



STEVE SMALLWOOD, DIRECTOR

DEPARTMENT OF PUPIL PERSONNEL

To: Jesse Bacon

From: Steve Smallwood

Date: September 4, 2025

Re: **MOU with American Red Cross to host blood drives at BCPS facilities**

Please present this opportunity for the Bullitt County Public Schools to work with the Red Cross during the September 8, 2025 Board meeting.

They will work with our Health Services Coordinator to host blood drives during the school year at some of our schools.

Attached you will find the Certificates of Liability Insurance and Memorandum of Agreement. All have been reviewed and approved by Eric Farris.

Respectfully submitted,

Steve Smallwood

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made and entered into this 21st day of August, 2025 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and THE RIVER VALLEY BLOOD REGION, AMERICAN NATIONAL RED CROSS, (hereinafter "RED CROSS") of 520 East Chestnut St, Louisville, KY 40202.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

I. DUTIES OF BCPS

- A. To provide suitable facilities for carrying out the reasonable objectives of the Red Cross in a blood drive during regular school hours
- B. To distribute Red Cross literature and post Red Cross notices of upcoming blood drives in advance to maximize participation in blood drives

C. To provide the BCPS Nurse Administrator as liaison for blood drives

II. DUTIES OF RED CROSS

A. To provide liability insurance coverage for each site of a blood drive with minimum limits of \$5 million per occurrence and naming BCPS as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.

B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines

C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines

D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.

E. To provide suitable nutrition and hydration materials for participants in blood drives

F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found

G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

III. This agreement shall be effective August 1, 2025 through June 30, 2026 at which time the Red Cross shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

BULLITT COUNTY PUBLIC SCHOOLS

BY: _____
Jesse Bacon
SUPERINTENDENT

RIVER VALLEY BLOOD REGION
AMERICAN RED CROSS

BY: 
AUTHORIZED OFFIC

ATIACHMENTS

- CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2025

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 Marsh USA LLC (Philadelphia) 30 South 17th Street Philadelphia, PA 19103 215.246.1000 fax 215.246.1399 Attn: Redcross.certrequest@marsh.com CN102834971-ALL-GAUW-25-26	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A : Old Republic Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED AMERICAN NATIONAL RED CROSS AMERICAN RED CROSS LOUISVILLE AREA 520 EAST CHESTNUT STREET LOUISVILLE, KY 40202	NAIC # 24147	

COVERAGES **CERTIFICATE NUMBER:** CLE-007395592-01 **REVISION NUMBER:** 5

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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZZ 313806-25	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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)
RE: BLOOD DRIVES TO BE HELD THROUGHOUT THE POLICY PERIOD, 7/1/2025 - 7/1/2026.

THE BOARD OF EDUCATION OF BULLITT COUNTY, DBA BULLITT COUNTY PUBLIC SCHOOLS IS/ARE INCLUDED AS ADDITIONAL INSURED WITH REGARDS TO COMMERCIAL GENERAL LIABILITY COVERAGE WHERE REQUIRED BY CONTRACT. PRIMARY AND NON-CONTRIBUTORY POLICY LANGUAGE IS INCLUDED WITH RESPECT TO PERSONS OR ORGANIZATIONS AS REQUIRED BY CONTRACT OR AGREEMENT.

CERTIFICATE HOLDER

CANCELLATION

THE BOARD OF EDUCATION OF BULLITT COUNTY DBA BULLITT COUNTY PUBLIC SCHOOLS 1040 HWAY 44E 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 of Marsh USA LLC <i>Marsh USA LLC</i>
--	---

© 1988-2016 ACORD CORPORATION. All rights reserved.