



FLOYD COUNTY BOARD OF EDUCATION  
Anna Whitaker Shepherd, Superintendent  
442 KY RT 550  
Eastern, KY 41622  
Telephone (606) 886-2354 Fax (606) 886-4550  
www.floyd.kyschools.us

Linda C. Gearheart, Board Chair - District 1  
William Newsome, Jr., Vice-Chair - District 3  
Dr. Chandra Varia, Member - District 2  
Keith Smallwood, Member - District 4  
Steve Slone, Member - District 5

**Consent Agenda Item (Action Item):**

To retroactively allow Jaguar AAU Basketball girls to use the gymnasium at both South Floyd Elementary and DACE. They will begin using the gym for practice and/or games on 12/13/21-12/13/2022 if approved.

**Applicable State or Regulations:**

Board Policy 01.11 General Powers and Duties of the Board of Education.

**Fiscal/Budgetary Impact:**

There is no fiscal/budgetary impact.

**History/Background:**

The Jaguar AAU basketball team is made up of DACE and SFES 5<sup>th</sup> and 6<sup>th</sup> grade students. The purpose of creating the team is to allow students time to build their basketball skills outside of the regular season.

**Recommended Action:**

Approve request retroactively.

**Contact Person(s):**

Amber Brook Moore, Principal  
Devon Akers, Coach

Brook Moore  
Principal

Rachel Cramer  
Director

Anna Shepherd  
Superintendent

**Date:**  
12/6/21

**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 Jaguars Telephone 6067917822

Representative's Name Amber Brook Moore

Address PO Box 19, McDowell Ky., 41647

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. \_\_\_\_\_

Building/school/facility South Floyd Elementary, DACE, Floyd Central

Purpose Girls basketball skill building

Date(s) requested 12/3/2021-12/3/2022

Time(s) Requested Various

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 use 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/<br>Equipment<br>Fee | Personnel<br>Cost, if<br>applicable | Insurance<br>cost, if<br>applicable | Total Cost<br>for Facility<br>Use |
|---|-------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <b>Gymnasium</b><br>at _____ school   |                               |                                     |                                     |                                   |
| <b>Auditorium</b><br>at _____ school  |                               |                                     |                                     |                                   |
| <b>Cafeteria</b> - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both<br>at _____ school |                               |                                     |                                     |                                   |
| <b>Classroom(s) Number _____</b><br>at _____ school   |                               |                                     |                                     |                                   |
| <b>Stadium</b><br>at _____ school   |                               |                                     |                                     |                                   |
| <b>Other Property</b><br>at _____ school  |                               |                                     |                                     |                                   |

\_\_\_\_\_  
*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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/03/2021

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><br>Kentucky Farm Bureau Insurance Agency, Inc.<br>9201 Bunsen Parkway<br>Louisville Kentucky 40250   |  | <b>CONTACT NAME:</b> Rebecca Adkins<br><b>PHONE (A/C, No, Ext):</b> 502-495-5000 <b>FAX (A/C, No):</b> 502-495-7743<br><b>E-MAIL ADDRESS:</b> Agency.Dept@kyfb.com<br><b>PRODUCER CUSTOMER ID:</b>                         |  |
| <b>INSURED</b><br>Jaguars<br>PO Box 19<br>Mc dowell, KY 41647<br>A Member of the Sports, Leisure & Entertainment RPG |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Nationwide Mutual Insurance Company <b>NAIC #</b> 23787<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

## COVERAGES

CERTIFICATE NUMBER: W02084305

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 INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY)   | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|--------------------|---------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | 6BRPG0000007482900 | 12/03/2021<br>2:03 PM EDT | 12/03/2022<br>12:01 AM  | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$1,000,000<br>PROFESSIONAL LIABILITY \$1,000,000<br>LEGAL LIAB TO PARTICIPANTS \$1,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> NOT PROVIDED WHILE IN HAWAII   |           |          | 6BRPG0000007482900 | 12/03/2021<br>2:03 PM EDT | 12/03/2022<br>12:01 AM  | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |           |          |                    |                           |                         | EACH OCCURRENCE<br>AGGREGATE   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          |                    |                           |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| A        | <b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>   |           |          | 6BRPG0000007482900 | 12/03/2021<br>2:03 PM EDT | 12/03/2022<br>12:01 AM  | PRIMARY MEDICAL<br>EXCESS MEDICAL \$25,000   |

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

Legal Liability to Participants (LLP) limit is a per occurrence limit.

Sport(s): Basketball Age(s): 12 and under

## CERTIFICATE HOLDER

Evidence of Coverage

## 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

*Scott F. [Signature]*

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas