



**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: October 2, 2025

RE: Board Agenda Item: Community Use of School Facilities **DC**

MC Elite basketball has submitted a facility use form seeking permission to use Bullitt East High School on the following days:

09/19/2025-9/19/2026

All required documentation has been verified. I recommend approval of this request.

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

**BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION**



Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

<https://www.bullittschools.org/>

## Community Use of School Facilities

### INTRODUCTION

The Board of Education has established guidelines for the Community Use of School Facilities. The policies and procedures explain, in detail, the application process and responsibilities of the requesting user, school and the Board of Education.

It is important that everyone is familiar with and adheres to these policies and guidelines regarding the application process. To assist, we have created a packet that includes all the related policies, procedures, guidelines, tips, and forms as listed below.

In order to receive permission to utilize a Bullitt County Public Schools Facility, you must read and agree to the terms in our Community Use of Schools packet. Please review this information in its entirety before continuing with this request.

When facilities are to be used for non-school activities and/or activities not for the benefit of the school district, a certificate of general liability insurance naming the school board members, school employees, and school district as additional insureds shall be provided. Minimum single limit coverage \$1,000,000.00.

The certificate of liability insurance must name Bullitt County Public Schools as additional insured under the policy for the activity. Insurance companies should enter this at the bottom under "Certificate Holder."

The insurance policy needs to list Bullitt County Public Schools as additional insured on all casualty policies on a primary/noncontributory basis. This can be added as an "Other Insurance Condition" that supersedes any provision to the contrary. A Primary and Noncontributory endorsement states that the group's insurance is primary and will not seek contribution from any other insurance available to an additional insured under the provided policy.

Per policy Procedure 05.3 AP.1, Priority Level I groups may not require proof of insurance. Priority groups II, III, and IV must include proof of liability insurance. If this is applicable, please upload the appropriate paperwork below.

#### Example of Liability Insurance

#### **Upload your insurance paperwork below.**

[ Private File Not Included ]

PDF or Image Files Only (do not use .doc or .docx files)

#### **General Instructions/Comments**

- The preferred method of submission is via this online application; however, interested parties may submit a hard copy, in person, at the district facilities department.
- All applications requiring placement on the Board agenda for Board approval (Priorities III and IV from Procedure 05.3 AP.1) must be received in our office by noon, on the Monday before Board agenda items are due to the Superintendent.

- Groups/organizations are to be charged according to the "Fees Charged" section of the "Priority for Use Form "05.3 AP.1.
- If after submission you need to make any changes to your request, please contact the Director of Facilities at (502) 869-8022.
- If a certificate of liability is required, the Bullitt County Board of Education must be listed as the certificate holder.
- Any sales on the school premise must be in compliance with Policy 05.32 and Procedure 05.32 AP. 1.
- Any advertisements posted on the school premise must adhere to "Advertising in the Schools"- Policy 10.4.

☒ I have viewed and acknowledge the Bullitt County Public Schools community use of school facilities policies and procedures.



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## Application and Agreement for Use of District Property

<b>Requestor Name</b>		<b>Requestor Email</b>	
<input type="text" value="THERESA ALLEN"/>		<input type="text" value="theresa.allen0814@gmail.com"/>	
<b>Name of Sponsoring Organization/Activity</b>		<b>Telephone</b>	
<input type="text" value="MC Elite Basketball"/>		<input type="text" value="(502) 919-1703"/>	
<b>Representative's Name</b>			
<input type="text" value="Theresa Allen, Sam Downs, Alex Meinecken"/>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text" value="548 Falcon Crest"/>	<input type="text" value="MOUNT WASHINGTON"/>	<input type="text" value="KY"/>	<input type="text" value="40047"/>
<b>The above organization/individual requests the use of:</b>			
<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			

☒ I understand that a \$50 per hour fee will be charged if district custodial staff are required.

**Is the organization planning to use District-owned equipment?**

☐ Yes ☒ No

**Is the organization planning to conduct sales on school premises?**

☐ Yes ☒ No

**School**

Bullitt East HS

**Purpose**

Basketball Practice

☒ Single Event ☐ Ongoing Use (multiple days)

**Event Start**

09/19/2025 12:00 am

**Event End**

09/19/2026 12:00 am

**Will public be admitted?**

☐ Yes ☒ No

**Will advertisement(s) be used?**

☐ Yes ☒ No

**Will admission be charged?**

☐ Yes ☒ No

**When using school facilities, this organization agrees to observe the following:**

**For Office Use Only - To be Completed by School Official**

**Cost for use of District property**

--

**Cost for school employees**

--

**Total cost**

\$0.00

**Deposit**

--

**Is deposit refundable?**

☐ Yes ☐ No

**Date Deposit Received**

--

**Balance Due**

--

**Board employee(s) assigned**

--

**Board Action Date**

10/20/2025

**Board Order #**

--

**Date of Use**

--

**length of Time**

--

**Fee Schedule**

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
--	--	--	--	\$0.00
				\$0.00

**Total Personnel Charge**

\$0.00

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at Bullitt East HS	--	--	\$0.00
Auditorium at Bullitt East HS	--	--	\$0.00
Cafeteria/Dining Room/Kitchen at Bullitt East HS	--	--	\$0.00
Classroom(s) Number _____ at Bullitt East HS	--	--	\$0.00
Stadium at Bullitt East HS	--	--	\$0.00
Other Property at Bullitt East HS	--	--	\$0.00
			\$0.00

**Grand Total Cost**

\$0.00

## **Application and Agreement for Use of District Property**

**RATES FOR DISTRICT FACILITY USE**

District leadership may set additional charges if not specifically stated.

