FLOYD COUNTY BOARD OF EDUCATION
Stephen A. Trimble, Interim 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

July 5, 2017

ISSUE PAPER

CONSENT AGENDA ITEM (ACTION ITEM):
Consider the approval/acknowledgement of the May Valley Elementary School PTO and the included facility use agreement for the 2017-2018 school year.

APPLICABLE STATUE(S), REGULATIONS OR BOARD POLICY
PTO approval and facility use by PTO requires Board of Education approval

FISCAL/BUDGETARY IMPACT:
The May Valley PTO works diligently in order to provide additional resources to promote student achievement for our students and staff.

HISTORY/BACKGROUND:
Not applicable

RECOMMENDATION AND RATIONALE:
Approve the request

ALTERNATIVE ACTION:
Request more information

CONTACT PERSON(S):
Kathy Shepherd, Assistant Principal
Paul David Kilburn, President

Kathy Shepherd
Principal

Director

Superintendent

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

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 May Valley PTO **Telephone** _____

Representative's Name Paul David Kilburn

Address PO Box 251 Martin, KY 41649

The above organization/individual requests the use of:

☐ auditorium ☑ gymnasium ☐ dining room/kitchen ☐ stadium

☐ classroom(s) _____ ☑ other, specify restrooms, foyer

Is the organization planning to use District-owned equipment? ☐ YES ☑ NO

If yes, specify equipment _____ Operator's Name _____

Is the organization planning to conduct sales on school premises? ☑ YES ☐ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. Concession, t shirts/sweatshirts - to purchase supplies for school, staff, and students; field trips

Building/school/facility _____

Purpose Fundraising

Date(s) requested 2017-2018 School Year Time(s) Requested Evenings

Will public be admitted? ☑ YES ☐ NO

Will advertisement(s) be used? ☐ YES ☑ NO

Will admission be charged? ☐ YES ☑ 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				
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 May Valley Elementary school				0
Auditorium at _____ school				
Cafeteria - ☐ Dining Room ☐ Kitchen ☐ Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at May Valley Elementary school				0

Signature - Representative of User Group — *Date* 7/5/17

Kathy Shepherd
Signature - Superintendent/designee — *Date* 7/5/17

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 $ 0 **Cost for school employee $** 0 **Total cost $** 0

Deposit $ NA **Is deposit refundable?** ☐ Yes ☐ No NA

Date Deposit Received NA **Balance Due $** NA

Board employee(s) assigned: _____

Board Action Date, if applicable _____ **Board Order #** _____

Review/Revised:9/29/11

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/05/2017

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
Hall & Clark Insurance
PO Box 508
Prestonsburg , KY 41653

CONTACT NAME: Joan Gibson
PHONE (A/C, No, Ext): 606-886-2318 FAX (A/C, No): 606-886-2351
E-MAIL ADDRESS: jgibson@hall-clark.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fireman's Fund Insurance Company	21873
INSURER B : Nationwide Life Insurance Company	66869
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
May Valley Elementary PTO
421 Stephens Branch Rd
Martin , KY 41649

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	✓		XPK80971513	7/12/2017	7/12/2018	EACH OCCURRENCE	$ 1,000,000
	✓ COMMERCIAL GENERAL LIABILITY			NANPO0035158			DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE ✓ OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	✓ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: Event Description: PTO Start Date: 7/12/2017 End Date: 7/12/2018

CERTIFICATE HOLDER

Floyd County Board of Education
106 Front Street
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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The ACORD name and logo are registered marks of ACORD

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-07-2013

Employer Identification Number:
37-1738672

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

001011.355646.0005.001 1 MB 0.405 530

MAY VALLEY ELEMENTARY PTO
% SAMANTHA HOWARD
421 STEPHENS BRANCH RD
MARTIN KY 41649

001011

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 37-1738672. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

ANNUAL FILING REQUIREMENTS

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax-exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax
Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
Form 990-PF, Return of Private Foundation
Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

F-SA-4B

SCHOOL ACTIVITY FUND
EXTERNAL SUPPORT/BOOSTER ORGANIZATION BUDGET

School May Valley Elementary · Year 2017-2018
Organization Name May Valley Elementary PTO
Organization Address PO Box 195 Garrett, Ky 41630

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance		
RECEIPTS		
PTO Shirt/Jacket Sales	3,000.00	
Jordan Light/Tiger Madness	6165.00	
Popcorn Palace	2,500.00	
Santa Shop	2,600.00	
Cake Sales	1,200.00	
Flower Sales	5,000.00	
Mink & Company	6,000.00	
EXPENDITURES		
Jordan Light/Tiger Madness		6165.00
Popcorn Palace		2,500.00
Santa Shop		1,600.00
Cake Sales		800.00
Flower Sales		3,500.00
Mink & Company		5,500.00
Attendance		4,500.00
Shirt Gallery		2,000.00
TOTALS	19,965.00	21,065.00

Melissa Walters
Organization Treasurer

Kathy Shepherd
Principal

Organization President

Date

Submit to Principal within first 30 days of school year or within 30 days of first transaction

usbank.

