



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):

Consider the approval/acknowledgement of the Prestonsburg Elementary School PTO and the included facility use agreement for the 2024/25 school year.

Applicable State or Regulations:

PTO approval and facility use by PTO requires Board of Education approval.

Fiscal/Budgetary Impact:

The Prestonsburg Elementary PTO works diligently in order to provide additional resources to promote student learning/success.

History/Background:

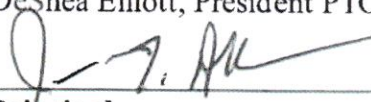
The Prestonsburg Elementary PTO works diligently in order to provide additional resources to promote student achievement for students and staff.

Recommended Action:

Approve the request.

Contact Person(s):

James Allen, Principal
 Kaleb Rodebaugh, Assistant Principal
 Nikki Queen-Gilliam, Assistant Principal
 DeShea Elliott, President PTO


 Principal


 Director


 Superintendent

Date:

09/25/2024

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 41653

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 Elementary School

Purpose Basketball Learning League

Date(s) requested 2024-2025 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>Fundraiser</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 type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>Donor @ PES</u> school	N/A	N/A	N/A	N/A
Classroom(s) Number <input checked="" type="checkbox"/> at <u>Fall Festival</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>Schoolgrounds</u> school	N/A	N/A	N/A	N/A

DeShun T. Elliott
Signature - Representative of User Group

7/1/24
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

Community Use of School Facilities

WHO MAY USE

The Board may grant the use of school facilities to responsible and organized civic, church, and community groups for purposes that provide demonstrable benefit to the schools or to the community as a whole when such use does not interfere with scheduled school use. School facilities shall not be used for personal activities. Commercial activities are allowed by school groups for purposes which benefit the school and its students.

The Board may authorize the use of school property by public members of the community during non-school hours for the purpose of recreation, sport, academic, literary, artistic, or community uses as defined in KRS Chapter 162 pursuant to this and other policies adopted by the Board and related procedures established by the Superintendent.¹

The Board shall establish annually a schedule of fees for community use of facilities.

AVAILABILITY

Principals, acting within Board guidelines, shall schedule the use of facilities.

APPLICATION AND CONTRACT

The Board shall adopt an official application form and an official rental contract, both of which shall detail the conditions of usage. Persons authorized to represent officially the renting organization must sign the application and contract. Approval of a request to use District facilities does not signify District sponsorship, endorsement or approval of an organization or activity.

LIABILITY

The Board shall require a 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.

INSURANCE

The community group shall provide a certificate of liability insurance naming the Board as additional insured under the policy for the activity.

ADMISSION FEES

Except when admission charges and net proceeds benefit civic or charitable causes, no admission charges shall be made or donations solicited or accepted for attendance at or participation in any non-school event which is held at any Board-owned facility.

USE BY COMMUNITY GROUPS

Community groups shall pay a fee to cover cost of utilities and custodial care when use of the buildings is at a time the buildings are normally closed. An approved Board employee must be present during use of school buildings by community groups. The school employee shall be paid overtime wages, if applicable, and shall in no way be responsible for the conduct of the persons present. The community group using the facility shall be responsible for any applicable overtime wages.

Community Use of School Facilities**CONTINUED USE**

Applications for continued use of buildings and facilities by community groups shall require Board approval. The group shall also be required to submit a time-limit statement as requisite for Board consideration of request. No agreement for continued use shall be of more than six (6) months' duration. Any group requesting continued use of Board facilities shall provide proof of site ownership. Groups receiving approval for continued use shall file a schedule of use with the Principal at least two (2) weeks in advance of the first scheduled use of the facility.

