



FLOYD COUNTY BOARD OF EDUCATION
Danny Adkins, Superintendent
442 KY RT 550
Eastern, KY 41622
Telephone (606) 886-2354 Fax (606) 886-4550

Sherry Robinson- Chair - District 5
William Newsome, Jr., Vice-Chair -
District 3
Linda C. Gearheart, Member - District
Dr. Chandra Varia, Member- District
Rhonda Meade, Member - District 4

Issue Paper July 1, 2020

ACTION/DISCUSSION ITEM:

Consider the approval/acknowledgement of the May Valley Elementary School PTO and the included facility use agreement for the 2020/2021 school year.

APPLICABLE STATE or BOARD POLICY:

PTO approval and facility use by PTO requires Board of Education approval

FISCAL/BUDGET IMPACT:

The May Valley PTO works diligently in order to provide additional resources to promote student Achievement for our students and staff

HISTORY/BACKGROUND:

Non applicable

RECOMMENDED ACTIONS:


Approve the request

ALTERNATIVE ACTIONS:

Request more information

CONTACT PERSON(S):

Kathy Shepherd, Principal
Kevin O'Quinn, Assistant Principal
Samantha Howard, PTO President


Principal Signature


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	May Valley PTO	Telephone	606-434-5175
Representative's Name	Samantha Howard		
Address	1453 Prater Frk. Hucysville, KY 41640		
The above organization/individual requests the use of:			
<input checked="" type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input checked="" type="checkbox"/> stadium
<input checked="" type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment _____		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. School Jacket Shirt RADA, Bumdehee Sales, RADA, Santa Shop. Trips, incentives, supply for st + teach			
Building/school/facility	May Valley PTO		
Purpose	Student fundraising		
Date(s) requested	2020/2021 school year	Time(s) Requested	_____
Will public be admitted?	<input checked="" type="checkbox"/> YES <input 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:

- 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.
- 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.
- 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.
- 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.
- 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				
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>May Valley Elementary</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 <u>May Valley Elementary</u> school				

Samantha Howard
Signature - Representative of User Group

July 1, 2020
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? <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

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	May Valley	Year	2020-2021
Organization Name	May Valley PTO		
Organization Address	1453 Pater Fork, Haysville, Ky, 41640		

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance		
School Shirt/Ticket	\$ 2,000.00	\$ 1,000.00
Bumblebee	\$ 2,400.00	\$ 1,200.00
Rada	\$ 2,000.00	\$ 1,000.00
Santa Shop	\$ 2,500.00	\$ 600.00
Minkd Company	\$ 6,500.00	\$ 3000.00
Talent Show	\$ 1,000.00	\$ 600.00
Flower Sales	\$ 2,000.00	\$ 300.00
Queens Fundraising	\$ 2,400.00	\$ 1,200.00
Totals		

Ricarda Bevil
 Organization Treasurer
Samantha Howard
 Organization President

Kathy Shepherd
 Principal
7-13-2020
 Date



P.O. Box 1800
 Saint Paul, Minnesota 55101-0800
 9060 IMG S Y ST01

Business Statement

Account Number
 0 004 9404 40
 Statement Period
 May 1, 2020
 through
 May 31, 2020

000030961 01 AB 0.419 000638477839378 P Y
 MAY VALLEY ELEMENTARY PTO
 481 STEPHENS BRANCH RD
 MARTIN KY 41649-7844



To Contact U.S. Bank
 24-Hour Business Solutions: 1-800-673-3567
 U.S. Bank accepts Relay Calls
 Internet: usbank.com

NON PROFIT CHECKING Member FDIC

U.S. Bank National Association Account Number 0-004-9404-4092

Account Summary

Beginning Balance on May 1	\$	3,317.06	Interest Paid this Year	\$	0.61
Other Deposits	1	0.06	Number of Days in Statement Period		31
Card Withdrawals	3	3,002.81-			
Ending Balance on May 31, 2020	\$	314.31			

Other Deposits

Date	Description of Transaction	Ref Number	Amount
5/29	Interest Paid	2900002864	\$ 0.06
Total Other Deposits			\$ 0.06

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-2168

Date	Description of Transaction	Ref Number	Amount
May 12	Debit Purchase - VISA WALMART.COM *****2168	On 051220 800-966-6546 AR REF # 24055230133083308398679	3083308398 \$ 2,649.66-
May 18	Debit Purchase - VISA WALMART GROCERY *****2168	On 051520 800-966-6546 AR REF # 24055230136083716467733	6083716467 \$ 328.25-
May 20	Debit Purchase - VISA WALMART.COM *****2168	On 051920 800-966-6546 AR REF # 24055230140083325530172	0083325530 \$ 24.90-
Card 2168 Withdrawals Subtotal			\$ 3,002.81-
Total Card Withdrawals			\$ 3,002.81-