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

9060 IMG Y ST01

Business Statement
Account Number:
0 004 9404 4092
Statement Period:
May 1, 2017
through
May 31, 2017

000006014 01 MB 0.423 10648105426318 1 P Y
MAY VALLEY ELEMENTARY PTO
PO BOX 251
MARTIN KY 41649-0251

To Contact U.S. Bank

24-Hour Business Solutions: *1-800-673-3555*

U.S. Bank accepts Relay Calls

Internet: *usbank.com*

NEWS FOR YOU

U.S. Bank has teamed up with ADP® to deliver payroll, tax processing plus people management for small businesses and startups. From hiring and handbooks to payroll and compliance, ADP brings unmatched depth and expertise to helping clients build a better workforce.

Act today and earn up to a $400 credit on your full-service payroll processing fees! Talk to a banker to find out more or visit www.usbank.com/adp.

Service is subject to normal credit approval. Eligibility requirements, other conditions and fees may apply. U.S. Bank and its representatives do not provide tax or legal advice. Contact your tax or legal advisor for advice and information concerning your particular situation. U.S. Bank is not affiliated with, is not responsible for and does not guarantee the products, services or performance of ADP or ADIP. Deposit products offered by U.S. Bank National Association. Member FDIC.

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

NON PROFIT CHECKING

Member FDIC

U.S. Bank National Association

Account Number 0-004-9404-4092

Account Summary

	# Items				
Beginning Balance on May 1		$	14,395.13	Interest Paid this Year	$ 2.01
Customer Deposits	3		1,398.10	Number of Days in Statement Period	31
Other Deposits	1		0.30		
Card Withdrawals	3		878.08-		
Checks Paid	6		9,134.90-		
Ending Balance on May 31, 2017		$	5,780.55		

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	May 10	8654970568	39.00		May 10	8654970570	1,273.00
	May 10	8654970566	86.10				

Total Customer Deposits $ 1,398.10

Other Deposits

Date	Description of Transaction	Ref Number		Amount
May 31	Interest Paid	3100002466	$	0.30

Total Other Deposits $ 0.30

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-8338

Date	Description of Transaction		Ref Number		Amount
May 9	Debit Purchase - VISA SAVE A LOT #2350 ••••••••••••8338	On 050817 MARTIN KY REF # 24427337128720020571353	8720020571	$	56.18-

NON-PROFIT CHECKING (CONTINUED)

U.S. Bank National Association — Account Number 0-004-9404-4092

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-8338

Date	Description of Transaction		Ref Number	Amount
May 10	Debit Purchase - VISA WAL-MART #0696 ************8338	On 050817 PRESTONSBURG KY REF # 24226387129400004487051	9400004487	185.40-
May 11	Debit Purchase - VISA DOUBLE GOOD ************8338	On 051017 800-873-2686 IL REF # 24055227131207352900480	1207352900	636.50-

Card 8338 Withdrawals Subtotal $ 878.08-

Total Card Withdrawals $ 878.08-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
1176	May 1	8050544916	1,976.31	1179*	May 9	8357188278	775.00
1177	May 9	8356977566	3,284.10	1180	May 10	8654559269	581.00

* Gap in check sequence

Conventional Checks Paid (4) $ 6,616.41-

Checks Presented Electronically

Check	Date	Ref Number	Amount	Description of Transaction	Payee
1178	May 5		2,468.91	PURCHASE PRES KY	WAL-MART STORES
1181*	May 11		49.58	PURCHASE PRES KY	WAL-MART STORES

* Gap in check sequence

Electronic Checks Paid (2) $ 2,518.49-

Total Checks Paid $ 9,134.90-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 1	12,418.82	May 9	5,834.63	May 11	5,780.25
May 5	9,949.91	May 10	6,466.33	May 31	5,780.55

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: April 2017

Account Number:	0-004-9404-4092	$ 0.00
Analysis Service Charge assessed to	0-004-9404-4092	$ 0.00

Service Activity Detail for Account Number 0-004-9404-4092

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	109		No Charge
Stmt w/Check Ft Images	1		No Charge
Subtotal: Depository Services			0.00
Branch Coin/Currency Services			
Cash Deposited-per $100	37		No Charge
Subtotal: Branch Coin/Currency Services			0.00

Fee Based Service Charges for Account Number 0-004-9404-4092 $ 0.00

usbank.