EXCEPTION

Activities that are sponsored by approved student organizations, faculty groups, or school-related parent groups may use school facilities without charge when approved by the Principal and supervised by school personnel. These include the following:

1. *Use by School-Sponsored Groups* - At a time scheduled in advance with the Principal, school-sponsored groups may hold regular meetings in school building without charge to the organization.
2. *Elections* - School facilities may be used without charge for public elections.
3. *Emergency Use* - Upon request by legitimate and/or responsible organizations, the Superintendent or designee is authorized to permit emergency use of all school facilities in time of emergency, crisis, or catastrophic situations.
4. *Law Enforcement/Safety Officers* - Individuals who can be classified as law enforcement or safety officers and who volunteer their time to assist in school operations are eligible for facility usage.
5. *Community Service* - Individuals or groups who are involved in community service activities as defined by the school principal are eligible for facility usage.

RESTITUTION FOR DAMAGES

Groups or organizations shall reimburse the Board for any repair of damages to or replacement of school property lost, stolen, damaged, or vandalized while under their care.

REFERENCES:

¹[KRS 162.055](#)

[KRS 160.290](#); [KRS 160.293](#)

[KRS 160.340](#); [KRS 162.050](#)

[OAG 60-389](#); [OAG 80-78](#)

P. L. 107-110 (No Child Left Behind Act of 2001)

20 U.S.C. § 7905 (Boy Scouts of America Equal Access Act)

RELATED POLICIES:

05.31; 10.3

Adopted/Amended: 07/30/2012

Order #: 17494



PES PTO
140 S Clark Rd
Prestonsburg , KY 41653

Specialty Insurance Products

Insurance Policy Number: NANPO0065566

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

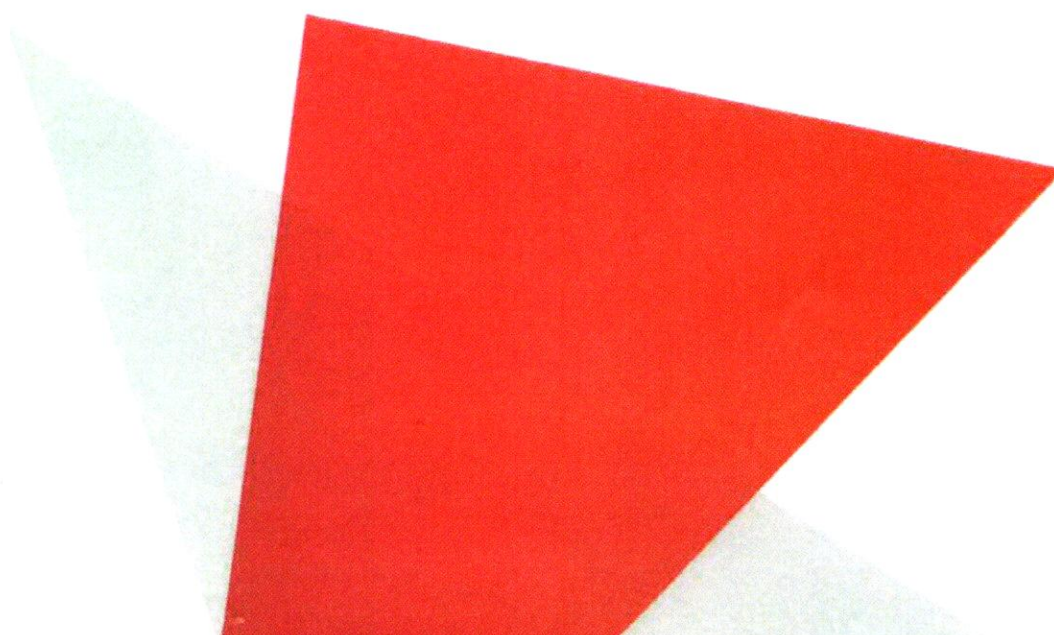
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers — We look forward to helping with your specialty insurance needs.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/16/2024

