



Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165
<https://www.bullittschools.org/>
(<https://www.bullittschools.org/>)

MEMO

TO: Dr. Jesse Bacon, Superintendent
FROM: Thomas Stokes *TAS*
DATE: 12/03/2025
RE: Board Agenda Item: Community Use of School Facilities

Little Flock Baptist Church has submitted a facility use form seeking permission to use Brooks ES on the following days:

01/06/2026 - 03/14/2026

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

Please reach out with any questions.

Thomas Stokes

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Application and Agreement for Use of District Property

Requestor Name

Noah Francke

Requestor Email

noahf@littleflock.com

Name of Sponsoring Organization/Activity

Little Flock Baptist Church

Telephone

(502) 955-8760

Representative's Name

Noah Francke

Address

5510 N Preston Hwy

City

Shepherdsville

State

KY

Zip

40165

The above organization/individual requests the use of:

- auditorium
- gymnasium
- dining room/kitchen
- stadium
- classroom(s)
- 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

Specify equipment

Basketball goals/scoreboard/benches

Operator's Name

Noah Francke, Grace Gipson

Is the organization planning to conduct sales on school premises?

Yes No

School

Brooks ES

Purpose

Church Basketball League

Single Event Ongoing Use (multiple days)

Start Date Range	End Date Range	Start Time	End Time	*Days of the Week
01/06/2026	03/14/2026	6:00 PM	9:00 PM	Tuesday, Thursday

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

Notes for the Administrator (optional)

All Practices Tuesday/Thursday 6-9pm (Gym & Cafeteria):
January: 1/6, 1/8, 1/13, 1/15, 1/20, 1/22, 1/27, 1/29

Will public be admitted?

Yes No

Please explain:

parents will attend practices and games

Will advertisement(s) be used?

Yes No

You must get approval for advertising using this form:

[Request for Advertising](https://app.droplet.io/form/0rADeK) (https://app.droplet.io/form/0rADeK)

Will admission be charged?

Yes No

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.

For Office Use Only - To be Completed by School Official

Cost for use of District property

\$0

Cost for school employees

\$550

Total cost

\$550.00

Deposit

Is deposit refundable?

Yes No

Date Deposit Received

Balance Due

Board employee(s) assigned

Board Action Date

Board Order #

Date of Use

01/06/2026

length of Time

11 hrs

Fee Schedule

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	11	\$50	\$550.00
				\$550.00

Total Personnel Charge

\$550.00

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

Grand Total Cost

\$550.00

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

- \$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

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present

OUTSIDE PROPERTIES

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

TURF USE

- Requires \$50 maintenance fee

CUSTODIAL STAFF

- Requires \$50 per hour, per employee assigned.

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.

Noah Francke

Signature - Representative of User Group

11/18/2025

Date Signed

Betty Jo Davis

Signature - Principal

12/02/2025

Date Signed

Thomas Stokes

Signature - Superintendent/designee

12/03/2025

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2025

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).

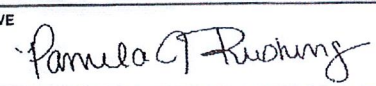
PRODUCER Church Mutual Insurance Company, S.I. 3000 Schuster Lane P.O. Box 357 Merrill WI 54452	CONTACT NAME: Church Mutual Insurance Company, S.I.
	PHONE (A/C, No, Ext): 1-800-554-2642 FAX (A/C, No): 855-264-2329 E-MAIL ADDRESS: customerservice@churchmutual.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Church Mutual Insurance Company, S.I. NAIC # 18767
INSURED LITTLE FLOCK BAPTIST CHURCH OF SHEPHERDSVILLE KY INC AND 5510 N PRESTON HWY SHEPHERDSVILLE KY 40165-9227	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	0224354 25-893772	07/01/2025	07/01/2026	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 \$ 3,000,000 PRODUCTS - COM/PO/AGG \$ 1,000,000
	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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
Certificate Holder is additional insured on a primary and non-contributory basis as required by written contract per the General Liability Enhancement endorsement attached to the policy.

CERTIFICATE HOLDER BULLITT COUNTY PUBLIC SCHOOLS 1040 HIGHWAY 44 EAST SHEPHERDSVILLE KY 40165	CANCELLATION 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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