

**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: October 2, 2024  
RE: Agenda item for October 28, 2024

Stephen Hawkins with Grand Lodge of KY, has requested the use of the auditorium at Bullitt Central on April 5, 2025 from 9:30am - 12:30pm to host their District Meeting.

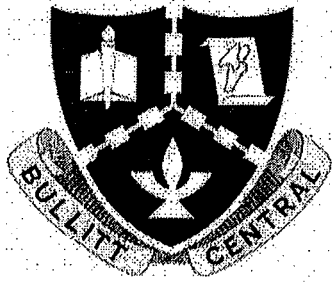
A copy of insurance is included.

I recommend they be able to use the auditorium for their District Meeting.

*TW*

**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 CENTRAL HIGH SCHOOL

**JOE PAT LEE, PRINCIPAL**  
CHRISTY BURDEN, ASSISTANT PRINCIPAL  
ABBY BAYLOR, ASSISTANT PRINCIPAL  
KYLE ROACH, ASSISTANT PRINCIPAL

To: Jesse Bacon, Superintendent

From: Joe Pat Lee, Principal

Date: 09/03/2024

Re: Grand Lodge of Ky District Meeting

I am sending the Facility Request form from Stephen Hawkins with the Grand Lodge of KY for your review and board approval. Mr. Hawkins is requesting the use of the auditorium at Bullitt Central to host their District Meeting. He has requested the date of April 5th, 2025 from 9:30am -12:30pm.

Thank you,

Joe Pat Lee  
Principal  
Bullitt Central High School

**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 GRAND LODGE of KY Telephone 502 921 3420

Representative's Name Stephen Hawkins

Address 515 Deatsville Loop Cox's Creek KY 40013

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 ADDITORIUM

Purpose DISTRICT #15 MEETING

Date(s) requested APRIL - 05 - 2025 Time(s) Requested 9:30AM - 12:30PM

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 \$ 70 Cost for school employee \$ 194.05 Total cost \$ 264.05

Deposit \$ \_\_\_\_\_ Is deposit refundable?  Yes  No

Date Deposit Received \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Board employee(s) assigned: Judy Ice

Board Action Date, if applicable \_\_\_\_\_ Board Order # \_\_\_\_\_

Date of Use 4/5/2025 Length of Time 5 hrs

**FEE SCHEDULE**

8:30-12:30 p

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	1	5	\$38.81/hr	\$194.05
Food Service Employees				
Supervisory Personnel				
Other _____				
<b>TOTAL PERSONNEL CHARGE</b>				<u>194.05</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school			
Auditorium at <u>PCNS</u> school	<del>\$50</del> / 3 hrs \$10 / 2 hrs		\$70.00
Cafeteria?, Dining Room?, Kitchen?, 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*

8-26-24  
 \_\_\_\_\_  
*Date*

  
 \_\_\_\_\_  
*Signature - Superintendent/designee*

9-3-24  
 \_\_\_\_\_  
*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

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
2/07/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 312 Elm Street, Suite 2400 Cincinnati, OH 45202 855 874-1390		<b>CONTACT NAME:</b> Midwest Select Group - USI <b>PHONE (A/C, No, Ext):</b> 855-874-1390 <b>E-MAIL ADDRESS:</b> mwselect@usi.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Grand Lodge of Kentucky F&AM PO Box 99159 Louisville, KY 40269		INSURER(S) AFFORDING COVERAGE <b>INSURER A:</b> Markel Insurance Company <b>INSURER B:</b> Cincinnati Insurance Company <b>INSURER C:</b> Bridgefield Casualty Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	NAIC # <b>38970</b> <b>10677</b> <b>10335</b>

**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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MNGG0003221	01/01/2024	01/01/2025	EACH OCCURRENCE \$1,000,000
	<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:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			EUP0057208	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			19641757	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	<input checked="" type="checkbox"/> N <input type="checkbox"/> Y/N    N/A						E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Bullitt Central High School is recognized as an additional insured on a primary and non-contributory basis.**

**CERTIFICATE HOLDER**

**CANCELLATION**

Bullitt Central High School 1330 Hwy 44 E 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 