

DATE:

June 13, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve External Support/Booster Organizations Approval for 2024-25 school year for the following groups: Pioneer Wrestling Boosters, Simon Kenton Boys Soccer Boosters, SK Lady Pioneers Soccer Boosters, SK Volleyball Boosters, Simon Kenton Band Boosters, SK Cheer Boosters, Simon Kenton Football Sideliners, Summit View Academy PTSA, SVA Cheer Boosters, DHHS Band Boosters, and Colonels Club PTO

APPLICABLE BOARD POLICY:

04.312 School Activity Funds

HISTORY/BACKGROUND:

Each year the Superintendent shall report to the Board when booster organizations have been informed of the requirements from the Accounting Procedures for Kentucky School Activity Funds. External Support/Booster Organizations are adult/parent organizations established to support and promote school programs or compliment student groups or activities, (i.e. PTA, PTO, Booster Organizations, etc). External Support/Booster Organization's work very closely with the District but they are a separate entity and are responsible for adherence to IRS guidelines and Title IX regulations. All organizations listed have completed the required paperwork and have been reviewed by district designee.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval to External Support/Booster Organizations for 2024-25 school year for the following groups: Pioneer Wrestling Boosters, Simon Kenton Boys Soccer Boosters, SK Lady Pioneers Soccer Boosters, SK Volleyball Boosters, Simon Kenton Band Boosters, SK Cheer Boosters, Simon Kenton Football Sideliners, Summit View Academy PTSA, SVA Cheer Boosters, DHHS Band Boosters, and Colonels Club PTO

CONTACT PERSON:

Matt Wilhoite


Principal/Administrator


District Administrator


Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.*

✓

KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Simon Kenton

HS _____ NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Pioneer

Wrestling Boosters _____ APPLIED FOR BY: Jonathan Morgan

The following documents are required and must be attached prior to the Board reviewing application:

X Written By-Laws N/A Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
X Annual Budget X List of Officers
X Signed Agreement X Affidavit signed by all Officers (See Below)
X Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence
\$5,000 med expense coverage per person, KCBÉ as additional insured)

NAME OF BANK AND ACCOUNT #: Truist Bank Acct# 1180000261566

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 27-3623286

STATES SALES TAX-EXEMPT #: B25719 (Must be different for school/district #)

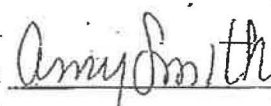
CHARITABLE GAMING LICENSE: Y/N NO

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President



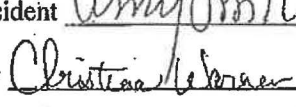
Vice-President



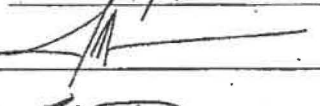
Bookkeeper



Secretary

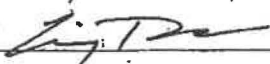


Treasurer

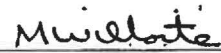


(KCSD employees ineligible to serve)

Principal



Superintendent/Designee



Board Meeting Date

7/1/24

**KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application**

SCHOOL YEAR: 2024-2025

SCHOOL: Simon Kenton High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Simon Kenton Boys Soccer Boosters

APPLIED FOR BY: Melinda Lawrence

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws	<u>N/A</u> Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)

☐ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)

NAME OF BANK AND ACCOUNT #: Fifth Third Bank 7786655562

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 81-2912258

STATES SALES TAX-EXEMPT #: 81-2912258 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President Melinda Lawrence Vice-President [Signature]

Bookkeeper _____ Secretary _____

Treasurer Jodi Williams (KCS D employees ineligible to serve)

Principal Michelle Hickey

Superintendent/Designee Muelate

Board Meeting Date 7/1/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-25 SCHOOL: Simon Kenton HS

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Lady Pioneers Boosters

APPLIED FOR BY: Tracey Boots Soccer

The following documents are required and must be attached prior to the Board reviewing application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget | <input checked="" type="checkbox"/> List of Officers |
| <input checked="" type="checkbox"/> Signed Agreement | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below) |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence
\$5,000 med expense coverage per person, KCBE as additional insured) | |

NAME OF BANK AND ACCOUNT #: Heritage Bank 00232447

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 47-4790130

STATES SALES TAX-EXEMPT #: 31954 (Must be different for school/district #)

