

### 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

William Newsome, Jr., Board Chair - District 3 Linda C. Gearheart, Vice-Chair - District 1 Dr. Chandra Varia, Member- District 2 Keith Smallwood, Member - District 4 Steve Slone, Member - District 5

Consent Agenda Item (Action Item): To approve the Young Athletes Program use of Betsy Layne High School for Special Olympics, ages 2-7, to develop motor skills and social emotional learning for kids in an all-inclusive sport & play program.

<u>Applicable State or Regulations</u>: KRS 162.90 Powers and Duties of the local board and Floyd County Board of Education policy 03.2234.

Fiscal/Budgetary Impact: There will be no cost to Betsy Layne High School or the Floyd County Board of Education.

History/Background: The Young Athletes Program will be conducted on Saturdays from March 1—June 1, 2024. This program is an early childhood play program which is offered to any child ages 2-7 regardless of intellectual ability. This will be an inclusive play environment for all students which specializes in developmental motor skills like balance, flexibility, strength, strength and coordination. In fact, a recent study concluded that children with developmental delays who participated in a structured 8-week Young Athletes Program showed significantly more motor development than those who did not. Not only that, but their teacher and parents also reported improved confidence, language skills and social skills.

**Recommended Action:** To approve Young Athletes Program the use of Betsy Layne High School a subsidiary of Special Olympics.

Contact Person(s):

Mr. Jody D. Roberts (Principal)

Betsy Layne High School

606-263-6280

grinespai

Denier Daac

Superintendent

Date: February 20, 2024

SCHOOL FACILITIES 05.31 AP.21

## 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 Young Athletes Program elephone 349-4354	
Representative's Name Ben Hall	
The show around the little Box 83, Betsy Layne, Ky 41405	
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.	
Building/school/facility Betsy Layne High School	
Purpose Special Olympics - Ages 2-7 - to develop motor Skill + Socia	91
Date(s) requested Schurdays 03/01/24 - Ocio1/24 Time(s) Requested 1000	otion
Purpose Special Olympies - Ages 2-7 - to develop Motor Skills + Social Date(s) requested Saturdays 03/01/24 - Ox/01/24 Time(s) Requested Vary  Will public be admitted? Types The No-Parents 1-hr per day  Will advertisement(s) be used?	earni
Will advertisement(s) be used? YES NO	
Will admission be charged?	
When using school facilities this area is it	

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
- 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	Hourl	y Rate (Overtime	e at 1.5 times)	Total
Custodians						70001
Food Service				***		
Employees						
Supervisory Personnel						
Other						
- — — — — — — — — — — — — — — — — — — —						
		TO	TAL PEI	RSONNEL CHAI	RGE	
	Property Used	Equi	ility/ pment `ee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
	Gymnasium					
at	school					
	Auditorium					
at	school				* A D	
	Dining Room 🗆 Kitchen 🗆 Bo					
at	school					
Classr	oom(s) Number					-
at	school					
	Stadium					***************************************
at	school					
	Other Property			Mild a second and completely control of the completely control of the completely control of the	No. of the same of	
at	school					
Ben	Hall	1		2)	19/24	
Signat	ure - Representative of Use	r Group	Na-t-		Date	cini tempo ago
Signat	ure - Superintendent/design	iee			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.

Date

# Application and Agreement for Use of District Property

For Office Use	Only - To be Completed by School Official
Cost for use of District property \$  Deposit \$  Date Deposit Received  Board employee(s) assigned:	Cost for school employee \$ Total cost \$ Is deposit refundable? □ Yes □ No Balance Due \$
Board Action Date, if applicable	Board Order #

Review/Revised:9/29/11



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/27/2023

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

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). PRODUCER CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: American Specialty Insurance & Risk Services, Inc. FAX (A/C, No): 7609 W. Jefferson Blvd., Suite 100 INSURER(S) AFFORDING COVERAGE NAIC# Fort Wayne IN 46804 Philadelphia Indemnity Insurance Company 18058 INSURER A: INSURED INSURER B Special Olympics, Inc. INSURER C: 1133 19th Street NW INSURER D INSURER E Washington DC 20036 INSURER F **COVERAGES CERTIFICATE NUMBER: 1002197707** 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS INSD 1 WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence 1,000,000 CLAIMS-MADE X OCCUR 1,000,000 MED EXP (Any one person) Excluded Α PHPK2638240 12/31/2023 | 12/31/2024 | 1,000,000 PERSONAL & ADVINUINY GEN'L AGGREGATE LIMIT APPLIES PER: s 5,000,000 GENERAL AGGREGATE PRO-JECT POLICY LOC 1,000,000 PRODUCTS - COMP/OP AGG | \$ OTHER: OTHER \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED PHPK2638240 12/31/2023 | 12/31/2024 BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY S PROPERTY DAMAGE (Per accident) NON-OWNED/HIRED AUTO \$ 1,000,000 UMBRELLA LIAB OCCUR EACH OCCURRENCE s **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED | RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - SA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage applies to the following: SPECIAL OLYMPICS KENTUCKY, 105 LAKEVIEW COURT, FRANKFORT, KY 40601. - Named Insured (cont'd): All Special Olympics Accredited U.S. Programs CERTIFICATE HOLDER CANCELLATION SPECIAL OLYMPICS KENTUCKY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 105 LAKEVIEW COURT AUTHORIZED REPRESENTATIVE FRANKFORT KY 40601

AGENCY CUSTOMER ID:	 	
LOC #:		

<b>ACORD</b>

### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
American Specialty Insurance & Risk Services, Inc.		Special Olympics, Inc.
POLICY NUMBER		1133 19th Street NW
PHPK2638240		
CARRIER	NAIC CODE	Washington, DC 20036
Philadelphia Indemnity Insurance Company	18058	EFFECTIVE DATE: 12/31/2023

#### ADDITIONAL REMARKS

7.2011(017/E 1/Ellip 7/1/O	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002197707	

- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only).

Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.

- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.

ACORD 101 (2008/01)