

DANNY CLEMENS, DIRECTOR

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

DEPARTMENT OF FACILITIES

MEMO

TO:

Jesse Bacon **₹.**

FROM:

Danny Clemens

DATE:

December 3, 2024

RE:

Agenda item for December 16, 2024

Noah Franke at Little Flock Baptist Church is requesting to use Brooks Elementary Cafeteria and Gymnasium for their Basketball League for Children, January 2025 until March 2025

A copy of insurance is included.

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

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

SCHOOL FACILITIES

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 Little Flock Baptist Church elephone 502-955-8740 Representative's Name Nogh Francks
Address 5510 N Preston Hwy Shephurdsville, Ky 40165
The above organization/indivjdual requests the use of:
□ auditorium □ gymnasium □ dining room/kitchen □ stadium
Classroom(s) Sother, specify Cafeleria
Is the organization planning to use District-owned equipment? \(\overline{\text{VES}}\) YES \(\overline{\text{NO}}\)
If yes, specify equipment Baskettall Goals 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.
if yos, give a complete description or what is own a source and the personal s
Building/school/facility Brooks Elementary School
Purpose Baskettall League for Children
Date(s) requested See Attached Sheet Time(s) Requested
Will public be admitted? YES D 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:

- 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.
- 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

a constituent of the second of

	For Office Use O	nly - To be Comp	leted by So	hool Official		
Cost for use of E	District property S Cost	for school employ	/ee S	Total cost \$) <u></u>	
Deposit \$	and the second seco		ı.	Is deposit refu	ndable? 🛘 Yes (□ No
Date Deposit Re	celved	Balance	Due \$			
Board employee	(s) assigned:	Grand gabileen Direction starte				: 1
Board Action Da	ate, if applicable			Board Order#_		ı.
Date of Use	and the state of t	Length (fTime		<u> </u>	
FEE SCHEDULE The organization	agrees to pay the applicable fec(s)	for the use of Dist	rict facilitie	8.	e santa	
· · · · · · · · · · · · · · · · · · ·	# of Employees Required	# of Hours	Hourly	Rate (Overtime	at 1.5 times)	Total
Custodians		100				
Food Service Employees					Action reference in the second of	
Supervisory Personnel						
Other			ar an indicate a successive			
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		Ť.	TAL PER	SONNEL CHAR	GE	
	Property Used		lent Fee	Personnel Cost, if applicable		Total Cost fo Facility Use
at B	Gymnasium 100 ks Flem school	2,8	80			2,880
at	Auditorium school					
Cafeteria at D	Dining Room Kitchen Botl				Country of the Countr	
Cla	ssroom(s) Numberschool				A Committee of the Comm	
	Stadium school					
	Other Property					
at:	school		i i			

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

GYMNASIUM

W 150 for up to 5 hours, \$10 per hour each additional from

W 150 for up to 5 hours, \$10 per hour each additional from

CAFETERIA

VOICE PROPERTY OF THE PARTY OF

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

| 11/20|2024
| Signature - Representative of User Group | Date
| 11/20|24
| 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	Little Flock Be	aptist Church						
Representative's Name Noah France	'he							
acilities used by organization: gymnasium dining room/kitchen stadium								
□ auditorium □ classrooms(s) ⑤ other, spe		nd aum						
Personnel assigned to the event: Custodian		mployee(s)						
☐ Supervisory personnel will be paid at not I overtime pay with pay beginning 30 minut or whenever the facility (including the state)	es before and ending one	e (1) hour after the event						
SIGNATURES BELOW VER	RIFY SERVICE FOR THIS E	VENT						
Employee's Signature	Date of Service	# of Hours Worked						
Employee's Signature	Date of Service	# of Hours Worked						
Employee's Signature	Date of Service	# of Hours Worked						
Employee's Signature	Date of Service	# of Hours Worked						
Employee's Signature	Date of Service	# of Hours Worked						
For Centr	al Office use only							
Employee Name	# of Hours @ \$							
Employee Name	# of Hours @ \$	per hour Total \$						
Employee Name	# of Hours @ \$							
Employee Name	2] 11.50 (0.35) (1.35)							
Employee Name	# of Hours @ S							
Employee Name	# of Hours @ \$	per hour Total \$						
Superintendent/Designee's Signature	Date							

