



**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](http://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: July 28, 2017

Action/Discussion Item: Approve Prestonsburg Elementary School PTA to fundraise for and provide materials and financial support for Prestonsburg Elementary School during the 2017-18 School Year.

Applicable Statutes or Regulation: Kentucky Administrative Regulation [702 KAR:3:130](#).

Issue: Kentucky Administrative Regulation [702 KAR:3:130](#) requires the local Board of Education to recognize and approve outside agencies before allowing fundraising and acceptance of items to take place.

Background: Prestonsburg Elementary School has been a long standing organization helping the students and staff of Prestonsburg Elementary to supplement all programs. Attached with the issue paper are the officers (2017-18) as well as their Certificate of Liability Insurance.

Budget/Financial Issues: No impact for the District.

Alternative: Not approve PES PTA to help supplement programs.

Recommended Action: Recommend the approval of the issue paper allowing the Prestonsburg Elementary PTA to fundraise for and provide materials and financial support for Prestonsburg Elementary School and its' programs for the 2017-18 School Year.

Rationale: Continue our partnership with this agency.

Contact Person: Brent Rose - 606-886-3891

Brent Rose

PES Principal

Director

Superintendent

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 26 07 04**

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

## SCHEDULE

<b>Name Of Additional Insured Person(s) Or Organization(s)</b> Floyd County BOE 106 N Front St Prestonsburg ,KY 41653 Additional Insured: Additional Insured    Event Description: PES PTA    Start Date: 12/2/2016    End Date: 12/2/2017				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

**A. In the performance of your ongoing operations; or**  
**B. In connection with your premises owned by or rented to you.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/2016

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 conform to the certificate holder in lieu of such endorsement(s).

PRODUCER Hall & Clark Insurance PO Box 508 Prestonsburg, KY 41653	CONTACT NAME: Joan Gibson	FAX (A/C, No): 606-886-2351	
	PHONE (A/C, No, Ext): 606-886-2318	E-MAIL ADDRESS: jgibson@hall-clark.com	
INSURED PES PTA 140 S Clark Dr Prestonsburg, KY 41653	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:			

## 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 SUBR INSR 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"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	XPBK0957855 NPTA00024858	12/2/2016	12/2/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		XPBK0957855 NPTA00024858	12/2/2016	12/2/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				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	<input type="checkbox"/> Y/N N/A				WC STATUTORY LIMITS OTHER 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)

Additional Insured: Additional Insured: Event Description: PES PTA Start Date: 12/2/2016 End Date: 12/2/2017

## CERTIFICATE HOLDER

Floyd County BOE  
106 N Front St  
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.

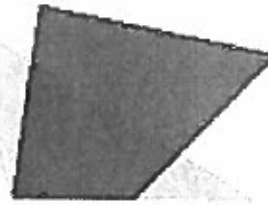
AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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# RVNA®

R.V. NUCCIO & ASSOCIATES, INC.



## Applicant Information

Group Type	PTA Local School Unit
PTA Name	PES PTA
Website	
School Name	Prestonsburg Elementary
School Address	140 S Clark Dr
School City	Prestonsburg
School State	KY
School Zip	41653
Contact First Name	Kathy
Contact Last Name	Chaffins
Contact Phone	606-886-0519
Contact Email	kathychaffins57@suddenlink.net

## Coverages

Effective Date	12/2/2016
Liability Plus	Yes
Bonding Plus	Limit \$25,000
I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.	Yes
Directors and Officers Plus	n/a
Accident Medical Plus	
Property Plus	

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?	Yes
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I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.	Yes
---	-----

Name	Kathy Chaffins
Accepted Date	11/22/2016
Memorandum Number	NPTA00024858
Memorandum Number AD&D	
Memorandum Number D&O	
Expiration Date	12/2/2017

## Additional Insureds

1	
Name	Floyd County BOE
Street	106 N Front St
City	Prestonsburg
State	KY

**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>PES PTA</u>	Telephone	<u>986-9778</u>
Representative's Name	<u>Miranda Brendforcl</u>		
Address	<u>3555 Ky RT 850 Prestonsburg Ky 41655</u>		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) _____ <input checked="" type="checkbox"/> other, specify <u>grounds</u>			
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment <u>Gym, stove, etc.</u> Operator's Name _____			
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Basic concession items. Proceeds go to Attendance rewards, Inst. supplies</u>			
Building/school/facility	<u>Prestonsburg Elem</u>		
Purpose	<u>Student success</u>		
Date(s) requested	<u>Various Dates 17-18 54</u>	Time(s) Requested	<u>After school</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (sometimes)		

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	N/A			
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>Prestonsburg Elem</u> school	—	—	—	—
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				

Miranda Bradford  
Signature - Representative of User Group

\_\_\_\_\_  
Date

RH R  
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

Sumitted  
June 1, 18

B-21749-Tax#D

EIN 61-1164284

**PTA/PTSA OFFICER AND CHAIRMEN INFORMATION**  
**DUE TO KENTUCKY PTA BY JUNE 1<sup>ST</sup> OF EACH YEAR**

Mail, E-mail, or fax to Kentucky PTA

May also fill out online: [www.kypta.org/forptaleaders/online-officer-list/](http://www.kypta.org/forptaleaders/online-officer-list/)

Name of PTA/PTSA Prestonsburg Elem. PTA

For each VP position check job description, i.e. 2VP - Membership, or use the blank to indicate position. List any other Executive Board members (elected officers) on a separate sheet using the same format.

