

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: November 11, 2024  
RE: Agenda item for 25, 2024

Mr. Brandon Edmonson is requesting the use of both gyms, library and the cafeteria at Bullitt Central for a Chess Tournament on February 1, 2025 from 7:00 am - 4:00 pm.

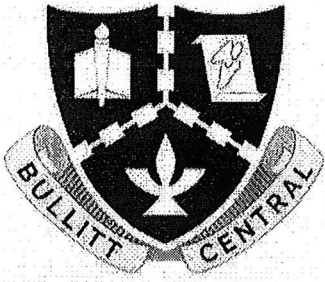
A copy of insurance is included.

I recommend they be able to use the facility for their Chess Tournament

*T 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**



# 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: 10/1/2024

Re: Chess Tournament

I am sending the Facility Request form from Brandon Edmondson, Chess Coach at Bullitt Central High School for your review and board approval. Mr. Edmondson is requesting the use of both gyms, library and cafeteria at Bullitt Central to host a Chess Tournament. He has requested the date of February 1, 2025 from 7:00am-4:00pm.

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 Chess Education Foundation Telephone 859-327-4891

Representative's Name Richard Williams

Address 2908 Brownsboro Rd

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 Tables/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. \_\_\_\_\_

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Building/school/facility Bullitt Central

Purpose Regional Championship State Tournament

Date(s) requested 1 Feb 24 Time(s) Requested Ten 4pm

Will public be admitted?  YES  NO If yes, please explain Families of Players

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

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 \$ 0 Cost for school employee \$ 349.29 Total cost \$ 349.29

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 2/1/25 Length of Time 9 hr 7A - 4pm

**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	9	38.84	\$349.29
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 • Dining Room • Kitchen • Both at _____ school			
Classroom(s) Number _____ at _____ school			
Stadium at _____ school			
Other Property at _____ school			

*w waived*

**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

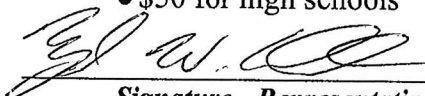
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

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*

1 OCT 24  
 \_\_\_\_\_  
*Date*

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

10-4-24  
 \_\_\_\_\_  
*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)  
10/21/2024

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).

<b>PRODUCER</b>  Greg Haus 100 Cannons Lane  Louisville KY 402062725	<b>CONTACT NAME:</b> Greg Haus <b>PHONE (A/C, No, Ext):</b> 502-894-4406 <b>E-MAIL ADDRESS:</b> greg.haus.m2f9@statefarm.com <b>FAX (A/C, No):</b>																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm Fire and Casualty Company	25143	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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<b>INSURED</b>  CHESS EDUCATION FOUNDATION 3807 THERINA WAY  LOUISVILLE KY 402411539																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC OTHER:	N	N	97-AJ-D085-6	08/17/2024	08/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
PRIMARY/NON-CONTRIBUTORY ENDORSEMENT - CMP 4870

BULLITT COUNTY PUBLIC SCHOOLS IS INCLUDED AS ADDITIONAL INSURED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GENERAL LIABILITY POLICY

<b>CERTIFICATE HOLDER</b>  Bullitt County Public Schools 1040 Highway 44 East  Shepherdsville KY 40165	<b>CANCELLATION</b>  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  This form was system-generated on 10/21/2024
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