



FLOYD COUNTY BOARD OF EDUCATION

Tonya Horne-Williams, 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/Retroactive Approval of the use of the Floyd County Board of Education Central Office Football Field (Old ACHS Football Field) by The David School for Launching of Rockets built by their students on June 2, 2025 beginning at 10am.

Applicable State or Regulations:

KRS 160.190 Duties and powers of the Board: 01.11. Facility use must have Board of Education approval.

Fiscal/Budgetary Impact:

There will be no fiscal or budgetary impact on the Floyd County Board of Education.

History/Background:

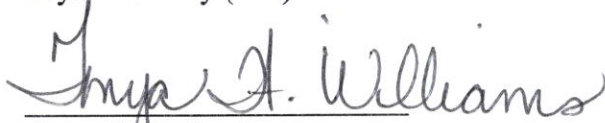
The David school will bus their students that built rockets to the field on Monday, June 2, 2025. They will launch their rockets from the middle of the football field. The rockets are built to carry an egg up that will be released and parachuted back down to the ground.

Recommended Action:

Approve request as presented.

Contact Person(s):

Bryan Lafferty (606) 886-8374


Superintendent

Date:

May 27, 2025

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>The David School</u>	Telephone	<u>606-866-8374</u>
Representative's Name	<u>Bryan Lafferty</u>		
Address	<u>352 Success Bound Road, David KY 41616</u>		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input checked="" type="checkbox"/> stadium
<input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school/facility _____			
Purpose <u>Launching Rockets made by TDS students</u>			
Date(s) requested <u>6-2-25</u>		Time(s) Requested <u>10:00 am</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will advertisement(s) be used?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

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.
3. 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.
5. 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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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	0			
Food Service Employees	0			
Supervisory Personnel				
Other _____	0			
TOTAL PERSONNEL CHARGE				

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

Bryan D. Jones 5-27-25
Signature - Representative of User Group

5-27-25
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE: 06/15/2024

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 Darby and Allen Insurance Agency Inc. 1001 Kentucky Route 1428 Allen, KY 41651	CONTACT NAME: Tonya Combs PHONE: 606-791-4134 FAX: 606-791-7241 E-MAIL: darbyandallen@insurer.com ADDRESS: _____
INSURED The David School Inc. P.O. Box 220 David, KY 41616	INSURER(S) AFFORDING COVERAGE INSURER A: Brotherhood Mutual Ins Co INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

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.

TYPE	TYPE OF INSURANCE	ADDITIONAL CODE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER		16M3366738	07/18/2024	07/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E&O) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPOUND AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY AUTOS ONLY		16A464258	04/06/2024	04/06/2025	COMBINED SINGLE LIMIT (E&O) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ TIER \$ STATUTE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in KY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				E.L. FATAL ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER The Floyd County Board of Education 442 KY RT 550 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 Tonya Combs
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