



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: 01/07/2026  
RE: Board Agenda Item: Community Use of School Facilities

Kentucky Chess Association (KCA) has submitted a facility use form seeking permission to use Bullitt Central HS on the following days:

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**

Brandon Edmondson

**Requestor Email**

brandon.edmondson@bullitt.kyschools.us

**Name of Sponsoring Organization/Activity**

Kentucky Chess Association (KCA)

**Telephone**

(502) 403-4819

**Representative's Name**

Brandon Edmondson

**Address**

589 Autumn Glen Drive

**City**

Mt. Washington

**State**

KY

**Zip**

40047

**The above organization/individual requests the use of:**

**Specify other**

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

CCC Gym

☒ 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**

KY State Team Chess Championship

☒ Single Event ☐ Ongoing Use (multiple days)

**Event Start**

03/14/2026 7:00 AM

**Event End**

03/14/2026 7:00 PM

Will public be admitted?

☒ Yes ☐ No

Please explain:

Parents of players

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

Please explain:

Teams will be charged a tournament fee.

**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**

\$600

**Total cost**

\$600.00

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

03/14/2026

**length of Time**

12 hours

**Fee Schedule**

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	12	\$50	\$600.00
				\$600.00

**Total Personnel Charge**

\$600.00

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
<b>Grand Total Cost</b>			\$600.00

## **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.

*Brandon Edmondson*

Signature - Representative of User Group

12/11/2025

Date Signed

*Joe Pat Lee*

Signature - Principal

01/05/2026

Date Signed

*Thomas Stokes*

Signature - Superintendent/designee

01/07/2026

Date Signed

**Does this require Board approval?**

☒ Yes ☐ No

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

Optional

- ☒ HVAC Scheduled/Not Needed



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3-14-2026

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.

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).

<b>PRODUCER</b>  <b>The Insurance Artist</b> <b>9700 Bunsen Pkwy</b> <b>Louisville, KY 40299</b>	<b>CONTACT NAME:</b> Tammy Barker
	<b>PHONE (A/C, No, Ext):</b> (502)830-9176 <b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> tammy@theinsuranceartist.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Erie Insurance Company <b>26263</b>
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 04373393-250421103842 **REVISION NUMBER:** 3

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		Q61-0516732	02/11/2025	02/11/2027	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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 Central High School  
1330 Highway 44 E  
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

(TLB)