



**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 the use of the John M. Stumbo Gym by Wildfire Championship Wrestling for fundraiser on June 14, 2025.

**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:**

Wildfire Championship Wrestling has helped different student groups with fundraising at schools across Floyd County District.

**Recommended Action:**

Approve request as presented use of the John M. Stumbo Gym by Wildfire Championship Wrestling for fundraiser on June 14, 2025.

**Contact Person(s):**

Shelia Wilcox (606) 369-9743

wildfirechampionshipwrestling@yahoo.com

**Superintendent**

**Date:**

June 13, 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	Wildfire Cleanup	Telephone	606-269-7743
Representative's Name	Shelia Wilcox		
Address	200 Prichard St., Ashland Ky 41102		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input 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 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>tickets</u> <u>will be sold for fundraiser</u>			
Building school facility	John M. Stumbo Elementary gymnasium		
Purpose	fundraiser		
Date(s) requested	June 14, 2025	Time(s) Requested	9 am - to midnight
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 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.**

**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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

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

Shelia White  
Signature - Representative of User Group

6-10-25  
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.

**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? ☐ Yes ☐ 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

DATE (MM/DD/YYYY)  
01/13/2025

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).

<b>PRODUCER</b> R. V. Nuccio & Associates Insurance Brokers, Inc. 11148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME</b> Robert V. Nuccio	
	<b>PHONE (A/C, No, Ext)</b> (800) 364-2433	<b>FAX (A/C, No)</b> (818) 980-1595
<b>INSURED</b> Wildfire Championship Wrestling 200 Prichard Street Ashland, KY 41102	<b>E-MAIL ADDRESS</b> support@rvnuccio.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A</b> Fireman's Fund Insurance Company	
	<b>INSURER B</b>	
	<b>INSURER C</b>	
	<b>INSURER D</b>	
<b>INSURER E</b>		
<b>INSURER F</b>		
<b>NAIC #</b> 21873		

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Host Liquor Liability</b> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER		UST022072220 NAEP108920	04/12/2025	04/12/2025	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES \$ 50,000 MEDICAL EXPENSE \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**Floyd County Board Of Education  
442 Ky-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

Robert V. Nuccio

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