Review/Revised:1/15/08

Brooks Facility Use

Date	Hours	Room	Date	Hours-	Room	. •
Selec	6:00PM - 9:00 PM	Gym	1-1 MARIE	6:00PM - 9:00 PM	Gym	
GALLA	6:00PM - 9:00 PM	Cafeteria	STATES.	6:00PM - 9:00 PM	Cafeteria	
o water	6:00PM - 9:00 PM	Gym	CALEBRAY .	6:00PM - 9:00 PM	Gym	
4	6:00PM - 9:00 PM	Cafeteria	10 markets	6:00PM - 9:00 PM	Cafeteria	
	6:00PM - 9:00 PM	Gym	MARKET PARTY	FREETON/APPRENTATION	NAME OF STREET	
	6:00PM - 9:00 PM	Cafeteria		6:00PM - 9:00 PM	Gym	•
LL STREETS	6:00PM - 9:00 PM	Gym		6:00PM - 9:00 PM	Cafeteria	ક
	6:00PM - 9:00 PM	Cafeteria	TO SERVICE A	6:00PM - 9:00 PM	Gym	£
Statistical services	THOURIVI - 8:00PIVI		- WASSERIES	6:00PM - 9:00 PM	Cafeteria	
. aggrian	6:00PM - 9:00 PM	Gym	27 44111111	KATANDAKÉS TORM		
O DOUGH	6:00PM - 9:00 PM	Cafeteria	92 EMM	6:00PM - 9:00 PM	Gym	
	6:00PM - 9:00 PM	Gym	O WHOMA	6:00PM - 9:00 PM	Cafeteria	
	6:00PM - 9:00 PM	Cafeteria		6:00PM - 9:00 PM	Gym	
& BERNALDHARMAN	FENTATION AND SECTION AND SECT	Marria Gyma	, Claws	6:00PM - 9:00 PM	Cafeteria	
Or Siziale m	6:00PM - 9:00 PM	Gym	a white	LANGE AND SERVICE AND SERVICE	EUTYDERKEE	
U ASION	6:00PM - 9:00 PM	Cafeteria	1000000	6:00PM - 9:00 PM	Gym	
ID WENT	6:00PM - 9:00 PM	Gym	TOWN THE PERSON THE PE	6:00PM - 9:00 PM	Cafeteria	,
	6:00PM - 9:00 PM	Cafeteria		6:00PM - 9:00 PM	Gym	
	SECULO DALVERSE COLEMBE		A MANNAN	6:00PM - 9:00 PM	Cafeteria	
occident.	6:00PM - 9:00 PM	Gym	38mm	ESSEMONANT PREMIUM		
THE REAL PROPERTY.	6:00PM - 9:00 PM	Cafeteria	Assault	Almaria	PROBERTION TO ANTO TO Marketter (*) ・	
13	6:00PM - 9:00 PM	Gym	.CUST	odian Hours:		U.A. A.
NAME OF THE PARTY	6:00PM - 9:00 PM	Cafeteria	20	(3) + 8(9) + 3	28(1) = _	Total Hours
U COCKEDIA	6:00PM - 9:00 PM	Gym	4			
CERTIFIC	6:00PM - 9:00 PM	Cafeteria	•	28	Total Dat	CS
(A)	6:00PM - 9:00 PM	Gym		<u>a cara anta anta anta anta anta anta anta a</u>		
	6:00PM - 9:00 PM	Cafeteria	· t	20-	3 hr	
16 minutes and	KERIKO GANKESI (CONCE			8 -	9 hr	
· · ·		and period		· ***		

