



Kenton County Schools | It's about ALL kids.

**THE KENTON COUNTY BOARD OF  
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY  
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: [www.kenton.kyschools.us](http://www.kenton.kyschools.us)

Dr. Henry Webb, Superintendent of Schools

**KCSD ISSUE PAPER**

**DATE:**

October 25, 2019

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve a contract with Pamela Pitts for L'BAE (Living Bless and Empowered) Inspiration and Motivational Program for the 2019- 2020 school year at Twenhofel Middle School

**APPLICABLE BOARD POLICY:**

01.1 General Power and Duties of the Board

**HISTORY/BACKGROUND:**

Twenhofel Middle School is a school that wants all students and staff to be treated equally and fairly. L'BAE is a program that helps students from all backgrounds learn how to be accepting and caring for each other.

**FISCAL/BUDGETARY IMPACT:**

\$1000.00 Youth Service Center Grant Funds

**RECOMMENDATION:**

Approve a contract with Pamela Pitts for L'BAE (Living Bless and Empowered) Inspiration and Motivational Program for the 2019- 2020 school year at Twenhofel Middle School

**CONTACT PERSON:**

Shannon Gross, or Rose Koehler, FRYSC

Principal

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jesica Jehn  
"The Kenton County Board of Education provides Equal Education & Employment Opportunities."

PAMELA PITTS  
2539 GRANT AVE.  
CINCINNATI, OHIO 45231  
(513) 655-8000  
E-mail: [Lbaestudio1llc@gmail.com](mailto:Lbaestudio1llc@gmail.com)

### **Service Provision Agreement**

Pamela Y. Pitts, (Provider) and Kenton County Independent School District at Twenhofel Middle School (KCISD/TMS), 11846 Taylor Mill Road Independence, Kentucky 41015 enter into the following agreement:

1. Provider will provide a one (1 .0) hour Inspirational/Motivation Education program  
L'BAE (Living Blessed and Empowered) Boundless Conception (Social Talk for Adolescents) to promote Inspiration, Motivation, and a Positive Mindset to address Self-Esteem, Anti-Bullying, Family Crisis, School Attendance, Hygiene, Social Media, Interpersonal Skills, and Abuse (substance/physical) per week (10 weeks/10 hours). Sessions will begin (Thursday November 7<sup>th</sup>, 2019- Thursday March 5<sup>th</sup>, 2020)
2. Provider will provide copies of education/licensures to KCISD/TMS.
3. Provider will comply with all H.I.P.A.A. standards
4. Provider will comply with all F.E.R.P.A. standards
5. KCISD/TMS will identify the students in need of Inspiration/Motivation.
6. KCISD/TMS will provide necessary parental consents in order for the L'BAE (Living Blessed and Empowered) Boundless Conception Social Talk for Adolescents to be provided.
7. KCISD/TMS will provide a space at Twenhofel Middle School and the necessary supplies and equipment to provide Inspiration/Motivational services.
8. KCISD/TMS will provide statistical data including but not limited to attendance, grades, discipline, and suspension reports.

9. KCISD/TMS will maintain general liability insurance coverage. To the extent not covered and paid by KCISD/TMS'S liability insurance, KCISD/TMS agrees that it shall be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and [or indemnify from any loss, damage, claim, or expense incurred by KCISD/TMS not based solely on the negligence, errors, or omissions by Provider related to the performance of services conducted by Provider pursuant to this agreement.
10. KCISD/TMS will comply with all H.I.P.A.A. standards.
11. KCISD/TMS will comply with all F.E.R.P.A. standards
12. The term of this agreement is from November 7th, 2019- March 5<sup>th</sup>, 2020 and may be terminated at any time by either party with a thirty (30) day written notice.
13. For the services listed in Point 1. Above, KCISD/TMS will pay Provider \$1000.00, payable in weekly/\$100.00 installments or one full check at the completion of the 10-week sessions. Provider will issue an invoice to KCISD/TMS on a Weekly basis or at the end of the 10-week sessions.
14. Both parties agree to comply with all applicable federal, state, and local laws, rules, and regulations.
15. This document constitutes the entire agreement between Pamela Y. Pitts (Provider) and Kenton County Independent School District at Twenhofel Middle School.  
(KCISD/TMS) with respect to all matters herein. This document may be amended in writing whereas such amendments shall be signed by both Pamela Y. Pitts, and Kenton County Independent School District at Twenhofel Middle School (KCISD/TMS).

For-Provider:

  
Pamela Pitts

Date 10-22-19

For Kenton County Independent School District at Twenhofel:

Date \_\_\_\_\_

Rose Koehler, Youth Service Center Coordinator

PAMELA PITTS Founder/Provider

2539 GRANT AVE.

CINCINNATI, OHIO 45231

(513) 885-1843/655-8000 E-mail: [Lbaestudio1llc@gmail.com](mailto:Lbaestudio1llc@gmail.com)

BILLING INVOICE: THMS-2019/20 (November 7th -March 5th,  
2020)

L'BAE (LIVING BLESSED AND EMPOWERED) BOUNDLESS  
CONCEPTION SOCIAL TALK FOR ADOLESCENTS

INSPIRATIONAL/MOTIVATION EDUCATION SERVICES

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TOTAL HOURS

10.0 hours

TO BE PAID:

\$1,000.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2019

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 have ADDITIONAL INSURED provisions or 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> <b>StateFarm</b> Shelonda Payton Ins and Fin Services Inc 8106 Plainfield Rd Cincinnati OH 45236		<b>CONTACT NAME:</b> Kelli Campbell <b>PHONE (A/C, No, Ext):</b> 513-793-4311 <b>FAX (A/C, No):</b> 513-793-6741 <b>E-MAIL ADDRESS:</b> kelli.campbell.yc4f@statefarm.com	
<b>INSURED</b> Pamela Pitts L'Bae Living Blessed and Empowered 2539 Grant Ave Cincinnati OH 45231		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm General Insurance Company <b>INSURER B:</b> <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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		95-CX-H949-8	09/19/2019	09/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 5,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH. <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LIABILITY EXTENDS TO KENTON KY SCHOOLS, STUDIO SCHEDULE AND YMCA OF GREATER CINCINNATI

## CERTIFICATE HOLDER

YMCA OF GREATER CINCINNATI  1105 ELM ST CINCINNATI OH 45202
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## 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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