

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*

Chris Downey with NBHS Girls Basketball and Casey Banon with MidWest Basketball Tournaments are requesting to use NBHS, for a Basketball Tournament on 2/15/2025 and 2/16/2025.

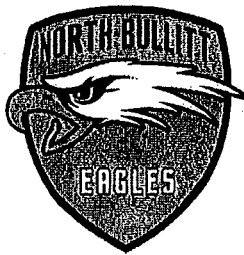
A copy of insurance is included.

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

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

*Wood*



# North Bullitt High School

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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 Girls Basketball Team/Chris Downey & Casey Bannon along with the MidWest Basketball Tournaments to host a Basketball Tournament at North Bullitt High School, on 02/15/25-02/16/25.

Sincerely,

A handwritten signature in black ink, appearing to be "Kristi Lynch", with a long, sweeping horizontal line extending to the right.

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	Girls Basketball	Telephone	502-869-6300
Representative's Name	Chris Downey Casey Bannan		
Address	3200 E Hebron Lane	Shelby Ky	40165

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, Concessions

Building/school/facility NBHS / ZMS / HMS

Purpose Basketball tournament

Date(s) requested 2/15/25 - 2/16/25 Time(s) Requested All Day

Will public be admitted? ☒ YES ☐ NO If yes, please explain Fans

Will advertisement(s) be used? ☒ YES ☐ NO If yes, please explain Social Media

Will admission be charged? ☒ YES ☐ NO If yes, please explain gate fee

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 \$ \_\_\_\_\_ 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				
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				
Auditorium at _____ school				
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				- 0 -

N/A

Girls  
B-ball 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

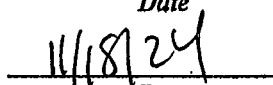
**OUTSIDE PROPERTIES**

- \$30 for elementary/middles schools
- \$50 for high schools

  
\_\_\_\_\_  
*Signature - Representative of User Group*

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

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

  
\_\_\_\_\_  
*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

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>
_____	_____	_____
<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

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*

<b>BOARD ACTION</b>	
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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/06/2024

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 Ransum 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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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
	<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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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		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.

Primary/Non Contributory Endorsement has been added in favor of certificate holder.

## 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

*Lela Lizdo*

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	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b> 22543		

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	<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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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