



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*

[\*\*< Back\*\*](#)



Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

<https://www.bullittschools.org/>  
(<https://www.bullittschools.org/>)

## 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:**

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

**Specify 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?**

You must get approval for advertising using this form:

 Yes  NoRequest for Advertising (<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**

\$0.00

**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**

02/14/2026

11 hours (7:30-4:30 with 2 hours cleanup/set up)

**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.



Signature - Representative of User Group

01/12/2026

Date Signed



Signature - Principal

01/14/2026

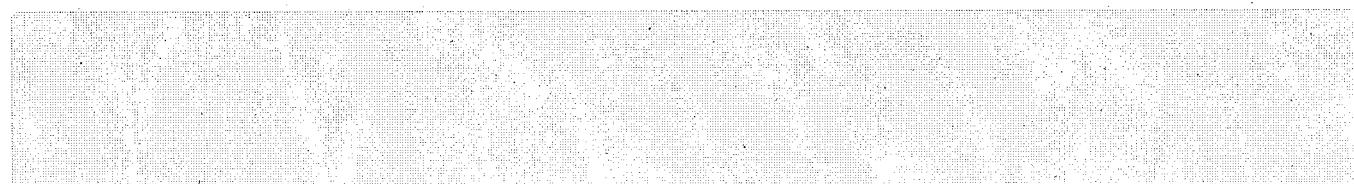
Date Signed



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

&lt; Back

Next &gt;



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

COVERAGES	CERTIFICATE NUMBER: <b>04373393-260421103842</b>	REVISION NUMBER: <b>3</b>					
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	
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<b>Q61-0516732</b>	<b>02/11/2025</b>	<b>02/11/2027</b>	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					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>	
	OTHER: \$						
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO					BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$	
						\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHE-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)						E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						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)

© 1988-2015 ACORD CORPORATION. All rights reserved.

Policy Number: Q61-0516732

**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.