ALL PURPOSE ROOM  
AUDITORIUM  
GYMNASIUM  
CAFETERIA  
KITCHEN  
KITCHEN AND CAFETERIA  
OUTSIDE PROPERTIES  
TURF USE  
CUSTODIAL STAFF

- ☒ I UNDERSTAND THAT 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.

*Theresa Allen*

Signature - Representative of User Group

09/19/2025

Date Signed

*Joshua Lightle*

Signature - Principal

09/23/2025

Date Signed

*Danny Clemens*

Signature - Superintendent/designee

09/23/2025

Date Signed

**Does this require Board approval?**

☒ Yes ☐ No

**Would you like to add any notes or special requests?**

--

Optional

☒ HVAC Scheduled/Not Needed



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## Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity

MC Elite Basketball

Representative's Name

Theresa Allen, Sam Downs, Alex Meinecken

Facilities used by organization: gymnasium

Does this require Board approval

☐ Yes ☐ No

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.

How many employees worked at this event?

--

For Central Office use only

☒ Insurance Verified

☒ Appropriate use of facilities verified



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PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE  
AMATEUR ATHLETIC UNION OF THE U.S., INC.

<b>CERTIFICATE HOLDER</b> Bullitt County Public Schools 11450 HWY 44 Mount Washington, KY 40047		<b>COVERAGE DATES:</b> 9/1/2025 - 8/31/2026				
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.						
<b>PRODUCER</b> Foy Insurance a division World Insurance 64 Portsmouth Ave Exeter NH 03833		<b>INSURED</b> Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 22409 Lake Buena Vista, FL 32830-1000 (407) 934-7200				
<b>MEMBER CLUB INSURED</b> MC Elite 548 Faison Crest MOUNT WASHINGTON, KY 40047		<b>CERTIFICATE ID:</b> PL3NMCUZDR <b>CLUB CODE:</b> UP8JWPMJG				
<b>INSURER(S) AFFORDING COVERAGE</b>						
Company A United State Fire Insurance Company NAIC# 21111 Company B Everest National Insurance Company NAIC# 40120 Company C HDI Global Specialty SE NAIC# AA-1340041 The box below, INSR LTR refers to Company A, B, or C.						
<b>COVERAGES</b> - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>	<b>COVER GREE. DATE (MM/DD/YY)</b>	<b>COVER GREE. DATE (MM/DD/YY)</b>	<b>COVERAGES</b>	<b>LIMITS</b>
A	Participant Accident	PS1182336	9/01/2025 12:01 AM	9/01/2026 12:01 AM	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	GCN0012704-251	9/01/2025 12:01 AM	9/01/2026 12:01 AM	Each Occurrence Policy Aggregate	1,000,000 1,000,000
C	Excess Liability	22OS1244	9/01/2025 12:01 AM	9/01/2026 12:01 AM	Each Occurrence Policy Aggregate	4,000,000 4,000,000
B	General Liability	GCN0019695-251	9/01/2025 12:01 AM	9/01/2026 12:01 AM	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Abuse or Molestation Incident Abuse or Molestation Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 20,000,000 5,000 1,000,000 2,000,000
<b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b> Coverage applies to MC Elite, License # PL3NMCUZDR AA Practice License 2026 from 9/1/2025 through 8/31/2026, for the gross negligence and/or liabilities of the AAU Club(s) or registered members. For said club to have coverage, all membership requirements in the AAU must be met. Primary non-contributory applies as per attached endorsement ECG 24 520 04 02. Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 522 04 02. The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 11 04 13 applies.						
<b>CANCELLATION</b> - Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. <b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.						
<b>FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.</b> Go to <a href="http://www.aausports.org">www.aausports.org</a> , Membership, Insurance, Issued Third Party Certificates, Insert member club code						

Authorized Representative

Certificate No. UCQAWP3QAMBX4

inscertfacility.rpt

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b> All locations owned, operated or leased by Name Of Person(s) Or Organization(s) listed below
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>  Bullitt County Public Schools 11450 HWY 44 Mount Washington, KY 40047  <b>Event:</b> AAU Practice License 2026  <b>Date:</b> 9/1/2025 through 8/31/2026
<b>Additional Premium:</b> \$ N/A
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises;
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance;

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL - 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 of agreement that this insurance will be primary and noncontributory, if the written contract of agreement was made prior to the subject "occurrence" or offense.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

**Name of Person or Organization:**

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS  
AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER

(if no entry appears above, information required to complete this endorsement will be shown in the  
Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section  
IV-COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above  
because of payments we make for injury or damage arising out of your operations or  
"your work" done under a written agreement that requires you to waive your rights of recovery. The written  
agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or  
organization shown in the Schedule above.