Brooks Facility Use

Date	Hours	Room	Date	Hours	Room
6-Jan	6:00PM - 9:00 PM	Gγm	17-Feb	6:00PM - 9:00 PM	Gym
6-Jan	6:00PM - 9:00 PM	Cafeteria	17-Feb	6:00PM - 9:00 PM	Cafeteria
7-Jan	6:00PM - 9:00 PM	Gym	18-Feb	6:00PM - 9:00 PM	Gym
7-Jan	6:00PM - 9:00 PM	Cafeteria	18-Feb	6:00PM - 9:00 PM	Cafeteria
13-Jan	6:00PM - 9:00 PM	Gym	22-Feb	11:00AM - 8:00PM	Gym
13-Jan	6:00PM - 9:00 PM	Cafeteria	24-Feb	6:00PM - 9:00 PM	Gym
14-Jan	6:00PM - 9:00 PM	Gym	24-Feb	6:00PM - 9:00 PM	Cafeteria
14-Jan	6:00PM - 9:00 PM	Cafeteria	25-Feb	6:00PM - 9:00 PM	Gym
18-Jan	11:00AM - 8:00PM	Gym	25-Feb	6:00PM - 9:00 PM	Cafeteria
20-Jan	6:00PM - 9:00 PM	Gym	1-Mar	11:00AM - 8:00PM	Gym
20-Jan	6:00PM - 9:00 PM	Cafeteria	3-Mar	6:00PM - 9:00 PM	Gym
21-Jan	6:00PM - 9:00 PM	Gym	3-Mar	6:00PM - 9:00 PM	Cafeteria
21-Jan	6:00PM - 9:00 PM	Cafeteria	4-Mar	6:00PM - 9:00 PM	Gym
25-Jan	11:00AM - 8:00PM	Gym	4-Mar	6:00PM - 9:00 PM	Cafeteria
27-Jan	6:00PM - 9:00 PM	Gym	8-Mar	11:00AM - 8:00PM	Gym
27-Jan	6:00PM - 9:00 PM	Cafeteria	10-Mar	6:00PM - 9:00 PM	Gym
28-Jan	6:00PM - 9:00 PM	Gym	10-Mar	6:00PM - 9:00 PM	Cafeteria
28-Jan	6:00PM - 9:00 PM	Cafeteria	11-Mar	6:00PM - 9:00 PM	Gym
1-Feb	11:00AM - 8:00PM	Gym	11-Mar	6:00PM - 9:00 PM	Cafeteria
3-Feb	6:00PM - 9:00 PM	Gym	15-Mar	11:00AM - 8:00PM	Gym
3-Feb	6:00PM - 9:00 PM	Cafeteria			
4-Feb	6:00PM - 9:00 PM	Gym	•		
4-Feb	6:00PM - 9:00 PM	Cafeteria		i.	
10-Feb	6:00PM - 9:00 PM	Gym		,	
10-Feb	6:00PM - 9:00 PM	Cafeteria			
11-Feb	6:00PM - 9:00 PM	Gym			
11-Feb	6:00PM - 9:00 PM	Cafeteria		٠	
15-Feb	11:00AM - 8:00PM	Gvm			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2024

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)

th	is certificate does not confer rights to	the	cert	ificate holder in lieu of su).				
PRODUCER					CONTACT Church Mutual Insurance Company, S.I.						
Church Mutual Insurance Company, S.I.					PHONE (A/C, No, Ext): 1-800-554-2642 FAX (A/C, No): 855-264-2329						
3000 Schuster Lane					E-MAIL ADDRE	austana	rservice@chu	ırchmutual.com			
P.O. Box 357							SURER(S) AFFOR	DING COVERAGE	NAIC#		
Ме	rrill			WI 54452	INSURE	O. 1		ance Company, S.I.	18767		
INSU	RED		•		INSURE			······································			
	LITTLE FLOCK BAPTIST CH	URC	н он	F SHEPHERDSVILLE KY	INSURE						
	5510 N PRESTON HWY			5. m. 1121 (5.5 11222 111							
	00101411120101411141				INSURE						
	SHEPHERDSVILLE			KY 40165-9227	INSURER E:						
CO	****	TIEI	` A T E	E NUMBER:	INSURER F:						
					VE REE	N ISSUED TO	REVISION NUMBER: TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
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INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	,		
	X COMMERCIAL GENERAL LIABILITY		1110	I o i Hombell		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,000,000		
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								MED EXP (Any one person) \$	15,000		
Α		Υ	N	0224354 25-751055		07/01/2024	07/01/2025		1,000,000		
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	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	1,000,000		
<u> </u>	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	ASTOS SILLY ASTOS SILLY							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION\$							\$			
	WORKERS COMPENSATION							PER OTH-			
1	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLICY LIMIT \$			
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS //	CORE	101 Additional Remarks Schedu	le may h	e attached if mor	e space is require	ad)			
		-					•	•			
Ce	rtificate holder is an additional insured as re	quire	ed by	written contract or agreeme	nt per ti	ne General Liai	bility Enhancer	ment endorsement attached to	the policy.		
<u> </u>											
CE	CERTIFICATE HOLDER CANCELLATION										
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE			
Bullitt County Public Schools				ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							
1040 Highway 44 East Shepherdsville KY 40165											
			KY 40165	Pamulo CJ-R				8			