



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/approve the facilities use agreement with Operation Unite for the use of Floyd Central on June 6, 2023.

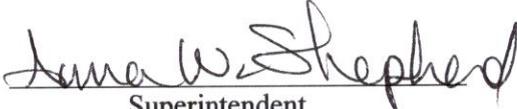
Applicable Statutes or Regulations: BOE Policy 0.11 Powers and Duties of the Local Board of Education.

Fiscal Budgetary Impact: None

History/Background: Operation Unite is requesting to utilize Floyd Central High School for the Shoot Hoops Not Drugs 2023 Tour. This is a free basketball camp conducted by former University of Kentucky player Jarrod Polson.

Recommended Action: To approve as presented

Contact Person: Angela Duncan, 606.886.4525


Superintendent


Administrator

Date: May 10, 2023

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.

SHOOT HOOPS NOT DRUGS

Name of Sponsoring Organization/Activity Operation UNITE SHND Telephone 606-889-0422
 Representative's Name Cynthia Bohon Basketball Camp
 Address 110 Resource Ct. St. 101, Prestonsburg Ky 41653

The above organization/individual requests the use of:
 auditorium gymnasium dining room/kitchen stadium
 classroom(s) _____ other, specify A/C, Mops, brooms, trash bags
 Is the organization planning to use District-owned equipment? YES NO For clean up, lunch Room
 If yes, specify equipment Basketball goals x 6 Operator's Name _____ Tables chairs
 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. Free Camp

Building/school/facility Floyd County School - Floyd Central High School
 Purpose Basketball Camp - free to students - educate community
 Date(s) requested June 2023 Time(s) Requested 2pm - 8pm
 Will public be admitted? YES NO
 Will advertisement(s) be used? YES NO (Event 4pm-7pm)
 Will admission be charged? YES 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 _____ 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 _____ school				

* Shawna Ping
Signature - Representative of User Group

2/15/2023
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.

* We cover Food / drinks, Speakers / Education Materials / shirts + basket ball for participants. We ask the school to cover costs of any personnel to open / close facility. The camp is Free to participants.
Shawna Ping

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



18th annual
Shoot Hoops 2023
Jarrod Polson
NOT DRUGS TOUR

featuring **Jarrold Polson**

Tuesday, June 6

4 pm to 7 pm

Floyd Central High School

651 KY 680 West, Eastern, KY 41622

Camp objectives

- Provide a safe, drug-free activity with an opportunity to interact with positive adult role models
- Reach 450 school-age youth during 2023
- Give positive, anti-drug and self-esteem messages in conjunction with providing basketball skills instruction
- Have youth participants pledge to remain drug-free
- Enlist 25 volunteers to help with the camps
- Engage the assistance of those in recovery programs
- Have 750 parents/guardians attend an Operation UNITE education program on the dangers of Fentanyl



About Camp

- **FREE** regional basketball skills camp conducted by former University of Kentucky four-time All-SEC Academic Team member **Jarrold Polson**
- All school-age youth invited to participate
- All youth receive free T-shirt and basketball
- Water and food break provided
- Participants entered into a drawing for 2 basketball goals to be given away at the conclusion of each camp



OperationUNITE.org



CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Certificate Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:										
Sports and Recreation Providers Association 1776 South Naperville Road, Building B Wheaton IL 60189										
CERTIFICATE HOLDER NAME AND ADDRESS:										
Operation UNITE 2292 South Highway 27 Somerset, KY 42501										
DESCRIPTION OF OPERATIONS:										
Youth Basketball Camp's and Overnight Sports Camp										
ITEM 1.	<table> <tr> <td>COVERAGE PERIOD:</td> <td>Effective: 06/01/2022</td> <td>To: 06/01/2023</td> </tr> <tr> <td></td> <td colspan="2">At 12:01 A.M. Standard Time at The Address of the Certificate Holder</td> </tr> <tr> <td>CERTIFICATE NUMBER:</td> <td colspan="2">GAP101082</td> </tr> </table>	COVERAGE PERIOD:	Effective: 06/01/2022	To: 06/01/2023		At 12:01 A.M. Standard Time at The Address of the Certificate Holder		CERTIFICATE NUMBER:	GAP101082	
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	At 12:01 A.M. Standard Time at The Address of the Certificate Holder									
CERTIFICATE NUMBER:	GAP101082									
ITEM 2.	<table> <tr> <td>INSURER</td> <td>MASTER POLICY NUMBER</td> </tr> <tr> <td>Great American Insurance Company</td> <td>PAC 4265294</td> </tr> </table>	INSURER	MASTER POLICY NUMBER	Great American Insurance Company	PAC 4265294					
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Great American Insurance Company	PAC 4265294									
ITEM 3.	AGENTS NAME AND ADDRESS									
Francis L. Dean & Associates, LLC 12800 University Drive, Suite 125 Fort Myers, FL 33907										
ITEM 4.	SCHEDULE OF CHARGES									
Total Premium (If Applicable):										
Premium:	\$7,363.10 Charged By Insurance Company									
Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.										
Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group." As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.										
ITEM 5.	SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:									
COMMERCIAL GENERAL LIABILITY COVERAGE FORM										
General Aggregate Limit (Other Than Products Completed Operations)	\$2,000,000.00									
Products-Completed Operations Aggregate Limit	\$2,000,000.00									
Personal and Advertising Injury Limit	\$1,000,000.00									
Each Occurrence Limit	\$1,000,000.00									
Damage to Premises Rented to You Limit	\$300,000.00 (Any One Premises)									
Medical Expenses Limit	Not Covered (Any One Person)									
LIQUOR LIABILITY COVERAGE FORM										
Aggregate Limit	Not Covered									
Each Common Cause Limit	Not Covered									

