

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): Floyd County Community Early Childhood Council request to use the Floyd County Board Gymnasium for June 1, 2024 for the Early Childhood SPARK (Supporting Parents to Assure Ready Kids) school readiness event.

Applicable State or Regulations: Board Policy 05.3 Community Use of Facilities

Fiscal/Budgetary Impact: No budgetary impact to district

<u>History/Background</u>: The Floyd County Community Early Childhood Council goal is to build innovate, collaborative partnerships that promote school readiness for young children and their families. Thee FCCECC host several free family events throughout Floyd County where children are engaged in education activities and information is given to parents to support children and families to become ready for kindergarten.

Recommended Action: Approve request for facility usage by Floyd County Community Early Childhood Council

Contact Person(s): Kimberly Grubb, Chief Early Childhood Officer, 606-886-4555

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Date: 4/9/2024

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 Floyd County Community elephone 406-886-4	555
Representative's Name Kem Grubb Early Childhood Council	- 0
Address 2520 South Lake Drive, Prestonsburg	
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? TYES X 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 Floyd County Board Gym & Fover	
Purpose FCCECC School Beadiness Event	
Date(s) requested June 1, 2024 Time(s) Requested 9 to 2 pm	
Will public be admitted? ✓ YES □ NO	
Will advertisement(s) be used?	
Will admission be charged?	

When using school facilities, this organization agrees to observe the following:

- 1. 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.
- 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

Application and Agreement for Use of District Property

FEE SCHEDULE

Custodians

The organization agrees to pay the applicable fee(s) for the use of District facilities. # of Employees Required Hourly Rate (Overtime at 1.5 times)

of Hours

Supervisory Personnel				<u> </u>
Other		_	<u> </u>	
	TOTAL PE	RSONNEL CHA	RGE	
				<u> </u>
Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium			<u> </u>	<u> </u>
atschool				ļ
Auditorium				
atschool				!
Cafeteria - 🗆 Dining Room 🗆 Kitchen 🗆 Both				
atschool				
Classroom(s) Number	 -			<u></u>
atschool				
Stadium		1		
atschool	}			
Other Property	_	<u> </u>		
atschool				
HMWLy A Lyuly Signature - Representative of User G		41	9/24	
Signature - Representative of User G	roup	——————————————————————————————————————	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.

Date

Signature - Superintendent/designee

SCHOOL FACILITIES

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 : Deposit \$	for school employee \$ Total cost \$ Is deposit refundable? □ Yes □ No			
Date Deposit Received	Balance Due \$			
Board employee(s) assigned: Board Action Date, if applicable				

Review/Revised:9/29/11



Commercial Lines Policy Declaration

Customer Number: 1000316290 Policy Number: A968015 02

Policy Period: 10/11/2023 to 10/11/2024

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550 Eastern, KY 41622

Agency Name and Address: **NELSON INSURANCE AGENCY INC**

16508

For Service or Inquiry Call

Customer Care at 1-866-926-4244

Named Insured Schedule

Floyd County Community Early Childhood Council



Commercial Lines Policy Declarations

Customer Number: 1000316290

Policy Period: 10/11/2023 to 10/11/2024

Policy Number: A968015 02

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550 Eastern, KY 41622 Agency Name and Address:

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NELSON INSURANCE AGENCY INC For Service or Inquiry Call

Customer Care at 1-866-926-4244

Forms Schedule

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Number	Edition	Description
IL0017Z	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0985	1220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
WB214	0523	MEMBERSHIP AND VOTING NOTICE
WB660	0420	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
IL0263Z	0908	KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL



Commercial General Liability Coverage Declarations

Customer Number: 1000316290

Policy Period: 10/11/2023 to 10/11/2024

Policy Number: A968015 02 at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550

Eastern, KY 41622-6926

Agency Name and Address:

NELSON INSURANCE AGENCY INC

For Service or Inquiry Call

Customer Care at 1-866-926-4244

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Insured is a(n) Non-Profit Organization

Limits of Insurance

General Aggregate Limit (other than Products/Completed Operations) \$2,000,000

Products/Completed Operations Aggregate Limit \$2,000,000

Each Occurrence Limit \$1,000,000

Personal and Advertising Injury Liability Limit \$1,000,000

Damage to Premises Rented to You Limit \$100,000

Medical Expense Limit, Any One Person Excluded

See attached Forms Schedule for forms and endorsements applicable to this coverage.