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
May 12	667.40	May 20	314.25	May 29	314.31
May 18	339.15				

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: April 2020

Account Number:	0-004-9404-4092	\$	0.00
Analysis Service Charge assessed to	0-004-9404-4092	\$	0.00

Service Activity Detail for Account Number 0-004-9404-4092

Service	Volume	Avg Unit Price	Total Charge
Depository Services Combined Transactions/Items	2		No Charge



MAY VALLEY ELEMENTARY PTO
 481 STEPHENS BRANCH RD
 MARTIN KY 41649-7844

Business Statement

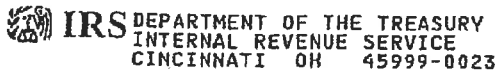
Account Number
 0 004 9404 40
 Statement Period
 May 1, 20
 through
 May 31, 20



ANALYSIS SERVICE CHARGE DETAIL **CONTINUE**

Service Activity Detail for Account Number 0-004-9404-4092 (continued)

<i>Service</i>	<i>Volume</i>	<i>Avg Unit Price</i>	<i>Total Charge</i>
Stmt w/Check Ft Images	1		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 0-004-9404-4092			\$ 0.00



001011.355646.0005.001 1 MB 0.405 530



MAY VALLEY ELEMENTARY PTO
% SAMANTHA HOWARD
421 STEPHENS BRANCH RD
MARTIN KY 41649



001011

Date of this notice: 08-07-2013

Employer Identification Number:
37-1738672

Form: SS-4

Number of this notice: CR 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 37-1738672. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

ANNUAL FILING REQUIREMENTS

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax-exempt, you may be required to file one of the following returns or notices:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-PF, Return of Private Foundation
- Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

PTO Officers

2020-2021

President- Samantha Howard

Vice-President- Lisa Allen

Secretary- Kathy Samons

Treasurer- Ricarda Barnette



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2020

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 Hall & Clark Insurance 132 S. Lake Dr # 101 Prestonsburg, KY 41653		CONTACT NAME: Joan Gibson PHONE (A/C, No, Ext): 606-886-2318 E-MAIL ADDRESS: joan@hallclark.com		FAX (A/C, No): 606-886-2351	
INSURED May Valley Elementary PTO 481 Stephens Branch Rd Martin, KY 41649		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 ISUBR 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"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	XPk80998373 NANPO0047719	7/12/2020	7/12/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					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"/>	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$
A	Sexual Misconduct Liability		NANPO0047719	7/12/2020	7/12/2021		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: / Sexual Misconduct Liability included. Event Description: PTO Booster Start Date: 7/12/2020 End Date: 7/12/2021

CERTIFICATE HOLDER Floyd County Board of Education 442 KY RT 550 Eastern, KY 41622	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
--	--

POLICY NUMBER: XPK80998373
EFFECTIVE DATES: 7/12/2020 to 7/12/2021
CERTIFICATE NUMBER: NANPO0047719

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Floyd County Board of Education 442 KY RT 550 Eastern , KY 41622
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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



Applicant Information

School Support Group Type	PTO
School Support Group Name	May Valley Elementary PTO
Website	
Is your group primarily a project graduation group?	No
Does your organization conduct its business from a school campus between the grades of K-12?	Yes
School Name	May Valley Elementary
School Address	481 Stephens Branch Rd
School City	Martin
School State	KY
School Zip Code	41649
First Name	Samantha
Last Name	Howard
Phone	6064345175
E-Mail Address	kathy.shepherd@floyd.kyschools.US
Membership dues	0
Cash grants/gifts/scrips/online sales	0
Bingo	0
Other Fund Raising Activities	13000
Is the applicant's mailing address the same as the address indicated above?	Yes

Coverages

Effective Date	7/12/2020
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000
Bonding Plus	Limit \$10,000
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	No
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage?	No
I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.	Yes
Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy?	Yes
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?	Not Applicable
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, incorrectly 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	Samantha Howard
Accepted Date	7/9/2020



R.V. NUCCIO & ASSOCIATES, INC.

Memorandum Number
Memorandum Number D&O
Memorandum Number AD&D
Expiration Date

NANPO0047719

7/12/2021

Additional Insureds

1

Additional Insured Name
Address
City
State
Zip Code
Email Address
Phone Number
Event Description
Event Start Date
Event End Date
Special Wording
Optional Coverages: 100%
Admin Options: 100%

Floyd County Board of Education
442 KY RT 550
Eastern
KY
41622

PTO Booster
7/12/2020
7/12/2021