



**FLOYD COUNTY BOARD OF EDUCATION**  
**Danny Adkins, Superintendent**  
**106 North Front Avenue**  
**Prestonsburg, Kentucky 41653**  
**Telephone (606) 886-2354 Fax (606) 886-4550**  
**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

**Date: 7-5-18**

**Consent Agenda Item (Action Item):** Approve Allen Elementary PTO for the school year 2018-2019 and facility use.

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

**Budget/Financial Issues:** Allen Elementary School PTO plans for and works to add necessary funds to provide the school/students with many needed items from school supplies to planning community events.

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

**Recommended Action:** Board may deny this request.

**Contact Person(s):** Rachel M. Crider, Principal

Rachel Crider

Principal

  
Director

  
Superintendent

*Pending facility use agreement*

**SCHOOL ACTIVITY FUND**  
**EXTERNAL SUPPORT/BOOSTER ORGANIZATION BUDGET**

School	Allen Elementary	Year	2018-19
Organization Name	PTO		
Organization Address	112 Eagle Lane Box 930 41601		

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance		
<b>RECEIPTS</b>		
sales- ice cream	10,000	
other: book fair	10,000	
concessions		
donations		
fundraisers		
<b>EXPENDITURES</b>		
		Liability Insurance 220.00
		AR Store 1,000.00
		School Supplies 500.00
		T-shirts 2,000.00
		Grandparent / Vet. Day 1,500.00
		Awards 1,000.00
		EIR-Basic Needs 2,000.00
		Career Day 500.00
		STLP 200.00
		Food Assistance 1,080.00
		Student Activities 2,000.00
		Book Fair 3,000.00
		Equipment 4,000.00
		Food 1,000.00
<b>TOTALS</b>	20,000.00	20,000.00

Shaunda Dion  
Organization Treasurer

James Cudell  
Organization President

Submit to Principal w

Principal Rachel Weiser  
Date 7-5-18

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



# Roeding Insurance

PUBLIC ENTITY INSURANCE  
505 Wellington Way, Suite 275  
Lexington, KY 40503  
Phone: 888/696-9620

<b>INVOICE #</b>	<b>061818</b>	<b>Page 1</b>
ACCT NO	OP	DATE
ALLEN-5	DMF	6-18-2018
POLICY #		
PENDING		
COMPANY		
R.V. Nuccio & Associates		
EFFECTIVE	EXPIRATION	
08/01/18	08/01/19	

ALLEN ELEMENTARY PTO  
PO Box 441  
Allen, KY 41601

Invoice #	Due Date	Description	Amount
061818	7-10-18	Renewal for 2018-19 Booster Liability Insurance	\$220.00

**ALLEN PTO**  
PH. (606) 874-2165  
112 EAGLE LN.  
ALLEN, KY 41601-9487

*COPY*

73-325/421 2389

DATE 7-9-18

PAY TO THE ORDER OF Roeding Public Entity Insurance \$ 220.<sup>00</sup>/<sub>xx</sub>

two hundred twenty and <sup>00</sup>/<sub>100</sub> DOLLARS

**Citizens** Bank of Kentucky

MEMO PTD Liability Insurance  
Renewal 2018-19

Shaunda Dixon

⑆042103253⑆2389 ⑈0? 168 8⑈

\$220.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/18/2018

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).

<b>PRODUCER</b> Roeding Group/Public Entity Insurance 505 Wellington Way, Ste 275 Lexington, KY 40503	<b>CONTACT NAME:</b> David Livingston	
	<b>PHONE (A/C, No, Ext):</b> 859-296-4580	<b>FAX (A/C, No):</b> 859-296-4583
<b>INSURED</b> Allen Elementary PTO 112 Eagle Lane Allen, KY 41601	<b>E-MAIL ADDRESS:</b> dlivingston@roeding.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Fireman's Fund Insurance Company	<b>NAIC #</b> 21873
	<b>INSURER B:</b> Nationwide Life Insurance Company	66869
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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	<b>GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>		XPX80978520 NANPO0039158	8/1/2018	8/1/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
<b>AUTOMOBILE LIABILITY</b>							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) \$
<b>UMBRELLA LIAB</b>		<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
<b>EXCESS LIAB</b>		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
<b>DED</b>		<b>RETENTION \$</b>					\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		<b>Y/N</b>					WC STATU-TORY LIMITS
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	N/A				OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below							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: Event Description: PTO Liability Start Date: 8/1/2018 End Date: 8/1/2019

