



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 Stone, Member - District 5

Consent Agenda Item (Action Item): Consider/Approve the Prestonsburg Elementary School PTO and the included facility use agreement for the 2023-34 school year and consider/approve PTO school-wide fundraisers.

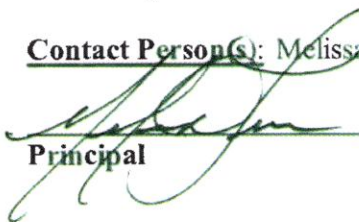
Applicable State or Regulations: Floyd County Board of Education Policy #9.33 - Fundraising Activities – All school-wide fundraising must be approved by the Board of Education.

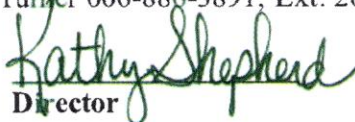
Fiscal/Budgetary Impact: No financial issues for the district.

History/Background: Prestonsburg Elementary School PTO is an organization that works to assist the staff, students, and overall school atmosphere through fundraising, developing activities and rewards for academic achievement. The Prestonsburg Elementary School PTA has the following fundraising activities scheduled for the 2023-24 school year and request board approval: Fall Fundraiser, Santa Shop, Book Fair, Junior League Basketball, Spring Fundraiser and School Dances

Recommended Action: Approve Prestonsburg Elementary to work with the Prestonsburg Elementary PTO in school-wide fundraising.

Contact Person(s): Melissa Turner 606-886-3891, Ext. 2601.


Principal


Director


Superintendent

Date: 08/11/2023

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.

Name of Sponsoring Organization/Activity Ky PTO, Frankfort Telephone _____
 Representative's Name PES PTO
 Address 140 So. Clark Drive Prestonsburg, Ky 41683
 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. _____
Concession - used for benefit of students
 Building/school/facility Prestonsburg Elem. School
 Purpose Basketball learning league
 Date(s) requested 2023 - 2024 Time(s) Requested _____
 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:

- 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	N/A	N/A	N/A	
Food Service Employees	N/A	N/A	N/A	
Supervisory Personnel	N/A	N/A	N/A	
Other _____	N/A	N/A	N/A	
TOTAL PERSONNEL CHARGE				N/A

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>Fundraisers</u> school	N/A	N/A	N/A	N/A
Auditorium at <u>N/A</u> school	N/A	N/A	N/A	N/A
Cafeteria - <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>Done @ PES</u> school	N/A	N/A	N/A	N/A
Classroom(s) Number <input checked="" type="checkbox"/> at <u>Festivals</u> school	N/A	N/A	N/A	N/A
Stadium at <u>N/A</u> school	N/A	N/A	N/A	N/A
Other Property at <u>School Grounds</u> school	N/A	N/A	N/A	N/A

Deshen Elliott
Signature - Representative of User Group

8.14.23
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? <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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2023

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).

PRODUCER Hall & Clark Insurance 132 S. Lake Dr # 101 Prestonsburg, KY 41653	CONTACT NAME Joan Gibson	PHONE (A/C No. Ext.) 606-886-2318	FAX (A/C No.) 606-886-2351
	EMAIL ADDRESS: joan@hallclark.com		
INSURED PES PTA 140 S Clark Dr Prestonsburg, KY 41653	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Firemen's Fund Insurance Company		21673
	INSURER B: Nationwide Life Insurance Company		66869
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 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.

PER LTR	TYPE OF INSURANCE	ADDSUBR (IND, RWD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRD <input type="checkbox"/> LDC	✓	UST022053220 NPTA00032297	1/26/2023	1/26/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 1,000,000 MEDICAL EXPENSE \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE GED <input type="checkbox"/> RETENTION \$		UST022053220 NPTA00032297	1/26/2023	1/26/2024	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Exclusionary to SH) If yes, describe above DESCRIPTION OF OPERATIONS below					WC STATL TORT LIMITS <input type="checkbox"/> OTH \$ E/L EACH ACCIDENT \$ E/L DISEASE - EA EMPLOYEE \$ E/L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES) (Attach ACORD 161, Additional Remarks Schedule, if more space is required)
Additional Insured / Sexual Misconduct Liability Included. Event Description: PTA Start Date: 1/26/2023 End Date: 1/26/2024

CERTIFICATE HOLDER Floyd County Board of Education 442 KY RT 550 Eastern, KY 41622	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 Robert V. Nuccio <i>Robert V. Nuccio</i>
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