATION | | | | | | | | | |
| Bullitt County Public Schools 1040 Highway 44 East | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | Shepherdsville KY 40165 | | AUTHORIZED REPRESENTATIVE Allies | | | | | | | | | |