**CERTIFICATE HOLDER****CANCELLATION**Floyd County Board of Education  
106 North Front Avenue  
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

Robert V. Nuccio

**2018-19 Allen Elementary PTO Officers**

PRESIDENT – JO ANN CAUDILL 606-285-3258

VICE-PRESIDENT – JESS PERKINS 606-226-7722

SECRETARY – BRIDGET SPENCE 606-369-2737

TREASURER – SHAUNDA DIXON 606-331-1630

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620 Broadway  
 Paintsville, KY 41240-1366  
 www.wercitizens bank  
 1-866-462-2265



ALLEN PTO  
 112 EAGLE LN  
 ALLEN KY 41601-9487

Member  
**FDIC**

# FINANCIAL SERVICES STATEMENT

CALL 1-800-811-8148 FOR ACCOUNT INFORMATION 24 HOURS A DAY 7 DAYS A WEEK

Statement Date 06/29/2018 Enclosures ( 20) Account No 71688 Page 1

## SELECT BUSINESS CHECKING SUMMARY

Category	Type :	REG	Status	Active
	Number			Amount
Balance Forward From 05/31/18				9,264 30
Deposits	7			2 120 33+
Debits	13			6,569 54
Automatic Withdrawals	5			224 70
SERVICE CHARGE				9 95
Ending Balance On 06/29/18				4,580 44
Average Balance (Ledger)	8,191.26+			

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

## ITEMIZED SERVICE CHARGE

Date	Description	Status	Amount
06/29/18	SERVICE CHARGE		4.95
06/29/18	PAPER STATEMENT FEE		5.00
	TOTAL SERVICE CHARGE :		9.95

## ALL CREDIT ACTIVITY

Date	Type	Amount	Date	Type	Amount	Date	Type	Amount
06/01/18	Deposit	✓286 00	06/08/18	Deposit	✓215 19	06/22/18	Deposit	300.00
06/05/18	Deposit	✓192.00	06/08/18	Deposit	377 14			
06/05/18	Deposit	250 00	06/20/18	Deposit	500 00			

## ELECTRONIC DEBITS

Date	Description	Amount
06/04/18	WAL-MART STORES PURCHASE PIKE KY CK # 2381	49.80
06/04/18	FOOD-CITY CK-PMT CK # 2382	✓45.47
06/06/18	FOOD-CITY CK-PMT CK # 2383	✓59.02
06/19/18	JC PENNEY 1393 ELEC CHECK PIKE KY CK # 2431	49 82
06/26/18	FOOD-CITY CK-PMT CK # 2438	20 59

Continued

11/225/1

620 Broadway  
 Paintsville, KY 41240-1366  
 www.warcitizens bank  
 1-866-462-2265



Member  
**FDIC**

**FINANCIAL SERVICES STATEMENT**

**CALL 1-800-811-8148 FOR ACCOUNT INFORMATION 24 HOURS A DAY 7 DAYS A WEEK**

Statement Date: 06/29/2018 Enclosures: ( 20)

Account No.: 71688 Page 2  
 \* indicates a gap in the check numbers

**CHECKS AND OTHER DEBITS**

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
06/13/18	384	1,965.30	06/18/18	2406	290.00	06/25/18	2435	348.95
06/12/18	2385*	✓65.00	06/18/18	2430*	23.31	06/25/18	2436	223.68
06/12/18	2386	✓154.62	06/20/18	2432*	127.18	06/22/18	2437	1,050.00
06/13/18	2387	✓207.00	06/25/18	2433	734.50			
06/26/18	2405*	75.00	06/26/18	2434	1,305.00			

