



FLOYD COUNTY BOARD OF EDUCATION
Henry Webb, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
Telephone (606) 886-2354 Fax (606) 886-8862
www.floyd.kyschools.us

Jeff Stumbo, Chair - District 3
Linda C. Gearheart, Vice-Chair - District 1
Dr. Chandra Varia, Member - District 2
Rhonda Meade, Member - District 4
Sherry Robinson- Member - District 5

Floyd County Board Of Education
Issue Paper

Date: June 28th, 29th, & 30th

Action/Discussion Item: Approve the use of McDowell Elementary Gymnasium by God's Appalachian Partnership (GAP)

Applicable Statutes or Regulation: Board Policy 05.31 states that an application and agreement for use of District Property must be approved by the Board of Education.

Issue: God's Appalachian Partnership (GAP) is attempting to organize a sports camp for kids ages 4-13. God's Appalachian Partnership (GAP) request the use of the McDowell Elementary School Gymnasium for use for the purpose of a sports camp between the dates of June 28, 2016 and June 30, 2016.

Background: God's Appalachian Partnership requests the use of the MES Gymnasium for the purpose of a sports camp. This would be approximately three days. God's Appalachian Partnership would be responsible for all clean-up and any damages caused during the event(s). God's Appalachian Partnership maintains an active liability insurance (attached) that would meet the needs required by board policy.

Budget/Financial Issues: Minimal cost for the District. Only the use of electricity for lighting will be used. God's Appalachian Partnership maintains the proper insurance as required by Board Policy and has agreed to pay for any damages that would occur.


Alternative: The program will not be able to continue its' growth and the program will not be as successful as possible.


Recommended Action: Recommend the Floyd County Board of Education approve the facility use agreement with the God's Appalachian Partnership (GAP)

Rationale: This program will serve as another opportunity for kids to be involved in activities that will hopefully teach them important aspects to life including being part of a team and character development.

Contact Person: Rady Martin (606)-377-6640
Delmas Johnson (606) 886-6171


Principal


Director of Instruction


Superintendent

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	GAP	Telephone	
Representative's Name	John Morris		
Address	P.O. Box 704 McDowell, Ky		41647
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)		<input type="checkbox"/> other, specify	
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment		Operator's Name	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used.			
Building/school/facility	McDowell Elementary	Gym	
Purpose	Sports Camp		
Date(s) requested	6-28-16 to 6-30-16	Time(s) Requested	12:30-3:30pm
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Each Day	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal 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.

Application and Agreement for Use of District Property**FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				-0-
Food Service Employees				-0-
Supervisory Personnel				-0-
Other _____				-0-
TOTAL PERSONNEL CHARGE				-0-

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>McDowell</u> school	N/A	N/A	N/A	N/A
Auditorium at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				



 Signature - Representative of User Group

6-14-16

 Date

 Signature - Superintendent/designee

 Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

Application and Agreement for Use of District Property**For Office Use Only - To be Completed by School Official**

Cost for use of District property \$ _____ Cost for school employee \$ _____ Total cost \$ _____

Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: _____

Board Action Date, if applicable _____ Board Order # _____

Review/Revised:9/29/11

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2016

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 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 Bob Johnson Insurance, Inc. 7121 Afton Drive Knoxville TN 37918	CONTACT NAME: PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL: ADDRESS:														
INSURED God's Appalachian Partnership, Inc PO Box 704 McDowell KY 41647	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Brotherhood Mutual</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Brotherhood Mutual		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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	X		16MEA0414202	07/14/2015	07/14/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)

Floyd County Board of Education is listed as Additional Insured for basketball camp at McDowell Elementary School on June 27-30

e-mail: maggie.hall@floyd.kyschools.us

CERTIFICATE HOLDER

CANCELLATION

Floyd County Board of Education
106 North Front Ave
Prestonsburg, KY 41653

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

Alisa Brown

<AD>