CHARITABLE GAMING LICENSE ☒ Y ☐ N _____

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President Tracey Boots Vice-President Jessica Dombi

Bookkeeper _____ Secretary Sara Gadzorek

Treasurer [Signature] (KCS D employees ineligible to serve)

Principal [Signature]

Superintendent/Designee M. White

Board Meeting Date 7/1/24

KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Simon Kenton High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Volleyball Boosters

APPLIED FOR BY: Amy Kitchens

The following documents are required and must be attached prior to the Board reviewing application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws | <u>N/A</u> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget | <input checked="" type="checkbox"/> List of Officers |
| <input checked="" type="checkbox"/> Signed Agreement | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below) |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence
\$5,000 med expense coverage per person, KCBE as additional insured) | |

NAME OF BANK AND ACCOUNT #: Trust

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 27-3275322

STATES SALES TAX-EXEMPT #: NA (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President [Signature]

Vice-President [Signature]

Bookkeeper _____

Secretary [Signature]

Treasurer Amy Kitchens

(KCSD employees ineligible to serve)

Principal [Signature]

Superintendent/Designee Mielata

Board Meeting Date 7/1/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025

SCHOOL: Simon Kenton

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Simon Kenton Band Boosters

APPLIED FOR BY: Jennifer Cook

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws

☒ Copy of Treasurers Bond (required if annual budget exceeds \$19,999)

☒ Annual Budget

☒ List of Officers

☒ Signed Agreement

☒ Affidavit signed by all Officers (See Below)

☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence

\$5,000 med expense coverage per person, KCBE as additional

insured)

NAME OF BANK AND ACCOUNT #: Truist: 1180000252737

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 31-1041514

STATES SALES TAX-EXEMPT #: B 26517 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External

Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President

Jennifer Cook

Vice-President

Angela B. Miller

Bookkeeper

Secretary

Samuel Wood

Treasurer

[Signature]

(KCSO employees ineligible to serve)

Principal

Michelle Hicks

Mudhate

7/1/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Simon Kenton High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Cheer Boosters

APPLIED FOR BY: Mackenzie Peddicord

The following documents are required and must be attached prior to the Board reviewing application:

✓ Written By-Laws

Copy of Treasurers Bond (required if annual budget exceeds \$19,999)

✓ Annual Budget

✓ List of Officers

✓ Signed Agreement

✓ Affidavit signed by all Officers (See Below)

Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence

\$5,000 med expense coverage per person, KCBB as additional

insured)

NAME OF BANK AND ACCOUNT #: Heritage Bank 00307823

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 83-4400992

STATES SALES TAX-EXEMPT #: 83-4400992 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y^N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External

Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President [Signature]

Vice-President [Signature]

Bookkeeper Mackenzie J. Elmore

Secretary [Signature]

Mwillate

7/1/24

KENTON COUNTY SCHOOL DISTRICT
EXTERNAL SUPPORT GROUP APPLICATION

SCHOOL YEAR: 2024-2025

Official Name of External Support/Booster Organization: Simon Kenton Football Sideliners
Approval Applied for by: Amy Nitschke Booster

The following documents are required and must be attached prior to the board reviewing your application:

- Written by-laws
- Copy of Treasurers' Bond (required only if annual budget exceeds \$19,999.99)
- List of Officers (Employees of KCSO are ineligible to be Treasurer.)
- Proof of Liability Coverage \$1,000,000 Gen Liability per occurrence - \$2,000,000 Gen Liability aggregate
\$5,000 med expense coverage per person - KC Board of ED as additional insured
- Annual Budget
- Signed Affidavit that all Officers of the group have read and agree to follow the Accounting Procedures for Kentucky School Activity Funds. (Located at the bottom of this form.)

(Required) Bank Account - Name of Bank: Heritage Bank

(Required) Federal Employer Identification Number (45-4838991)

State Sales Tax-Exempt Number: B-27068 Please attach 501C3 tax exempt letter to this application
(External support groups are not permitted to use the school/district's Ky. sales tax exempt number)

Does the organization have a charitable gaming license? (N)

What gradelevels/clubs/sports will this group support? Football V/JV/F

By signing below, each officer acknowledge that they have read and will follow the 2013 Accounting Procedures for School Activity Funds.

