



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

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

ISSUE PAPER

Date: January 18, 2017

Action/Discussion Item: Approve the use of May Valley Elementary Gymnasium by Outlaws Basketball.

Applicable Statutes of Regulation: Board Policy 05.31 states an application and agreement for use of district property must be approved by the Floyd County Board of Education.

Issue: Outlaws Basketball requests the use of the May Valley Elementary Gymnasium for the purpose of practicing basketball.

Background: Outlaws Basketball requests the use of the gymnasium periodically throughout the school year while not interfering with school activities and events.

Budget/Financial Issues: Minimal cost for the district—only the use of electricity for lighting will be used. Outlaws Basketball maintains the proper insurance as required by board policy and has agreed to pay for any damages that may occur.


Alternative: Request additional information

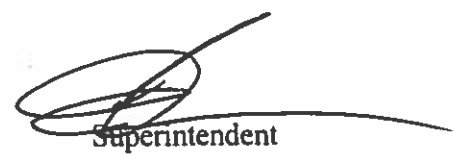
Recommended Action: Approve the facility use agreement with Outlaws Basketball.

Rationale: This program will provide an opportunity for kids to be involved in activities that will teach them important aspects to life including being part of a team, character development, as well as being the first step in leading a healthy lifestyle.

Contact Person: Todd Howard (606) 791-2513


Principal


Chief Academic Officer


Superintendent

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
01/16/2017

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 Chappell Insurance Agency Inc. 25807-A Cox Rd Petersburg, VA 23803	CONTACT NAME: Richard Chappell PHONE (A/C, No. Ext): 1-800-447-6797 FAX (A/C, No): 1-804-733-2968 E-MAIL ADDRESS: support@chappellinsurance.com																					
INSURED Gym Rats Basketball Association LLC 5310 Merchandise Drive Fort Wayne, IN 46898 (1) Team Name(s): Outlaws	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER B:</td><td>Hartford Life and Accident Company</td><td>70816</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nationwide Mutual Insurance Company	23787	INSURER B:	Hartford Life and Accident Company	70816	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER:

GR-BK-1-000669

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000
	X ABUSE/MOLESTATION - \$1,000,000					MED EXP (Any one person)
	X PLL - 2,000,000					PERSONAL & ADV INJURY 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS-COMP/OP AGG 2,000,000
	OTHER:					PARTICIPANT LEGAL LIABILITY 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED <input type="checkbox"/> RETENTION					
	PARTICIPANT ACCIDENT			12 01 AM	12 01 AM	EXCESS MEDICAL
						DEDUCTIBLE

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

The certificate holder listed below is an additional insured as respects the insured's negligence resulting from the insured's usage of owned or controlled premises of the certificate holder. The additional insured status only applies during such times that the insured is utilizing said premises.


Coverage Effective From 01/16/2017 TO 08/01/2017**CERTIFICATE HOLDER**

May Valley Elementary
481 Stephens Branch Road
Martin, KY 41649
Certificate Number: GR-BK-1-000669

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



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 <u>Outlaws Basketball</u> Telephone <u>791-2513</u>	
Representative's Name <u>Todd Howard</u>	
Address <u>5472 Hwy Rte 950, Hippo Ky 41653</u>	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, specify equipment <u>Basketball court, goal</u> Operator's Name <u>Todd Howard</u>	
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 <u>MAY Valley Gym</u>	
Purpose <u>Basketball Practice</u>	
Date(s) requested <u>02-21-17 — 08-01-17</u> Time(s) Requested <u>Based on gym availability</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Will advertisement(s) be used?	<input type="checkbox"/> YES <input checked="" 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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)**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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>May Valley Elem.</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

1-16-17
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.

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26807-A Cox Rd
Petarsburg, VA 23803

CONTACT

NAME: Richard Chappell

PHONE (A/C, No. Ext): 1-800-447-6787

FAX (A/C, No): 1-804-733-2968

E-MAIL ADDRESS: support@chappellinsurance.com

INSURED

Gym Rats Basketball Association LLC
5310 Merchandise Drive
Fort Wayne, IN 46898
(1) Team Name(s): Outlaws

INSURER(S) AFFORDING COVERAGE**NAIC #**

INSURER A: Nationwide Mutual Insurance Company

23787

INSURER B: Hartford Life and Accident Company

70816

INSURER C:

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SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

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