**President**

Name: Miranda Bradford Email: bradfordmiranda85@yahoo.com  
Home Address: 3555 Ky Rt 850 City: prestonsburg Zip: 41653  
Telephone: home - 606-886-9776 cell - 606-791-0244 work -

1VP ☐ Programs ☐ Membership ☐ Ways & Means ☐ Volunteers ☐ Other

Name: Jessica Iaffertv Email: \_\_\_\_\_  
Home Address: 362 Half Jane City: Prestonsburg Zip: 41653  
Telephone: home - 606-886-8286 cell - 606-259-2786 work -

2VP ☐ Programs ☐ Membership ☐ Ways & Means ☐ Volunteers ☐

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: home - \_\_\_\_\_ cell - \_\_\_\_\_ work -

3VP ☐ Programs ☐ Membership ☐ Ways & Means ☐ Volunteers ☐

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: home - \_\_\_\_\_ cell - \_\_\_\_\_ work -

**Secretary**

Name: Nicole Buchanan Email: naibuchanan@yahoo.com  
Home Address: 247 Derassett Road City: prestonsburg Zip: 41653  
Telephone: home - 606-949-6881 cell - 606-791-8414 work - 606-886-3891

**Treasurer**

Name: Jeremy Shannon Email: jshannon95@gmail.com  
Home Address: 57 Pebble Brook Ct City: prestonsburg Zip: 41653  
Telephone: home - 886-1054 cell - 791-1860 work -

**Reflections Chair**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: home - \_\_\_\_\_ cell - \_\_\_\_\_ work -

Please submit these names so that your officers will receive Kentucky and National PTA mailings.

Please mail, E-mail, or fax this form to:

Kentucky PTA, 148 Consumer Lane, Frankfort, KY 40601

E-Mail [KentuckyPTA@bellsouth.net](mailto:KentuckyPTA@bellsouth.net), fax 502-226-6610

May also fill out an online form at: [www.kypta.org/forptaleaders/online-officer-list/](http://www.kypta.org/forptaleaders/online-officer-list/)

Deadline June 1<sup>st</sup> of each year.

Use this same form for any changes to officers or additions during the school year.



## Non-Signer Review of Bank Statement PTA

Bank Statement Date: 5/22/17

Date statement reviewed: \_\_\_\_\_

I verify that I have checked this bank statement for the following and have noted any concerns below:

- ☐ Checks appearing in non-sequential order
- ☐ Checks made out to "cash"
- ☐ Checks made payable to non-approved vendors
- ☐ Checks written for non-approved expenses
- ☐ Missing check numbers
- ☐ ATM/Debit/Electronic Transfers
- ☐ Checks made out to an individual for an even dollar/cent amount (i.e. \$20.00)
- ☐ Transactions on statement verified against financial report(s)

Items of concern: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Bank Reconciliation

PTA Unit PES

Date of Bank Statement May, 2017

ENDING STATEMENT BALANCE:

\$ 5783.00

ENDING CHECKBOOK BALANCE:

\$ 5783.00

ADD DEPOSITS IN TRANSIT (if any), not yet showing on bank statement:

Date	Amount
<b>TOTAL</b>	

Subtotal \$ 0

ADD interest received and other credits not yet recorded in checkbook:

Date	Amount
<b>TOTAL</b>	

Subtotal \$ 0

SUBTRACT OUTSTANDING CHECKS (those not yet showing on bank statement):

Date	Check #	Amount
<b>TOTAL</b>		

BALANCE \$ 0

SUBTRACT service charges and other debits not yet recorded in checkbook:

Date	Amount
<b>TOTAL</b>	

BALANCE \$ 0

These two balances should be the same.

Reconciliation prepared by:

Reconciliation reviewed by:

NOTE: Be sure to record any amounts for interest received, service charges, etc. in your checkbook.  
This bank reconciliation should be retained with the bank statement.

CITIZENS BANK OF KENTUCKY  
620 BROADWAY  
PAINTSVILLE KY 41240-1366  
Tel: (866)462-2265

PRESTONSBURG PTA  
PO BOX 263  
PRESTONSBURG KY 41653-0263

Account No.: 1486406 Enclosures: (6)

Statement Date: 05/19/2017 Page: 1

### SELECT BUSINESS CHECKING SUMMARY

Type: REG Status: Active

Category	Number	Amount
Balance Forward From 04/28/17		7,173.02
Deposits	1	326.08+
Debits	5	1,690.12
Automatic Withdrawals	1	25.98
Ending Balance On 05/19/17		5,783.00
Average Balance (Ledger)		6,328.07+

Direct Inquiries About Electronic Entries To:  
Phone: (866) 462 - 2265

### ALL CREDIT ACTIVITY

Date	Type	Amount	Date	Type	Amount	Date	Type	Amount
05/03/17	Deposit ✓	326.08						

### ELECTRONIC DEBITS

Date	Description	Amount
05/04/17	WAL-MART STORES PURCHASE PRES KY CK # 4371	25.98 ✓

### CHECKS AND OTHER DEBITS

\* Indicates a gap in the check numbers

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
05/08/17	4369 ✓	525.00	05/05/17	4372* ✓	800.00	05/08/17	4375 ✓	186.00
05/17/17	4370 ✓	100.00	05/08/17	4374* ✓	79.12			

### DAILY BALANCE SUMMARY

Beginning Ledger Balance on 04/28/17 was 7,173.02

Date	Balance	Date	Balance	Date	Balance
05/03/17	7,499.10	05/05/17	6,673.12	05/17/17	5,783.00
05/04/17	7,473.12	05/08/17	5,883.00		