



Kenton County School District | It's about ALL kids.

# Issue Paper

**DATE:**

April 18, 2022

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Community Use Facility contract with the Spartan Youth Football and Cheer Club for use of River Ridge Elementary on May 5, 2022.

**APPLICABLE BOARD POLICY:**

05.3 Community Use of Facility

**HISTORY/BACKGROUND:**

The Spartan Youth Football and Cheer is a local youth organization that teaches children fundamentals of football and cheerleading. They would like to hold sign-ups for upcoming season in River Ridge Elementary gym.

**FISCAL/BUDGETARY IMPACT:**

None

**RECOMMENDATION:**

Approval to Community Use Facility contract with the Spartan Youth Football and Cheer Club for use of River Ridge Elementary on May 5, 2022.

**CONTACT PERSON:**

Matt Wilhoite

M. Wilhoite  
Principal/Administrator

[Signature]  
District Administrator

[Signature]  
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  
FACILITY USE CONTRACT

This agreement made by and between the Kenton County Board of Education.  
Kristi Mills acting as school representative or Superintendent/designee (Circle one)  
authorized so to act by direction of the Board of Education and Christina Pess

hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One).

\_\_\_\_ profit organization ☒ non-profit organization/FEIN # \_\_\_\_\_

Category of user (1-5) \_\_\_\_\_ (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school designee does hereby agree to permit user to utilize certain school facilities more particularly described as follows: use of hallway by gym for

Spartan Youth Football Signups.

at the following times and dates: May 3, 2022 5-7pm

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions specified by the Principal. Any violation of such terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.

The liability insurance certificate is required to include the following minimum amounts:  
 \$2,000,000 General Liability coverage in the aggregate  
 \$1,000,000 General Liability coverage per occurrence  
 \$5,000 medical expense per person and does not exclude participants in the lessee's activities  
 The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage must be attached to this contract.

11. An orientation has been provided.

(Please initial) CR user \_\_\_\_\_ school representative

Applicable Fees:

Rental fee: <u>0</u>	per hr. (min 2 hours)	Rental fee total: <u>0</u>
Custodial fee*: <u>0</u>	per hr. (min 2 hours)	Custodial fee total: <u>0</u>
Supervisory fee *: <u>0</u>	per hr. (min 2 hours)	Supervisory fee total: <u>0</u>
Equipment fee *: <u>0</u>		Equipment fee total: <u>0</u>
Other fees *: <u>0</u>		Other fees total: <u>0</u>

\* If supervisory/custodial fees apply, they must be paid as a security deposit at the time of contract signing.

Total Fees: 0

Checks are payable to Kenton County Board of Education

Supervision / Custodial Support Details:

Supervision provided by custodial staff

Misc. Considerations:

Name of School: River Ridge Elementary Spartans / NKYFL  
 Name of Renting Organization "User"

Christina RESS  
 Name of "User" Representative (Print)

3820 Luke Ln.  
 Address

Elmore Ky 41018  
 City State Zip

(618) 418-3922  
 Phone Number

Christina.RESS@yahoo.com  
 E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 E-Mail Address

IN WITNESS WHEREOF the principal or Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Contracts for recurring events expire on June 30<sup>th</sup> of the school year.

CHRISTINA RESS  
 Signature of "User" Representative

Kristina M. R. S.  
 Principal/school representative / Superintendent/designee\*

\*Principal has reviewed this contract [Signature]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/22

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).

<b>PRODUCER</b> DG Insurance Agency 3825 Edwards Rd Suite 620 Cincinnati OH 45209		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C, No):</b>	
<b>INSURED</b>  NKYFL 1866 Freedom Trl, Independance KY 41051		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		INSURER A : Erie Insurance			412569
		INSURER B :			
		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 CERTIFICATION 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		61-0121350	07/18/2021	07/18/2022	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$	
		GENERAL AGGREGATE				\$ 2,000,000	
		PRODUCTS - COMP/OP AGG				\$ 1,000,000	
						\$	
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						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)

Kenton County Board of Education10  
1055 Eaton Dr  
Ft. Wright, Ky 41017

**CERTIFICATE HOLDER****CANCELLATION**

Kenton County Board of Education  
1055 Eaton Dr  
Ft. Wright, Ky 41017

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

Damian M Gilchrist