16508

Commercial General Liability Classification Schedule

Customer Number: 1000316290

Policy Period: 10/11/2023 to 10/11/2024

Policy Number: A968015 02

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550

Eastern, KY 41622-6926

Agency Name and Address:

NELSON INSURANCE AGENCY INC

For Service or Inquiry Call

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Commercial General Liability Classifications

Loc	Class Code	Description	Exposure	Premium Basis	Rate	Premium	Coverage
1	41670	Clubs - civic, service or social - no buildings or premises owned or leased except for office purposes - Not-For-Profit only	15	Members	2.009 Included	\$30 Included	Prem/Ops Prod/Co
1	63220	Exhibitions - in buildings - no admission charged - Not-For-Profit only	10	Exhibitions	68.598 Included	\$686 Included	Prem/Ops Prod/Co

DCGL 02 04 14

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Commercial General Liability Endorsements and Miscellaneous Premiums

Customer Number: 1000316290 Policy Number: A968015 02

Policy Period: 10/11/2023 to 10/11/2024

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550

Eastern, KY 41622-6926

Agency Name and Address:

NELSON INSURANCE AGENCY INC

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Additional Insureds

Description

Form Number

Premium

Endorsements

Description

Form Number

Premium

Miscellaneous Fremiums

Description

Form Number

Premium

Terrorism Risk Insurance Act

Total General Liability Premium:

\$719

\$3



Commercial General Liability Forms Schedule

Customer Number: 1000316290

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Policy Number: A968015 02

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

Floyd County Community Early Childhood Council

442 Ky Route 550

Eastern, KY 41622-6926

Agency Name and Address:

16508

NELSON INSURANCE AGENCY INC For Service or Inquiry Call

Customer Care at 1-866-926-4244

Forms Schedule

Number	Edition	Description
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2002	1185	ADDITIONAL INSURED - CLUB MEMBERS
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2109	0615	EXCLUSION UNMANNED AIRCRAFT
CG2135	1001	EXCLUSION - COVERAGE C - MEDICAL PAYMENTS
CG2139	1093	CONTRACTUAL LIABILITY LIMITATION
CG2144	0798	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2146	0798	ABUSE OR MOLESTATION EXCLUSION
CG2147	1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG4003	1219	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS - ALL CONTESTS OR EXHIBITIONS
CG4032	0523	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
NS0019GL	0515	EXCLUSION - COMMUNICABLE DISEASES
WB3109GL	0223	EXCLUSION - DISCRIMINATION
NS0031	8090	EXCLUSION - DESCRIBED HAZARDS FIREWORKS

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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: All Locations and Operations	

(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:

- 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 1 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 PREMISES OR PROJECT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:	· · · · · · · · · · · · · · · · · · ·	
Project:		
Club meetings and events on file with company		
, ,		
(If no onthe opposite the section of		

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

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

- 1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
- 2. The project shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – ATHLETIC OR SPORTS PARTICIPANTS – ALL CONTESTS OR EXHIBITIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Operations:		
Any and all		
	•	
Information required to complete this Schedule, if not si	hown above, will be shown in the Declarations	

The following is added to Paragraph 2. Exclusions of Section 1 – Coverage A – Bodily Injury And Property Damage Liability:

With respect to any operations shown in the Schedule, this insurance does not apply to "bodily injury" to any person arising out of practicing for or participating in any sports or athletic contest or exhibition.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or mcnitoring of others by that insured, if the "occurrence" which caused the "bodily injury" involved practicing for or participating in any sports or athletic contest or exhibition.

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