



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
DATE: 01/14/2026
RE: Board Agenda Item: Community Use of School Facilities

KCA has submitted a facility use form seeking permission to use Roby ES on the following days:

02/14/2026

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

Jaime Bruffy

Requestor Email

jaime.bruffy@bullitt.kyschools.us

Name of Sponsoring Organization/Activity

KCA

Telephone

(252) 202-9919

Representative's Name

Brandon Edmondson

Address

1148 Highway 44 East

City

Shepherdsville

State

KY

Zip

40165

The above organization/individual requests the use of:

Specify other

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

Library

☒ 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

tables and chairs in the cafeteria

Operator's Name

n/a

Is the organization planning to conduct sales on school premises?

☒ Yes ☐ No

Give a complete description of what is being sold and how the proceeds will be used.

PTA is hosting a concession stand, proceeds will be used for various PTA projects

School

Roby ES

Purpose

KCA- Bughouse and Blitz State Chess Tournament

☒ Single Event ☐ Ongoing Use (multiple days)

Event Start

02/14/2026 7:30 AM

Event End

02/14/2026 4:30 PM

Will public be admitted?

☒ Yes ☐ No

Please explain:

families of those playing will attend

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****Cost for school employees****Total cost****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	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 Roby ES	\$0		\$0.00
Auditorium at Roby ES			\$0.00
Cafeteria/Dining Room/Kitchen at Roby ES	\$0		\$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

\$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.

Judith bruffy

Signature - Representative of User Group

01/12/2026

Date Signed

Hannah Ross

Signature - Principal

01/14/2026

Date Signed

Thomas Stokes

Signature - Superintendent/designee

01/14/2026

Date Signed

Does this require Board approval?

☒ Yes ☐ No

Would you like to add any notes or special requests?

Optional

☒ HVAC Scheduled/Not Needed

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2-14-2026

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).

PRODUCER	The Insurance Artist 9700 Bunsen Pkwy Louisville, KY 40299	CONTACT NAME: Tammy Barker PHONE (A/C No, Ext): (502)830-9176 E-MAIL ADDRESS: tammy@theinsuranceartist.com FAX (A/C No): INSURER(S) AFFORDING COVERAGE INSURER A: Erie Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 26263
INSURED	Kentucky Chess Association Daro Mott 3001 Timber Wolf Ct New Albany, IN 47150-9593		

COVERAGES

CERTIFICATE NUMBER: 04373393-260421103842

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 SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	Q61-0516732	02/11/2025	02/11/2027	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE 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

Roby Elementary School
1148 Highway 44 E
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

(TLB)

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Policy Number: Q61-0516732

Erie Insurance
COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.