



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.**

[BCPS COI 2025.pdf](#)

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="Kelsey Raikes"/>		<input type="text" value="kraikes@ymcalouisville.org"/>	
<b>Name of Sponsoring Organization/Activity</b>		<b>Telephone</b>	
<input type="text" value="YMCA of Greater Louisville - Winter Youth Basketball"/>		<input type="text" value="(502) 413-0770"/>	
<b>Representative's Name</b>			
<input type="text" value="Kelsey Raikes"/>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text" value="409 Joe B. Hall Ave"/>	<input type="text" value="Shepherdsville"/>	<input type="text" value="KY"/>	<input type="text" value="40165"/>
<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**

Roby ES

**Purpose**

Winter Youth Basketball

Single Event  Ongoing Use (multiple days)

Start Date Range	End Date Range	Start Time	End Time	*Days of the Week
12/08/2025	03/21/2026	08:00 am	04:00 pm	Saturday
12/08/2025	03/21/2026	05:15 pm	08:15 pm	Monday, Tuesday, Wednesday, Thursday, Friday

\*Days of the week are a multi-select dropdown, on the column to view the options

**Notes for the Administrator (optional)**

Looking to use the gym during the weekdays for practices in the evenings and on Saturdays for games.

**Will public be admitted?**

Yes  No

**Please explain:**

Families will be allowed in for practices and games

**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**

\$0

**Cost for school employees**

\$400

**Total cost**

\$400.00

**Deposit****Is deposit refundable?** Yes  No**Date Deposit Received****Balance Due****Board employee(s) assigned****Board Action Date****Board Order #****Date of Use****length of Time****Fee Schedule**

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
--	1	8	\$50	\$400.00
				\$400.00

**Total Personnel Charge**

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at Roby ES	\$0	--	\$0.00
Auditorium at Roby ES	--	--	\$0.00
Cafeteria/Dining Room/ Kitchen at Roby ES	--	--	\$0.00
Classroom(s) Number _____ at Roby ES	--	--	\$0.00
Stadium at Roby ES	--	--	\$0.00
Other Property at Roby ES	--	--	\$0.00
			\$0.00

**Grand Total Cost**

# 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.

*Kelsey Raikes*

Signature - Representative of User Group

09/03/2025

Date Signed

*Hannah Ross*

Signature - Principal

10/15/2025

Date Signed

*Thomas Stokes*

Signature - Superintendent/designee

10/15/2025

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**

YMCA of Greater Louisville - Winter Youth Basketball

**Representative's Name**

Kelsey Raikes

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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**MEMO**

TO: Dr. Jesse Bacon, Superintendent  
FROM: Thomas Stokes  
DATE: 10/15/2025  
RE: Board Agenda Item: Community Use of School Facilities

YMCA of Greater Louisville – Winter Youth Basketball has submitted a facility use form seeking permission to use Roby ES on the following days:

12/08/2025 - 03/21/2026

12/08/2025 - 03/21/2026

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

Please reach out with any questions.

*Thomas Stokes*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2025

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.

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.

Table with 2 main columns: PRODUCER (Jeffersonville / AssuredPartners NL) and CONTACT NAME (Riley Hawks). Includes fields for phone, fax, email, and insurer details (Secura Insurance A Mutual Company, Allied Eastern Indemnity Co.).

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.

Main table listing insurance coverages with columns for INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, and LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

Roby Elementary School
Address: 1148 KY-44, Shepherdsville, KY 40165
Crossroads

Users shall assume all liability for injury to persons or property by reason of its use of the facility and shout, indemnify and save harmless BCBOE, from any loss or damage thereby.

CERTIFICATE HOLDER CANCELLATION

Table for Certificate Holder (Bullitt County Public Schools) and Cancellation details (Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions).





## ADDITIONAL REMARKS SCHEDULE

AGENCY Jeffersonville / AssuredPartners NL		NAMED INSURED YMCA Of Greater Louisville, Inc. YMCA of Southern Indiana, Inc. 545 South Second Street Louisville, KY 40202	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

execution hereof and annually thereafter to the BC VOE. Any insurance provided by the user shall apply on a primary basis and shall not require contribution from any insurance maintained by BC BOE. Any insurance or self-insurance maintained by BCBOE shall be an excess of, and shall not contribute with the insurance provided by the user. Primary and Non-Contributory Endorsement included.

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

## GENERAL LIABILITY WRAP

This Endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is a summary of the coverages provided in this Endorsement. This Endorsement is applicable only to those premises described in the Declarations.

### SCHEDULE

Coverage	Page
A. NON-OWNED WATERCRAFT	1
B. NON-OWNED AIRCRAFT HIRED WITH CREW	1
C. PERSONAL AND ADVERTISING INJURY - BROAD FORM	2
D. BROADENED MEDICAL PAYMENTS	2
E. SUPPLEMENTARY PAYMENTS INCREASED LIMITS	2
F. ADDITIONAL INSURED - BUILDING OWNER	2
G. ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT	2
H. ADDITIONAL INSURED BY WRITTEN AGREEMENT	3
I. DUTIES AFTER LOSS REDEFINED	3
J. BODILY INJURY REDEFINED	4
K. UNINTENTIONAL FAILURE TO DISCLOSE	4

With respect to coverage provided by this Endorsement, the provisions of the Coverage Part apply unless modified by this Endorsement.

