



FLOYD COUNTY BOARD OF EDUCATION
Larry Hammond, Interim 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 Stone, Member - District 5

Consent Agenda Item (Action Item):

Consider/Approve John M. Stumbo Elementary School Parent-Teacher Organization Facility Use Agreement for the 2024-2025 School Year.

Applicable State or Regulations:

KRS 160.160: Powers and Duties of the Local Board of Education

Fiscal/Budgetary Impact:

There would be no financial responsibility to the school or district. The John M. Stumbo PTO will cover all costs and liabilities. The John M. Stumbo Elementary PTO works to provide resources/opportunities that promotes student achievement while building a learning environment that is conducive to student success.

History/Background:

N/A

Recommended Action:

Approve item as presented.

Contact Person(s):

Jakolby Huff
School Counselor,
John M. Stumbo Elementary

Denise Hall Scarberry
PTO President,
John M. Stumbo Elementary

Principal

Director

Superintendent

Date:

8/23/24

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	<u>JMS PTO</u>	Telephone	<u>606 263-6280</u>
Representative's Name	<u>Denise Scarborough/Jakolby Huff</u>		
Address	<u>6945 Ky Rte 979 Grethel Ky 411631</u>		
The above organization/individual requests the use of:			
<input checked="" type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input checked="" type="checkbox"/> stadium
<input checked="" type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment _____		Operator's Name _____	
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Various items & activities throughout school year. Proceeds used to benefit JMS school.</u>			
Building/school/facility	<u>John M. Stumbo Elementary</u>		
Purpose	<u>PTO Hosted Events / Fundraisers</u>		
Date(s) requested	<u>As needed</u>	Time(s) Requested	<u>As needed</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.

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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	0	N/A	N/A	-
Food Service Employees	0	N/A	N/A	-
Supervisory Personnel	2	-	N/A	2
Other _____	0	N/A	N/A	-
TOTAL PERSONNEL CHARGE				2

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>JMS</u> school	0	0		0
Auditorium at _____ school	-	-		
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>JMS</u> school	0	0		0
Classroom(s) Number _____ at <u>JMS</u> school	0	0		0
Stadium at <u>JMS</u> school	0	0		0
Other Property at <u>JMS</u> school	0	0		0

Denise Scorbony
President PTO
Signature - Representative of User Group

8/22/23
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.

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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

REVISED
DATE (MM/DD/YYYY)
05/29/2024

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 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 Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063 (800) 247-1734	CONTACT NAME: PHONE (A/C, No. Ext): (800) 247-1734 FAX (A/C, No.): (817) 738-1811 E-MAIL ADDRESS: contact@bene-marc.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: AXIS Insurance Company INSURER C: Tokio Marine Specialty Insurance Company INSURER D: INSURER E: INSURER F:	NAIC # 18058 37273 23850

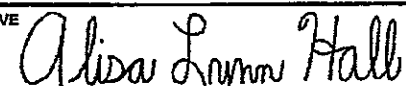
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSD. / WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC OTHER:	X	PPK2555084	5/22/2024	5/22/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000* PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 *Medical Exp for Spectators Only
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Accident Medical		SRPO-30002-4002-0001	5/22/2024	5/22/2025	Limit \$25,000/Deductible \$0/AD&D \$10,000
C	Crime-Employee Dishonesty		PSD1793985	5/22/2024	5/22/2025	Limit \$25,000/Deductible \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage also includes:
 C Directors & Officers Liability PSD1793989 5/22/2024 5/22/2025 Limit \$1,000,000/\$2,500 Retention

CERTIFICATE HOLDER John M Stumbo Elementary School - 25654	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 
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