



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: 01/16/2026
RE: Board Agenda Item: Community Use of School Facilities

Church of the Crossroads has submitted a facility use form seeking permission to use Bullitt East HS on the following days:

04/04/2026 - 04/05/2026

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

Holly DeMuesy

Requestor Email

hdemuesy@cotcky.org

Name of Sponsoring Organization/Activity

Church of the Crossroads

Telephone

(502) 759-0426

Representative's Name

Royce Lurie

Address

10848 KY Hwy 44

City

MOUNT WASHINGTON

State

KY

Zip

40047

The above organization/individual requests the use of:

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

Specify classroom(s)

1st and 2nd halls 6-8 classroom

 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 East HS

Purpose

Easter Sunday services

Single Event Ongoing Use (multiple days)

Event Start

04/04/2026 12:00 AM

Event End

04/05/2026 12:00 AM

Will public be admitted?

Yes No

Please explain:

church services

Will advertisement(s) be used?

You must get approval for advertising using this form:

Yes No

Request 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

\$70

Cost for school employees

\$250

Total cost

\$320.00

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

04/05/2026

4/4 set up 8:00-1:00 (no charge) , 4/5 services 8:00

Fee Schedule

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	5	\$50	\$250.00
				\$250.00

Total Personnel Charge

\$250.00

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at Bullitt East HS	\$70		\$70.00
Auditorium at Bullitt East HS			\$0.00
Cafeteria/Dining Room/Kitchen at Bullitt East HS			\$0.00
Classroom(s) Number 1st and 2nd halls 6-8 classrooms at Bullitt East HS			\$0.00
Stadium at Bullitt East HS			\$0.00
Other Property at Bullitt East HS			\$0.00
			\$70.00
Grand Total Cost			\$320.00

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

01/13/2026

Date Signed



Signature - Principal

01/16/2026

Date Signed



Signature - Superintendent/designee

01/16/2026

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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Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity

Church of the Crossroads

Representative's Name

Royce Lurie

Facilities used by organization: **gymnasium, classroom(s)****Does this require Board approval** Yes No**Event Schedule:**

04/04/2026 12:00:00 AM - 04/05/2026 12:00:00 AM

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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		CONTACT NAME: Rebekah Walker
Independent Agents of KY 806 Stone Creek Parkway, Suite 1		PHONE (A/C, No. Ext): (502) 459-8880
		E-MAIL ADDRESS: certificates@IAKinsurance.com
		FAX (A/C, No): (502) 451-3268
INSURED		INSURER(S) AFFORDING COVERAGE
Louisville KY 40223		INSURER A: ERIE INS CO
CHURCH OF THE CROSSROADS, INC. 10848 HIGHWAY 44 E		INSURER B: ERIE INS EXCH
MOUNT WASHINGTON KY 40047-7274		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	COMMERCIAL GENERAL LIABILITY			Q61-0223593	09/10/2025	09/10/2026	EACH OCCURRENCE \$ 1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
							MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000	
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					PRODUCTS - COMP/OP AGG \$ 3,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
		UMBRELLA LIAB	OCCUR					
		EXCESS LIAB	CLAIMS-MADE					
B	DED RETENTION \$						EACH OCCURRENCE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Q93-1000959	09/10/2025	09/10/2026	AGGREGATE \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				PER STATUTE	OTH-ER
							EL. EACH ACCIDENT \$ 100,000	
							EL. DISEASE - EA EMPLOYEE \$ 100,000	
							EL. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bullitt County Public Schools is included as an additional insured as per written contract. The General Liability Policy is Primary/Non-Contributory.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools 1040 Highway 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 <i>Rebekah Walker</i>