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 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 E-MAIL ADDRESS: joan@hallclark.com	
INSURED PES PTO 140 S Clark Rd Prestonsburg, KY 41653	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Fireman's Fund Insurance Company	21873
	INSURER B : Axis Insurance Company	37273
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	UST021067230 NANPO0065566	8/17/2024	8/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability		NANPO0065566	8/17/2024	8/17/2025	\$ 1,000,000/\$1,000,000

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

Additional Insured: / Sexual Misconduct Liability included. Event Description: Booster Club Start Date: 08/17/2024 End Date: 08/17/2025

CERTIFICATE HOLDER Floyd County Board of Education 442 Ky Route 55 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 Joseph Guerrero 

POLICY NUMBER: UST021067230
EFFECTIVE DATES: 8/17/2024 to 8/17/2025
CERTIFICATE NUMBER: NANPO0065566

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Floyd County Board of Education 442 Ky Route 55 Eastern , KY 41622
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.



Applicant Information

Contact Person

First Name Lauren
 Last Name Bailey
 Contact Phone Number 606-949-1031
 Contact Email laurenjaneb846@gmail.com

School Information

School Name Prestonsburg Elementary School
 School Address 140 S Clark Rd
 School City Prestonsburg
 School State KY
 School Zip Code 41653

Organization Information

School Support Group Type PTO
 Full Legal School Support Group Name PES PTO
 Is the applicant's mailing address the same as the address indicated above? Yes
 Website/Facebook/Instagram (If Any)

Organization Activity

Is your group's primary purpose to fundraise for and/or organize a grad night or after prom event? No
 Does your organization conduct its business from a school campus between the grades of K-12? Yes
 Annual Revenues/Receipts
 Membership dues 0
 Cash grants/gifts/scrips/online sales 0
 Bingo 0
 Other Fund Raising Activities 10000

Coverages

Liability Plus \$1,000,000/\$2,000,000
 Damage to Premises Rented Limit \$100,000
 Bonding Plus No, I do not want to purchase this coverage
 Directors & Officers Plus No
 Accident Medical Plus No, I do not want to purchase this coverage.
 Property Plus No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date 8/17/2024

Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance? No
 Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage? No
 I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance. Yes
 Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy? Yes



Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?

Not Applicable

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Yes

Name

Lauren Bailey

Date Signed

08/12/2024

Memorandum Number

NANPO0065566

Memorandum Number D&O

Memorandum Number AD&D

Expiration Date

8/17/2025

Additional Insureds

1

Additional Insured Name

Floyd County Board of Education

Address

442 Ky Route 55

City

Eastern

State

KY

Zip Code

41622

Email Address

Phone Number

Event Start Date

08/17/2024

Event End Date

08/17/2025

Event Description

Booster Club

Is there any specific wording the Additional Insured would like to see on the Certificate?

Hall & Clark Insurance
132 S. Lake Dr # 101
Prestonsburg , KY 41653
132 S. Lake Dr # 101
610590355

SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: PES PTO

Date: 8/16/2024

Proposed Coverage Dates: 8/17/2024 12:01AM to 8/17/2025 12:01AM

Client ID#: 2270272

POLICY INFORMATION	LIMIT		COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$	45.00
RVNA Administration & Unlimited Additional Insured Charge		\$	110.00
2. Bonding Plus	Not Covered	\$	0.00
RVNA Administration Charge		\$	0.00
3. Directors & Officers Liability Plus	Not Covered	\$	0.00
RVNA Administration Charge		\$	0.00
4. Accident Medical Plus	Not Covered	\$	0.00
RVNA Administration Charge		\$	0.00
5. Property Plus	Not Covered	\$	0.00
RVNA Administration Charge		\$	0.00
RVNA Loss Payee Charge		\$	0.00
State Guarantee Fund/State Charges		\$	0.00
Broker Fee		\$	50.00
TOTAL		\$	205.00

NOTES

- This is a quotation only. Prices are subject to change without notice.
- It is the insureds responsibility to read the policy. Request a sample policy online at protectyournonprofit.com.
- Policy is underwritten by an A+ rated insurance carrier.