

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: December 3, 2024  
RE: Agenda item for December 16, 2024 *DC*

Jessie Curry/NBHS Basketball Team are requesting to host a Basketball Tournament at North Bullitt High School on 1/11/25 and 1/12/25.

A copy of insurance is included.

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

*TWood*

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION



# North Bullitt High School

3200 Hebron Ln  
Shepherdsville, Kentucky 40165

Phone: 502-869-6200

Fax: 502-957-6762

<https://www.bullitt.k12.ky.us/3/Home>

11/15/2024

From: Kristi Lynch

Date: 11/15/2024

Re: Approval for NBHS Basketball Use of Building

I approve of the NBHS Basketball Team/Jessie Curry to host a Basketball Tournament at North Bullitt High School, on 01/11/25 and 01/12/25.

Sincerely,

Kristi Lynch

Principal North Bullitt High School

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***Assistant Principals***

Ms. Valerie Skillman

Ms. Lindsey Wegley

***Principal***

Kristi W. Lynch, Ed.S

***Counselors***

Sara Thornsberry

Rebecca Murdock

**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 <u>North Bull H Boys Ball</u>		Telephone <u>502 415 9919</u>
Representative's Name <u>Jessie Curry</u>		
Address <u>3200 E Hebron Ln</u>		
The above organization/individual requests the use of:		
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> stadium	
<input type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If yes, specify equipment _____ Operator's Name _____		
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>concessions</u>		
Building/school/facility <u>North Bull H HS, Hebron Middle School, Zionsville MS</u>		
Purpose _____		
Date(s) requested <u>Jan 11<sup>th</sup> and 12<sup>th</sup></u>		Time(s) Requested <u>8am - 9pm (All Day)</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Fans</u>
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Social Media</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Gate Fee</u>

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.

## 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	- 0 -			- 0 -
Food Service Employees	/			
Supervisory Personnel	/			
Other _____	/			
TOTAL PERSONNEL CHARGE				- 0 -

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school			- 0 -
Auditorium at _____ school			- 0 -
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			- 0 -
Classroom(s) Number _____ at _____ school			- 0 -
Stadium at _____ school			- 0 -
Other Property at _____ school			- 0 -

NA

Boys Basketball will  
clean and stock

SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)

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

11-18-24

\_\_\_\_\_  
Date

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

11/18/24

\_\_\_\_\_  
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

NO  
charge

N/A

**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>
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_____ <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 \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____

\_\_\_\_\_  
*Superintendent/Designee's Signature*

\_\_\_\_\_  
*Date*

Review/Revised:1/15/08

15  
*N/A*

**Approval for Advertising****SITE ADMINISTRATOR APPROVAL**

Principals/site administrators may approve or disapprove requests from nonschool groups to post on bulletin boards flyers or notices of general interest to students and/or staff, provided the information will be posted for fewer than thirty (30) calendar days.

If the site administrator is in doubt whether the request requires Board approval, s/he shall confer with the Superintendent/designee.

**BOARD APPROVAL**

All other requests by outside groups to advertise on District property shall require prior approval of the Board, including the following: advertising to be posted for thirty (30) days or longer and commercial advertising involving placement of permanent or semipermanent signs in athletic facilities on other District properties.

**TO APPLY FOR APPROVAL OF THE BOARD TO ADVERTISE, A REPRESENTATIVE OF THE NONSCHOOL GROUP MUST COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN THIS FORM TO THE CENTRAL OFFICE.**

Applicant's Name _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Address _____			
_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Telephone Number _____		FAX Number _____	
<i>(Area Code)</i>		<i>(Area Code)</i>	

Applicant represents:

☐ Himself/herself ☐ Organization (*specify*) \_\_\_\_\_

Type of advertisement \_\_\_\_\_

Time period requested \_\_\_\_\_

**IF THIS APPLICATION IS APPROVED, THE APPLICANT SHALL BE RESPONSIBLE FOR REMOVING ALL ADVERTISING MATERIALS AT THE END OF THE TIME PERIOD THE BOARD APPROVES.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

BOARD ACTION	
Date Of Consideration: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, the reason was as follows: _____	
_____	
_____	
Date applicant notified: _____	By whom: _____

Review/Revised:5/15/2001

*N/A*  
20

# North Bullitt High School



3200 E Hebron Lane  
Shepherdsville, KY 40165

#Provelt

Tel: 502-869-6200  
Fax: 502-957-6762

[Date]

[Company Name]

[Address]

## RE: Current Certificates of Insurance

Dear [Name]:

It is our school's policy to partner only with companies who are properly insured. Please provide us with a Certificate of Insurance and maintain insurance for general liability with minimum limits of \$1,000,000 occurrence / \$2,000,000 aggregate. Bullitt County Board of Education must be named as an **additional insured** on the Certificate of Insurance for general liability. Please verify that the Additional Insured Box is checked as well.

All Certificates of Insurance must be provided directly from your insurance agent, or insurance company.

Thank you for your prompt attention to this request.

Sincerely,

Debbie Woodruff

Assistant Principals  
Jessica Sturgeon  
Nick Sutherland  
Lindsey Wegley

Principal  
Jonl Britt

Counselors  
Chelsea Mullennex  
Ashley Poore





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/12/2024

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> Louisville Insurance LLC 11828 Ransom Drive Louisville, KY 40243	<b>CONTACT NAME:</b> Lela Lizdo		
	<b>PHONE (A/C, No, Ext):</b> 502-883-4812 <b>FAX (A/C, No):</b> 502-473-8695		
	<b>E-MAIL ADDRESS:</b> Lela@LouisvilleIns.com		
<b>INSURED</b> Frederick A Hale LLC DBA: Midwest Basketball Tournaments 200 Pennsylvania Ave. Louisville, KY 40206	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Secura Insurance		22543
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CP3272878	08/02/2024	08/02/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <b>DED</b> <b>RETENTION \$</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Bullitt County Board of Education is named as Additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

Bullitt County Public Schools 1040 Highway 44 East 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 

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