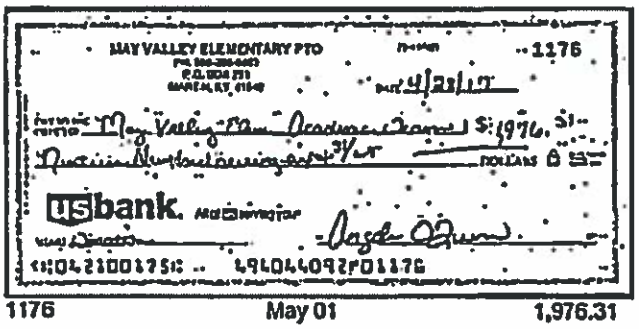
MAY VALLEY ELEMENTARY PTO
PO BOX 251
MARTIN KY 41649-0251

Business Statement
Account Number:
0 004 9404 4092

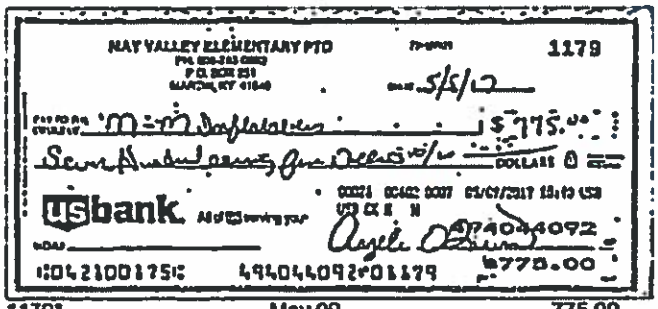
Statement Period:
May 1, 2017
through
May 31, 2017

IMAGES FOR YOUR NON PROFIT CHECKING ACCOUNT

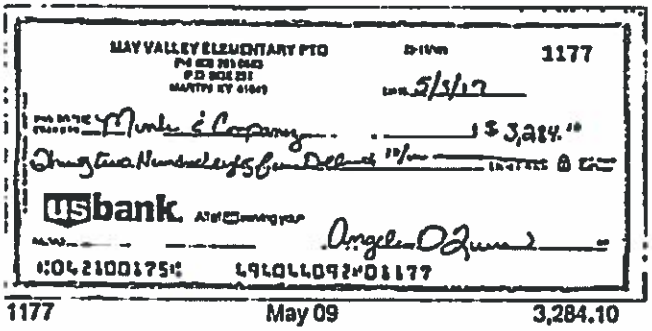
Member FDIC
Account Number 0-004-9404-4092



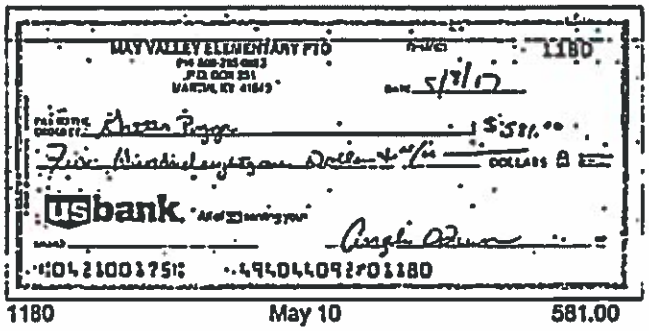
1176 May 01 1,976.31



1179* May 09 775.00



1177 May 09 3,284.10



1180 May 10 581.00

* Gap in check sequence

May Valley Elementary PTO 2017-2018

Paul David Kilburn	President
Ricarda Barnette	Vice President
Melvina Walters	Treasurer
Tanya Marshall	Secretary

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/05/2017

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PRODUCER
Hall & Clark Insurance
PO Box 508
Prestonsburg , KY 41653

CONTACT NAME: Joan Gibson
PHONE (A/C, No, Ext): 606-886-2318 FAX (A/C, No): 606-886-2351
E-MAIL ADDRESS: jgibson@hall-clark.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fireman's Fund Insurance Company	21873
INSURER B : Nationwide Life Insurance Company	66869
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
May Valley Elementary PTO
421 Stephens Branch Rd
Martin , KY 41649

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	✓ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: Event Description: PTO Start Date: 7/12/2017 End Date: 7/12/2018

CERTIFICATE HOLDER
Floyd County Board of Education
106 Front Street
Prestonsburg , KY 41653

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AUTHORIZED REPRESENTATIVE
Robert V. Nuccio

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The ACORD name and logo are registered marks of ACORD

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-07-2013

Employer Identification Number:
37-1738672

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

001011.355646.0005.001 1 MB 0.405 530

MAY VALLEY ELEMENTARY PTO
% SAMANTHA HOWARD
421 STEPHENS BRANCH RD
MARTIN KY 41649

001011

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