Date	Description	Amount
06/29/18	SERVICE CHARGE	9.95

**DAILY BALANCE SUMMARY**

Beginning Ledger Balance on 05/31/18 was 9,264.30

Date	Balance	Date	Balance	Date	Balance
06/01/18	9,550.30	06/12/18	10,210.72	06/22/18	7,298.11
06/04/18	9,455.03	06/13/18	8,038.42	06/25/18	5,990.98
06/05/18	9,897.03	06/18/18	7,725.11	06/26/18	4,590.39
06/06/18	9,838.01	06/19/18	7,675.29	06/29/18	4,580.44
06/08/18	10,430.34	06/20/18	8,048.11		

This Statement Cycle Reflects 29 Days

**BANKING WITHOUT BOUNDARIES**  
 NEW\* MOBILE DEPOSIT, BILL PAY AND SECURITY FEATURES  
 DOWNLOAD THE APP  
 AND GET MOBILE TODAY!

Continued

11/22/12

SEE REVERSE SIDE FOR IMPORTANT INFORMATION



ALLEN PTO  
Account N  
Stmt. Dat 06/22/2018

Bank : 014  
Images : 20  
Page : 3

# IMAGE STATEMENT



ALLEN PTO  
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AMT: 300.00 SEQ: 0100018  
CK: DT 06/22/18 S Deposit

AMT: 1955.30 SEQ: 80001000  
CK: 384 DT 06/13/18 ST Paid

AMT: 65.30 SEQ: 80100000  
CK: 385 DT 06/13/18 ST Paid

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06/22/18

AMT: 154.62 SEQ: 8120110  
CK: 386 DT 06/12/18 ST Paid

AMT: 207.00 SEQ: 6090035  
CK: 387 DT 06/13/18 ST Paid

AMT: 75.00 SEQ: 8120120  
CK: 388 DT 06/12/18 ST Paid

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06/22/18

AMT: 290.00 SEQ: 8110880  
CK: 2406 DT 05/18/18 ST Paid

AMT: 23.31 SEQ: 61502770  
CK: 2430 DT 06/18/18 ST Paid

AMT: 127.18 SEQ: 81109100  
CK: 2432 DT 06/20/18 ST Paid

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AMT: 734.50 SEQ: 8092990  
CK: 2433 DT 06/25/18 ST Paid

AMT: 1305.00 SEQ: 81101280  
CK: 2434 DT 06/26/18 ST Paid

AMT: 648.00 SEQ: 60231010  
CK: 2435 DT 06/26/18 ST Paid

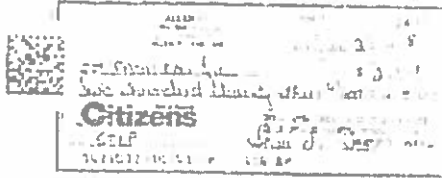




ALLEN PTO  
Account No. : 71688  
Stmt. Date : 06/29/2018

Bank : 014  
Images : 20  
Page : 4

### IMAGE STATEMENT



223 68 SEQ 8 8 278  
2 36 DT 6 25 18 ST Pad



AMT 050 00 SEQ 6 5 0  
K 24 DT 6 22 18 ST

## Turner, Brenda

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**From:** Crider, Rachel (AES Principal)  
**Sent:** Tuesday, July 17, 2018 11:22 AM  
**To:** Turner, Brenda  
**Cc:** Turner, Jerri (AES-FRYSC Director)  
**Subject:** FW: Sent from Snipping Tool

Here is ID number for PTO.

**From:** Turner, Brenda  
**Sent:** Tuesday, July 17, 2018 11:21 AM  
**To:** Crider, Rachel (AES Principal) <rachel.crider@floyd.kyschools.us>  
**Subject:** Sent from Snipping Tool

706-613-3610  
37-182681-4  
Allen PTO