



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](http://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):**

Consider/Approve the use of the Floyd County Board of Education Gymnasium (former ACHS Gym) by NKC/ARHA for the NKC/ARHA 2023 Spring Nationals Beagle Hunt on February 25-26, 2023.

**Applicable State or Regulations:**

KRS 160.190 Duties and powers of the Board: 01.11. Facility use must have Board of Education approval.

**Fiscal/Budgetary Impact:**

There will be no fiscal or budgetary impact on the Floyd County Board of Education.

**History/Background:**

NKC/ARHA holds these National events each spring and is hosted in different locations all over the United States. The gym will be used as the club house for meetings and the trophy presentation will be held there at the end of the hunt.

**Recommended Action:**

Approve request to use the Gymnasium for the NKC/ARHA 2023 Spring Nationals Beagle Hunt as presented.

**Contact Person(s):**

Jason Hastings: 1-859-469-1445 and NKC/ARHA: 1-865-932-9680

  
Superintendent

**Date:**

December 16, 2022

**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   | <u>NKC / ARHA</u>   | Telephone | <u>865-932-9680</u> |
| Representative's Name  | <u>Jason Hastings</u>   |           |                     |
| Address  | <u>325 Campbell Dr Prestonsburg Ky 41653</u>                        |           |                     |
| The above organization/individual requests the use of:   |   |           |                     |
| <input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium<br><input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |           |                     |
| If yes, give a complete description of what is being sold and how the proceeds will be used. _____   |   |           |                     |
| Building/school/facility <u>Board of Education Gymnasium</u>   |   |           |                     |
| Purpose <u>NKC/ARHA 2023 Spring Nationals Beagle Hunt</u>  |   |           |                     |
| Date(s) requested <u>02-25-2023 - 02-26-23</u> Time(s) Requested <u>4am - 9pm</u>  |   |           |                     |
| 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.

## 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 |
|--|-------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Gymnasium<br>at <u>Board of Education</u> school   |                               |                                     |                                     |                                   |
| Auditorium<br>at _____ school  |                               |                                     |                                     |                                   |
| Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both<br>at _____ school |                               |                                     |                                     |                                   |
| Classroom(s) Number _____<br>at _____ school   |                               |                                     |                                     |                                   |
| Stadium<br>at _____ school   |                               |                                     |                                     |                                   |
| Other Property<br>at _____ school  |                               |                                     |                                     |                                   |

  
Signature / Representative of User Group

12-15-22  
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)

12/16/2022

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>TIS Insurance Services, Inc.<br>1900 Winston Road, Suite 100<br>P.O. Box 10328<br>Knoxville TN 37939-0328 |  | <b>CONTACT NAME:</b> Candice Martin<br><b>PHONE (A/C, No, Ext):</b> (865) 691-4847<br><b>FAX (A/C, No):</b> (865) 694-4847<br><b>E-MAIL ADDRESS:</b> camartin@tisins.com  |  |
| <b>INSURED</b><br>National Kennel Club, Inc. ("C" Corp.) et al.<br>P.O. Box 331<br>Blaine TN 37709                           |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Owners Insurance Company<br><b>INSURER B:</b> Auto Owners Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>32700<br>18988   |  |

**COVERAGES****CERTIFICATE NUMBER:** CL2292383566**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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | 0381240822    | 09/03/2022              | 09/03/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OPAGG \$ 2,000,000<br>Employee Benefits \$ 1,000,000 |   |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |   |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                    |               | 4781240800              | 09/03/2022              | 09/03/2023   | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N           | N/A           | A106554879              | 09/03/2022              | 09/03/2023   | PER STATUTE<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

The Certificate holder is listed as an Additional Insured in regards to the General Liability, and Umbrella policy as required by applicable contract.

For: Spring Nationals for Floyd County Beagle Club

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Floyd County Board of Education<br>442 KY RT550<br>Eastern KY 41622 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>William M. Thomas</i> |
|---|---|

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