ABUSE OR MOLESTATION COVERAGE FORM

Aggregate Limit	\$1,000,000
Each Act of Abuse	\$1,000,000

PROFESSIONAL LIABILITY

Aggregate Limit	\$1,000,000.00
Each Act, Error or Omission	\$1,000,000.00

HIRED AND NON-OWNED AUTO

Liability Limit	Not Covered
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ITEM 6.**MASTER POLICY FORMS & ENDORSEMENT SCHEDULE****Interline Business Forms and Endorsement Schedule:**

IL 70 01 Business PRO Policy Common Dec
 IL 00 17 Common Policy Conditions
 IL 00 21 Nuclear Energy Liability Exclusion
 IL 01 18 Illinois Changes
 IL 01 47 Illinois Changes – Civil Union
 IL 01 62 Illinois Changes – Defense Costs
 IL 02 84 Illinois Changes-Cancellation and Nonrenewal
 IL 70 69 Exclusion – Asbestos
 IL 71 25 Named Insured Endorsement
 IL 72 68 In Witness Clause
 IL 72 73 Loss Prevention Services
 IL 73 24 Economic and Trade Sanctions Clause
 IL 73 68 Disclosure Pursuant to Terrorism Risk Insurance Act
 IL 74 05 Risk Purchasing Group Endorsement

Commercial General Liability Coverage Form

CG 74 00 General Liability Declaration Page
 CG 00 01 General Liability Coverage Form
 CG 02 00 Illinois Changes – Cancellation and Nonrenewal
 CG 20 01 Primary and Noncontributory – Other Insurance Condition
 CG 21 06 Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – With Limited Bodily Injury Exception
 CG 21 35 Exclusion – Coverage C – Medical Payments
 CG 21 47 Employment Related Practices Exclusion
 CG 21 50 Amendment of Liquor Liability Exclusion
 CG 21 67 Fungi or Bacteria Exclusion
 CG 21 71 Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism
 CG 21 76 Exclusion of Punitive Damages Related to Terrorism
 CG 24 26 Amendment of Insured Contract Definition
 CG 77 94 Exclusion-Liability Arising Out of Lead
 CG 82 24 Social Service Agency General Liability Broadening Endorsement
 CG 83 61 Silica or Related Dust Exclusion
 CG 83 66 Nuclear, Biological, or Chemical Exclusion
 CG 84 40 Coordination of Limits Endorsement
 CG 90 82 Exclusion – Professional Services
 CG 90 83 Exclusion – Abuse, Molestation, Harassment or Sexual Conduct
 CG 91 26 Increased Deductible for Injuries to Certain Participants
 CG 91 27 Failure to Provide Waiver and Release Sublimit
 CG 91 48 Designated Special Events, Operations or Locations Exclusion
 CG 91 49 Limitation of Coverage to Designated Operations or Locations
 CG 91 69 Medical Payments at Your Request Endorsement
 CG 92 22 Exclusion – Organic Pathogens

Abuse or Molestation Coverage Part

CG 82 82 Abuse or Molestation Declarations Page
 CG 83 60 Illinois - Abuse or Molestation Coverage

Professional Liability Coverage

CG 87 11 Professional Liability Declarations
 CG 87 10 Professional Liability Coverage
 CG 87 21 Illinois Changes

ITEM 7.**IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:**

The "Certificate Holder" must notify us if there is a change in operations or exposures, which increases the insurance company's risk of loss.

In consideration of the premiums paid by the "Certificate Holder", this policy provides coverage as set forth in the Certificate of Coverage. Coverage only applies to "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid. Coverage does not apply to the "Policyholder".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION--COVERAGE C--MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description and Location of Premises or Classification:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any premises or classification shown in the Schedule:

1. Section I Coverage C Medical Payments does not apply and none of the references to it in the Coverage Part apply; and
2. The following is added to Section I Supplementary Payments:
 - h. Expenses incurred by the Insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED OPERATIONS OR LOCATIONS

This endorsement modifies insurance provided under the following:

ABUSE OR MOLESTATION COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
PROFESSIONAL LIABILITY INSURANCE

SCHEDULE

Description of Designated Operations or Locations:

Limitation of Coverage Endorsement is Used for the Following Locations: , Operation and Dates: Basketball Camp 6/6/22, 6/13/22, 6/14/22, 6/16/22, 6/20/22 , 9/15/22, 9/20/22 Summer Overnight Camp 7/18/22-7/22/22 Morehead State University, Morehead KY.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

This insurance only applies to injury or damage:

1. caused by the operations identified in the schedule above; or
2. occurring at a location identified in the schedule above.