



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

ISSUE PAPER

October 9, 2018

ACTION/DISCUSSION ITEM:

Kentucky Power Tumbling, Inc. request to use Floyd Central High School facility for the purpose of providing gymnastics to our cheerleaders

APPLICABLE STATUE OR BOARD POLICY:

Board Policy 05.3 Community Use of School Facilities

BACKGROUND:

Staff members from Kentucky Power Tumbling, Inc. would provide gymnastic services to our cheerleaders.

ALTERNATIVE ACTIONS:

Request further information.

RECOMMENDED ACTION:

Approve request for facility usage by Kentucky Power Tumbling, Inc.

RATIONALE:

Our belief is this service would be beneficial to our cheerleaders by enhancing balance, strength, flexibility, agility, coordination, and endurance. Their development of self-confidence and self-discipline would also be enhanced.

Contact:

Sandy Fulks, Cheerleading Sponsor
Greta Thornsberry, Principal

APPROVED:

Greta Thornsberry
Principal

Danny Adkins
Director of Instruction

Danny Adkins
Superintendent

*Pending Corrected
Liability Insurance
document*

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>Kentucky Power</u> | Telephone | _____ |
| Representative's Name | <u>Jody Hackworth Tumbling INC</u> | | |
| Address | <u>714 Lake Rd. Prestonsburg, 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>Cheerleading Mats</u> Operator's Name _____ | | | |
| 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>Floyd Central High Gym</u> | | | |
| Purpose <u>tumbling</u> | | | |
| Date(s) requested <u>10-9-18 / 3-1-19</u> | | Time(s) Requested <u>3:15 - 4:45 P.M.</u> | |
| Will public be admitted? | | <input type="checkbox"/> YES <input checked="" 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 _____ 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 | | | | |


Signature - Representative of User Group

9-3-18
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.

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 \$ <u>— 0 —</u> |
| Deposit \$ _____ | Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Deposit Received _____ | Balance Due \$ _____ |
| Board employee(s) assigned: _____ | |
| Board Action Date, if applicable _____ | Board Order # _____ |

Review/Revised: 9/29/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2018

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).

PRODUCER

KULIN-SOHN
623 COLONIAL PARKWAY
INVERNESS, IL 60067

CONTACT

PHONE (A/C No. Ext.) 847 991 4280

FAX (A/C No.) 847 991 4351

E-MAIL

ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A MARKEL INSURANCE CO

INSURER B

INSURER C

INSURER D

INSURER E

INSURER F

INSURED

KENTUCKY POWER TUMBLING INC
714 LAKE ROAD
PRESTONSBURG, KY 41653

REVISION NUMBER:

COVERAGES

CERTIFICATE 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.

| SR | TYPE OF INSURANCE | ADD'L SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|----|---|-----------------|-----------------|------------|------------|--|
| 1 | GENERAL LIABILITY | X | 3602HF304868-11 | 10/1/18 | 10/1/19 | 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 \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | |
| | CLAIMS-MADE X OCCUR | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | |
| | POLICY | PER | LOC | | | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | ANY AUTO | | | | | |
| | ALL OWNED AUTOS | SCHEDULED AUTOS | | | | |
| | HIRED AUTOS | NON-OWNED AUTOS | | | | |
| | UMBRELLA LIAB | OCCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | CLAIMS-MADE | | | | AGGREGATE \$ |
| | DED | RETENTION \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | WC STATUTORY LIMITS OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) | | | | | E.L. EACH ACCIDENT \$ |
| | 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)
MOBILE PROGRAM

CERTIFICATE HOLDER

Floyd County Schools
% FLOYD CENTRAL HIGH SCHOOL
851 KY ROUTE 880 WEST
LANGLEY, KY 41645

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

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ACORD 25 (2010/05)

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