



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

Date: 7-6-16

Consider/Approve: Approve Allen Elementary PTO for the school year 2016-2017.

Applicable State or Board Policy: 702 KAR 3:130
All school PTO organization must have board approval.


Background: Allen Elementary PTO organization works to meet the needs of every student. AES PTO organization provides many services to school and student body.

Alternative Action: The board may deny the PTO organization for the upcoming school year 2015-2016.

Recommended Action: Approve Allen Elementary PTO organization for the upcoming school year 2016-2017.

Rationale: Allen Elementary School's PTO organization works to meet the needs of every student. Our organization provides services such as school supplies, programs, school events etc. Through collaboration with school partners, AES PTO is an effective organization in meeting school/student needs.

Contact Person(s): Rachel M. Crider, Principal-(606) 874-2165


Principal Director


Superintendent

**SCHOOL ACTIVITY FUND
BOOSTER CLUB BUDGET**

F-S

School <u>Allen Elementary</u>		Year <u>2016-2017</u>		
Club Name <u>PTO</u>				
Club Address <u>112 Eagle Lane</u>				
Description	Receipts		Expenditures	
	Prior Year Actual	Budget	Prior Year Actual	Budget
Beginning Cash Balance				
Projected Budget				
PTO - Officers		12,000.00		
President - April Sword -				
Vice President - Stacey McGuire -				
Secretary - Ciara Adams -				
Treasurer - Shaunda Dixon -				
Liability Insurance		General Coverage		
		1,000.00 Coverage		
		220.00 Annually		
		Effective Date 8-1-16		
Accelerated Reader Stores (2)		1,000.00		
K-prep Rewards - Kickoff		900.00		
School Supplies (Annually)		1,000.00		
Testing T-Shirts		3,000.00		
Grandparents Day		500.00		
Veteran's Day		500.00		
Award Day		900.00		
Christmas for Low Income		800.00		
Emergency Money (Basic Needs) -		800.00		
Homeless, Food Utilities				
Career Day Events		380.00		
Totals				

Delbra Head
Club Treasurer

Principal

Club President

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each filer. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN 37-1826814	
1 Legal name of entity (or individual) for whom the EIN is being requested ALLEN ELEMENTARY PTO					
2 Trade name of business (if different from name on line 1) RACHAEL CRIDER					
4a Mailing address (room, apt., suite no. and street, or P.O. box) 112 EAGLE LANE			5a Street address (if different) (Do not enter a P.O. box)		
4b City, state, and ZIP code (if foreign, see instructions) ALLEN KY 41601			5b City, state, and ZIP code (if foreign, see instructions)		
6 County and state where principal business is located FLOYD					
7a Name of responsible party RACHAEL CRIDER			7b SSN, ITIN, or EIN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members		
9a If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ SCHOOL <input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated			State		Foreign country
10 Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ TAX EXEMPT NUMBER					
11 Date business started or acquired (month, day, year). See instructions.			12 Closing month of accounting year		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.			14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural			Household		
Other					
16 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).					
18 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) EDUCATION					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designated		Designated's name		Designated's telephone number (include area code)	
		Address and ZIP code		Designated's fax number (include area code)	
		Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)	
		Name and title (type or print clearly) ▶ RACHAEL CRIDER		(606) 874-5565	
		Signature ▶ <i>Rachael Crider</i>		Applicant's fax number (include area code)	
		Date ▶ 5-12-16		(606) 874-5565	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 150509-00-9 (Rev. 1-2010)

RECEIVED BY IRS-EEFAX 05/12/2016 1:14PM (GMT-05:00)

EIN MAY 13 2016

Allen Elementary School PTO is a separate entity from the Allen Elementary School. Therefore, Allen Elementary School is not responsible for any actions, financial obligations, programs, activities or anything else that is from the PTO.

A handwritten signature in black ink, appearing to read 'April Sword', with a large, stylized flourish at the end.

April Sword

Allen Elementary School PTO President

RI
GROUP**ROEDING INSURANCE**
Public Entity Group

PUBLIC ENTITY INSURANCE
1056 Wellington Way, Suite 130
Lexington, KY 40513
Phone: 888/696-9620

ALLEN ELEMENTARY PTO
PO Box 441
Allen KY 41601

INVOICE #	062416	Page 1
ACCT NO	OP	DATE
ALLEN-5	DMF	6-24-16
POLICY #		
XPK8095785		
PTO046409		
COMPANY		
R.V. Nuccio &		
Associates		
EFFECTIVE	EXPIRATION	
08/01/16	08/01/17	

Invoice #	Due Date	Description	Amount
062416	7-20-16	Renewal for 2016-17 Booster Liability Insurance	\$220.00

INVOICE BALANCE**\$220.00**

Please return copy of invoice with your payment. Thank You!

ALLEN PTO
PH (800) 874-2165
112 EAGLE LN.
ALLEN, KY 41601-9487

73-325/421

2053

DATE 7.5.16

PAY TO THE
ORDER OF

ROEDING Gro. p/l/b. Entity - ~~has same~~ \$ 220.00
Two Hundred Twenty & 00/100 — DOLLARS

Citizens NATIONAL BANK

Approval # NANPD00025117

Delira Akad

⑆042103253⑆2053 ⑈07 168 8⑈



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2015

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 Roeding Group/Public Entity Insurance 1056 Wellington Way, Ste 130 Lexington, KY 40513 859-296-4580 David Livingston		CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL: ADDRESS:	
INSURED Allen Elementary PTO PO Box 441 Allen, KY 41601		INSURER(S) AFFORDING COVERAGE INSURER A: Firemans Fund Insurance Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21873 66869	

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 1 TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XPB80957855 PTO046409	8/1/2015	8/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Floyd County Schools 106 North Front Avenue Prestonsburg, KY 41653	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 Robert V. Nuccio
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