

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):

Consider the approval/acknowledgement of Allen Elementary PTA and the included facility use agreement for the 2022/2023 school year.

Applicable State or Regulations:

PTA approval and facility use by PTA requires Board of Education approval.

Fiscal/Budgetary Impact:

No Financial responsibility. The Allen Elementary PTA will cover all cost and liabilities. The Allen Elementary PTA works to provide resources/opportunities that promotes student achievement for students and staff.

History/Background:

Non-applicable

Recommended Action:

Approve request

Contact Person(s):

Kyle Shepherd, Principal Kristin Garrett, Assistant Principal Seth Crisp, Assistant Principal John Hunt, PTA President

Principal

Date:

Div

Superintendent Shephard

SCHOOL FACILITIES 05.31 AP.21

Application and Agreement for Use of District Property

<u>NOTE:</u> 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 Allen Elementary PTA Telephone 606-791-2122									
Representative's Name John Hunt									
Address 9245 Ky. Route 1428 Martin Ky. 41659									
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 INO									
If yes, give a complete description of what is being sold and how the proceeds will be used.									
School Shirts Holday Photos, Trips supplies for Teachers Incention									
School Shirts Holday Photos, Trips, supplies for Feachers Incentive Building/school/facility Allen Elementary School									
Purpose Student Fundrais inc									
Date(s) requested 2022 2023 School Year Time(s) Requested									
Will public be admitted?									
Will advertisement(s) be used?									
Will admission be charged?									

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.
- 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 lease 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.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Total

Hourly Rate (Overtime at 1.5 times)

Date

1

Application and Agreement for Use of District Property

of Hours

FEE SCHEDULE

Custodians
Food Service
Employees

The organization agrees to pay the applicable fee(s) for the use of District facilities.

of Employees Required

Signature - Superintendent/designee

Supervisory Personnel						
Other						
TOTAL PERSONNEL CHARGE						
	T					T
Property Used		Facility/ Equipment Fee		Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium						
at school	ol					
Auditorium						
atschool	ol					
Cafeteria - □ Dining Room □ Kitchen □ B	oth					
atschool						
Classroom(s) Number						
atschool	ol					
Stadium					-	
atschool	ol					
Other Property						
atschool	ol					
Idn theat				1-6)ユーン3	
Signature - Representative of Use	r Group	1	-	<i>D</i>	ate	_

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							
Board employee(s) assigned:							
Board Action Date, if applicable	Board Order #						

Review/Revised:9/29/11

"Caution: External Email" Fwd: AIM Payment Confirmation

Hunt, John < John.Hunt@kyfb.com>

Sun 1/22/2023 4:03 PM

To: Shepherd, Kyle (AES) <kyle.shepherd@floyd.kyschools.us>

External Email Notice

Caution: This message originated from outside the Floyd County School's Organization. Be aware of the sender and any suspicious links.



John Hunt, Agent
Floyd County Farm Bureau
1288 S Lake Drive, Prestonsburg, KY 41653
Office: (606) 886-8597 | Fax: (606) 886-2821
JohnHunt.kyfb.com | Member login | Follow me on Facebook!



From: support_from@aim-companies.com <support_from@aim-companies.com>

Sent: Saturday, January 21, 2023 9:31:20 PM
To: Hunt, John < John. Hunt@kyfb.com>
Subject: AIM Payment Confirmation

Dear John Hunt:

Thank you for trusting AIM as your insurance provider. Below are the details of your purchase.

Payment Type: by Online Check Payment Amount: \$320.00

Coverages:

- Commercial General Liability \$1 Million Limit
- Professional Liability (Directors & Officers Liability) \$1 Million Limit
- Fidelity Bond (Crime) \$10,000 Limit
- Inland Marine (Business Personal Property) \$10,000 Limit

If you selected the "Mailed Check" option, you will have to send a physical check to us. Please note COVERAGE IS NOT EFFECTIVE until payment is received.

Please send your check, along with a copy of this confirmation to:

AIM

PO Box 3427

Houston, TX 77253-3427

By applying online, you have substantially cut down your approval time. Most policies are approved within 72 hours of receiving your completed application and payment. Your Certificate of Insurance will be available after your coverages have been approved. Should you need any further assistance, please

don't hesitate to contact us at 1-800-876-4044.

Sincerely,

AIM Client Services

Confidentiality notice: The information contained in this email message including attachments is confidential and is intended only for the use of the individual or entity named above and others who have been specifically authorized to receive it. If you are not the intended recipient, you are hereby notified that any use, unauthorized dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please delete it immediately or if any problems occur with transmission, please notify me immediately by telephone. Thank you.



MEMBER CERTIFICATE OF INSURANCE

2/3/23

Thank you for purchasing your insurance from AlM. This is your Member Certificate and should be kept with your permanent records.

Insured #: KY231198

NAMED INSURED MEMBER:

Allen Elementary PTA Attn: John Hunt or Current Officer 112 Eagle Lane Allen, KY 41601

Named Insured & Mailing Address

Education Support Purchasing Group c/o AIM P.O. Box 674051 Dallas TX, 75267-4051

PRODUCER NAME AIM Association insurance

AIM Association insurance Management, Inc. PO Box 674051 Dallas TX, 75267-4051

Company / Coverage	Policy#	Effective Dates	Deductible	Limits of Insurance	
Concert Specialty Insurance Company / Commercial General Liability	GL2023AIM04419	1/21/23 - 9/1/23	\$0	Each Occurrence	\$1,000,000
				General Aggregate	\$2,000,000
				Products - COMP/OPS	\$2,000,000
				Personal & Advertising Injury	\$1,000,000
				Fire Damage (any one fire)	\$50,000
Concert Specialty Insurance Company / Extended Medical Payments	GL2023AIM04419	1/21/23 - 9/1/23	\$ 0	Medical payments-any one person	\$5,000
Concert Specialty Insurance Company / Professional Liabili (Directors & Officers Liability)	DO2023AIM04253 ity	1/21/23 - 9/1/23	\$0	Aggregate	\$1,000,000
Retro	-active Effective Date:	1/21/23			
Concert Specialty Insurance Company / Fidelity Bond (Crime)	CR2023AIM04011	1/21/23 - 9/1/23	\$ 250	Each Occurrence	\$10,000
Concert Specialty Insurance Company / Inland Marine (Business Personal Property)	IM2023AIM00328	1/21/23 - 9/1/23	\$ 250	Each Occurrence	\$10,000

Floyd County Board of Education is added as an Additional Insured to the General liability policy only.

Certificate Holder:

Floyd County Board of Education 442 KY Route 550 Eastern, KY 41622 This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any, complete the above numbered policy. Copies of the Master Policies are available upon request or may be printed at www.alm-companies.com

AUTHORIZED REPRESENTATIVE

EB allowed