

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: February 24, 2025

RE: Agenda item for February 24, 2025

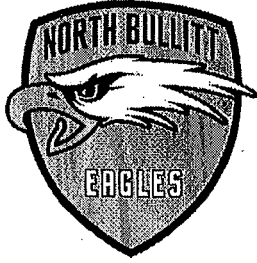
Mike Sullivan from NBHS Wrestling Team & NBHS Boosters is asking to use the NBHS Gymnasium for a Wrestling Team Event on 3/23/2025 from 7am-7pm.

I recommend that they be able to use the Facility for their Wrestling Team Event.

A copy of their Insurance is attached.

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>

02/12/2025

From: Kristi Lynch

Date: 02/12/25

Re: Approval for NBHS Boosters / NBHS Wrestling Team Use of Building

I approve of the NBHS Wrestling Team / NBHS Boosters to host a Wrestling Team Event at North Bullitt High School on 03/23/2025.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristi Lynch", written over a horizontal line.

Kristi Lynch

Principal North Bullitt High School

Assistant Principals

Ms. Valerie Skillman

Ms. Lindsey Wegley

Principal

Kristi W. Lynch, Ed.S

Counselors

Sara Thornsberry

Rebecca Murdock

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

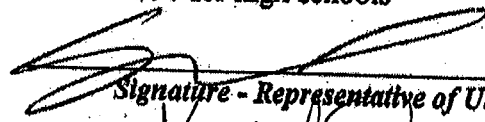
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

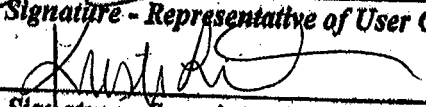
- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

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



Signature - Representative of User Group



Signature - Superintendent/designee

1-29-25

Date

2/12/25

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

wd: 2025 Kentucky Girls Youth Open Championship: Bullitt County Board of Education

message

son, Ronald <ronald.bryson@bullitt.kyschools.us>
: Debbie Woodruff <debbie.woodruff@bullitt.kyschools.us>

Tue, Feb 11, 2025 at 12:39 PM

Hey! Can you print the attached facilities form and get it on the board agenda? It's for a booster club wrestling event.

Ronnie Bryson
Athletic Director
North Bullitt High School

----- Forwarded message -----

From: **Phil Sullivan** <psullivan9@humana.com>
Date: Tue, Feb 11, 2025 at 12:31 PM
Subject: 2025 Kentucky Girls Youth Open Championship: Bullitt County Board of Education
To: ronald.bryson@bullitt.kyschools.us <ronald.bryson@bullitt.kyschools.us>

Hey Ronnie,

Here is COI and Application for Use of District Property for the tournament we are doing at North Bullitt High School on 3/23/2025. Let me know if need anything else for this. Hopefully got it right the first time since our practice run last year.

Thank you so much for working with us to get this tournament set-up. It's a huge deal for the girls in this state to have their own opportunity. I've had so many parents thank us for hosting this since other one got canceled. I make sure to let them know this wouldn't be possible without the support of North Bullitt HS AD and the wrestling team.

Thanks

Phil Sullivan

502-599-8304

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English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

敬請中文(Chinese): 注意: 如果你使用敬請中文, 你可以免費獲得語言協助

SCHOOL FACILITIES

NBHS
BOOSTER CLUB
EVENT

05.31 AP.21

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>Wrestling</u>	Telephone	<u>502-551-3787</u>
Representative's Name	<u>Mike Sullivan</u>		
Address	<u>4300 East Bluelick Rd Louisville Ky 40229</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"/> stadium
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment <u>wrestling mats x4</u>		Operator's Name <u>Mike Sullivan</u>	
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>food</u>			
Building/school/facility _____			
Purpose <u>Youth Middle School State Girls</u>			
Date(s) requested <u>3/23/25</u>		Time(s) Requested <u>7am - 7pm</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>gate admission</u>
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>facebook, flyer</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>\$10 entry 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 3-23-25 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				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>North Bullitt</u> school		\$50 for 3 hrs \$10 each hour	
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			

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 Derby City legends wrestling

Representative's Name Mike Sullivan

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>
<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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/11/2025

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).

PRODUCER Vaaler Insurance, A Marsh & McLennan Agency LLC Company 4803 38th Street South Suite 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick	
	PHONE (A/C, No, Ext): 701-451-5482	FAX (A/C, No): 701-235-9405
	E-MAIL ADDRESS: tricia.rudnick@marshmma.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Everest National Insurance Company	10120
	INSURER B : Texas Insurance Company	16543
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
UNITSTA-02
United States of America Wrestling Association
6155 Lehman Dr
Colorado Springs CO 80918

COVERAGES

CERTIFICATE NUMBER: 1554393228

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"/> COMMERCIAL GENERAL LIABILITY <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:	Y	Y	SI8ML01584241	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML01584241	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BESGLXTC0011401-170525	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse/Molestation Abuse/Molestation			SI8ML01584241	9/1/2024	9/1/2025	Each Occurrence \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Name of Event: 2025 Kentucky Girls Youth Open Championship

Event to be held: North Bullitt High School

Start Date: 2025-03-23 End Date: 2025-03-23

The general liability and excess liability includes an automatic additional insured endorsement that provides additional insured status to the Certificate holder only when there is a written contract that requires such status, and only with regard to work.

The coverage shall be primary to the additional insureds, and not contributing with any other or similar protection to the Additional Insureds, whether said other available coverage to be primary contributing or excess. Certificate Holder is included as Additional Insured as required by written contract or agreement limited to the General Liability coverage.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Board of Education
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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.