



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

**February 5, 2019**

## **ISSUE PAPER**

### **Consent Agenda Item:**

Retroactive approval for a Facility Use Agreement for Floyd Travel Team to use Allen Central High School Gym on Saturday, February 16, 2019.

### **Applicable Statute:**

Board Policy 05.31 states that an application and agreement for the use of District Property must be approved by the Board of Education.

### **Budget/Financial Issues:**

Minimal cost for the District. Only the use of electricity for lighting will be used. Floyd Travel Team maintains the proper insurance as required per Floyd County Board Policy.

### **Background and Rationale:**

This would a one-day event is for children in grades 2<sup>nd</sup>-5<sup>th</sup> grade to play a minimum of 2-3 games. Travel basketball offers children additional opportunities to improve athletic abilities as well as the qualities associated with being on a team.

### **Recommended Action:**

Recommend the Floyd County Board of Education approve the facility use agreement with the On Point Ballers program.

### **Alternate Action:**

Request additional information

Contact Person(s): Larry Mullins (606) 385-0789 or Tammy Caudill 606-424-7954

  
Lead Director

  
Superintendent

### **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 Floyd Intermediate Travel Telephone 606-385-0789

Representative's Name Larry Mullins

Address 52 Blueberry Hill - Martin, Kentucky 41649

The above organization/individual requests the use of:

☐ auditorium ☒ **gymnasium** ☐ dining room/kitchen ☐ stadium

☐ classroom(s) ☐ other, specify \_\_\_\_\_

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 and admission \_\_\_\_\_

Building/school/facility Allen Central High School Gymnasium

Purpose A day of intermediate basketball ball games consisting of approximately 6 teams with 8-10 members on each team in grades 2<sup>nd</sup>-5<sup>th</sup>.

Date(s) requested February 16<sup>th</sup>, 2019 weather permitting \_\_\_\_\_ Time(s) Requested All day

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	WE will clean after the event	0		
Food Service Employees	Not Applicable	0		
Supervisory Personnel	Larry Mullins Tammy Caudill	0		
Other _____ _____				
TOTAL PERSONNEL CHARGE				0

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at __ Allen Central High School Gymnasium _____ school				0
Auditorium at _____ gym _____ 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				0

  
 \_\_\_\_\_  
**Signature - Representative of User Group**

 \_\_\_\_\_  
**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 \$ \_\_\_\_\_  
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

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  
25807-A Cox Rd  
Petersburg, VA 23803

## CONTACT

NAME: richard@chappellinsurance.com

PHONE (A/C, No. Ext): 1-804-733-2020

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

E-MAIL ADDRESS: support@chappellinsurance.com

## INSURED

Softball Nation, Inc. DBA Sports Nations  
210 Huddersfield Drive  
Richmond, VA 23236  
(6) Teams in Floyd Intermediate Team  
Legal Entity/Event Host: Floyd Intermediate Travel Team

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A: Nationwide Mutual Insurance Company

23787

INSURER B: Hartford Life and Accident Company

70815

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

SN-BK-Y-001366

## 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	<input checked="" type="checkbox"/> 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
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1 million/\$2 million					MED EXP (Any one person)
	<input checked="" type="checkbox"/> 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
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> 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)

Coverage is in effect during the following tournament Floyd Intermediate Travel Team/Floyd Intermediate Team SN-BK-Y-001366. The certificate holder is an additional insured but only with respects to the operations of the named insured. Participant Legal Liability Limit is \$2,000,000.

Coverage Effective From 02/16/2019 TO 02/17/2019

## CERTIFICATE HOLDER

Floyd County Schools  
106 N Front Avenue  
Prestonsburg, KY 41653  
Certificate Number: SN-BK-Y-001366

## 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

