



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.

[Chess - Bullitt County 3.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

Requestor Name		Requestor Email	
Brandon Edmondson		brandon.edmondson@bullitt.kyschools.us	
Name of Sponsoring Organization/Activity		Telephone	
Chess Education Foundation		(502) 403-4819	
Representative's Name			
Brandon Edmondson			
Address	City	State	Zip
589 Autumn Glen Drive	Mt. Washington	KY	40047
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" 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 Central HS

Purpose

Chess Tournament

☒ Single Event ☐ Ongoing Use (multiple days)

Event Start

10/25/2025 07:00 am

Event End

10/25/2025 04:00 pm

Will public be admitted?

☒ Yes ☐ No

Please explain:

Parents

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

\$500

Total cost

\$500.00

Deposit

--

Is deposit refundable?

☐ Yes ☐ No

Date Deposit Received

--

Balance Due

--

Board employee(s) assigned

--

Board Action Date

--

Board Order #

--

Date of Use

10/25/2025

length of Time

10 hours

Fee Schedule

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
--	1	10	\$50	\$500.00
				\$500.00

Total Personnel Charge

\$500.00

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

Grand Total Cost

\$500.00

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.

Brandon Edmonds

Signature - Representative of User Group

10/15/2025

Date Signed

Joe Pat Lee

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?

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Optional

- ☒ HVAC Scheduled/Not Needed



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Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity

Chess Education Foundation

Representative's Name

Brandon Edmondson

Facilities used by organization: gymnasium, dining room/kitchen

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

Chess Education Foundation has submitted a facility use form seeking permission to use Bullitt Central HS on the following days:

10/25/2025

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)

09/23/2025

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  Greg Haus 3610 Lexington Rd Louisville KY 40207	CONTACT NAME: Greg Haus PHONE (A/C, No, Ext): 502-894-4406 E-MAIL ADDRESS: greg.haus.m2f9@statefarm.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 25143
INSURED CHESS EDUCATION FOUNDATION 3807 THERINA WAY LOUISVILLE KY 402411539	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

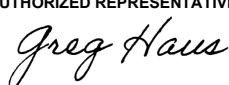
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADD INSD	SUB 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 checked="" type="checkbox"/> LOC OTHER:	Y	N	97-AJ-D085-6	08/17/2025	08/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ 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 are included as Primary and NonContributory Endorsed as well as Additionally Insured with respect the general liability, automobile liability, and umbrella liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 EAST SHEPERDSVILLE 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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