Signature <u>[Signature]</u>	President
Signature <u>[Signature]</u>	Vice President
Signature <u>[Signature]</u>	Treasurer
Signature <u>[Signature]</u>	Secretary
Signature <u>[Signature]</u>	Bookkeeper

Principal's Signature [Signature]

If group supports more than one school All principals need to sign

Superintendent/Designee [Signature]

Board Meeting Date: 7/1/24

1/12/24

Kaitlyn N. Nelson

KAITLYN N. NELSON
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
COMMISSION # KYNP69643
MY COMMISSION EXPIRES March 27, 2027

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Summit View Elementary
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Summit View Elementary PTA
APPLIED FOR BY: Anna Peterson (Treasurer)

The following documents are required and must be attached prior to the Board reviewing application:

- | | |
|--|--|
| ✓ Written By Laws | ✓ Copy of Treasurer's Bond (required - annual budget review/yr 2025) |
| ✓ Annual Budget | ✓ List of Officers |
| ✓ Signed Agreement | ✓ Affidavit signed by all Officers (see below) |
| ✓ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate; \$1,000,000 med. liability per occurrence; \$5,000 med expense coverage per person; KCB as additional insured) | |

NAME OF BANK AND ACCOUNT #: Truist Bank C/O 187727-23
FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 47-451827
STATES SALES TAX-EXEMPT #: 511C (Must be different for school district #)
CHARITABLE GAMING LICENSE: Y 61 NE

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activities Funds - Redbook

President

Vice-President

Bookkeeper

Secretary

Treasurer

(KCS D employees ineligible to serve)

Principal

Superintendent Designee

Board Meeting Date 7/11/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Summit View Academy

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SVA Cheer Boosters

APPLIED FOR BY: SVA Coaching Staff - Cheerleading

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws	<u>n/a</u> Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)
<input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)	

NAME OF BANK AND ACCOUNT #: Huntington Bank 01714885989

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 99-2347551

STATES SALES TAX-EXEMPT #: Completed application.
Not received yet (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N Not needed for silent auctions or raffles grossing \$500 or less.

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President Lindsay Heeger Lindsay Heeger Vice-President Faith Flynn Faith Flynn
Bookkeeper Christina Warner Christina Warner Secretary Jennifer Cary Jennifer Cary
Treasurer Christine Lawrence Christine Lawrence (KCSD employees ineligible to serve)
Principal [Signature]
Superintendent/Designee Mullate Board Meeting Date 7/1/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 24-25 SCHOOL: DHHS

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: DHHS BAND BOOSTERS, INC.

APPLIED FOR BY: SARAH SHAMBLIN

The following documents are required and must be attached prior to the Board reviewing application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget | <input checked="" type="checkbox"/> List of Officers |
| <input checked="" type="checkbox"/> Signed Agreement | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below) |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence
\$5,000 med expense coverage per person, KCBE as additional insured) | |

NAME OF BANK AND ACCOUNT #: 53

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 82-4376546

STATES SALES TAX-EXEMPT #: 8-000171390 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N EXE0002650

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

JASON
ADAMS

President Jason Adams

Vice-President JERANN BARNETT

JACOB
RENNER

Bookkeeper Jacob Renner

Secretary Lisa A Springer LISA SPRINGER

ALISON
FANMAN

Treasurer Alison Fanman

(KCSD employees ineligible to serve)

Principal Alison Fanman

Superintendent/Designee M. White

Board Meeting Date 7/1/24

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KENTON COUNTY SCHOOL DISTRICT
Booster/External Support Group Application

SCHOOL YEAR: 2024-2025 SCHOOL: Dixie Heights High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Colonels Club

APPLIED FOR BY: Manie Seng

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws	<input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)
<input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)	

*NAME OF BANK AND ACCOUNT #: Fifth Third

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 20-1527314

STATES SALES TAX-EXEMPT #: B23390 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President Manie Seng Co Vice-President Affany Wynn

Bookkeeper Heads Secretary Bruce

Treasurer Natalie Lustig (KCSD employees ineligible to serve)

Principal TSF

Superintendent/Designee Muelata

Board Meeting Date 7/1/24