#### A. NON-OWNED WATERCRAFT

- SECTION I - COVERAGES; COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY; 2. Exclusions; g. Aircraft, Auto or Watercraft; Paragraph (2) on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is deleted and replaced by the following:

(2) A watercraft you do not own that is:

(a) Less than 51 feet long; and

(b) Not being used to carry persons or property for a charge;

- This coverage applies to any person who, with your expressed or implied consent, either uses or is responsible for the use of a watercraft.
- This coverage does not apply if there is any other insurance for "bodily injury" or "property damage" liability that would also apply to loss covered under this coverage, whether the other insurance is primary, excess, contingent or on any other basis. A policy issued by us to apply specifically in excess of this policy is not considered other insurance.

#### B. NON-OWNED AIRCRAFT HIRED WITH CREW

- SECTION I - COVERAGES; COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY; 2. Exclusions; g. Aircraft, Auto or Watercraft on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM does not apply to an aircraft that is:

a. Not owned by any insured; and

b. Hired or chartered by, or loaned to you, with a paid crew for the sole use of transporting your "employees."

- This coverage does not apply if there is any other insurance for "bodily injury" or "property damage" liability that would also apply to loss covered under this coverage, whether the other insurance is primary, excess, contingent, or on any other basis. A policy issued by us to apply specifically in excess of this policy is not considered other insurance.

#### C. PERSONAL AND ADVERTISING INJURY - BROAD FORM

1. SECTION I - COVERAGES; COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY; 2. Exclusions; e. Contractual Liability on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is deleted.

2. The following is added as item h. to SECTION V - DEFINITIONS; 14. "Personal and Advertising Injury" on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM:

h. Discrimination or humiliation (unless insurance thereof is prohibited by law) that results in injury to the reputation of a natural person, but only if such discrimination or humiliation is:

(1) Not done intentionally by or at the direction of:

(a) You; or

(b) Any of your officers, directors, stockholders, partners, managers, or members.

(2) Not directly or indirectly related to the employment, prospective employment or termination of employment of any person or persons by any insured.

#### **D. BROADENED MEDICAL PAYMENTS**

If Medical Expense Payments coverage applies:

1. SECTION I - COVERAGES; COVERAGE C MEDICAL PAYMENTS on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended as follows:

The reporting period as shown in paragraph 1.a.(b) of the Insuring Agreement, is amended to be reported within three years of the date of accident, in lieu of one year.

2. The Medical Expense Limit is amended to the amount shown on the Declarations.

#### **E. SUPPLEMENTARY PAYMENTS INCREASED LIMITS**

SECTION I - COVERAGES; SUPPLEMENTARY PAYMENTS - COVERAGES A AND B on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended as follows:

1. Item 1.b., the cost of bail bonds is changed to \$2,500; and

2. Item 1.d., actual loss of earnings is changed to \$500 a day.

#### **F. ADDITIONAL INSURED - BUILDING OWNER**

SECTION II - WHO IS AN INSURED on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended to include as an additional insured the owner, manager, or lessor of premises but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to you 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 or organization shown in the Schedule.

#### **G. ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT**

1. SECTION II - WHO IS AN INSURED on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is amended to include as an additional insured any person or organization from whom you lease equipment when you and such person or organization have agreed in writing that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this Endorsement ends when their agreement with you for such leased equipment ends.

2. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

#### **H. ADDITIONAL INSURED BY WRITTEN AGREEMENT**

1. SECTION II - WHO IS AN INSURED on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is

amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an additional insured under this Endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
    - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
    - (2) Supervisory, inspection, architectural or engineering activities.
  - b. Any of your Subcontractors, or any partner, officer, agent or employee of such Subcontractor.
  - c. "Bodily injury" or "property damage" occurring after:
    - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
    - (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to such insurance shall be the lesser of the limits required by the written agreement between the parties or the limits provided by this policy.

#### **I. DUTIES IN THE EVENT OF AN OCCURRENCE, OFFENSE, CLAIM OR SUIT**

1. Notice of Occurrence or an Offense

- a. The requirement in SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS; 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit; paragraph a. on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM that you must see to it that we are notified of an "occurrence" or an offense only applies when the "occurrence" or offense is known to:
  - (1) You, if you are an individual;
  - (2) A partner, if you are a partnership;
  - (3) An officer of the corporation or insurance manager, if you are a corporation; or
  - (4) A member or manager, if you are a limited liability company.

2. Notice of claim or suit

- a. The requirement in SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS; 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit; paragraph b. on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM that you must see to it that we receive notice of a claim or "suit" applies only when the claim or "suit" is known to:
  - (1) You, if you are an individual;
  - (2) A partner, if you are a partnership;
  - (3) An officer of the corporation or insurance manager, if you are a corporation; or

(4) A member or manager, if you are a limited liability company.

**J. BODILY INJURY REDEFINED**

SECTION V - DEFINITIONS; 3. "Bodily injury" on the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is deleted and replaced with the following:

3. "Bodily injury" means bodily injury, sickness, or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.

**K. UNINTENTIONAL FAILURE TO DISCLOSE**

Any unintentional error or omission in the description of, or failure to completely describe, any premises or operations intended to be covered by the COMMERCIAL GENERAL LIABILITY COVERAGE FORM will not invalidate or affect coverage for those premises or operations. However, you must report such error or omissions to us as soon as practicable after its discovery.

All other terms and conditions of this policy not in conflict with the terms and conditions of this Endorsement shall continue to apply.