



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 the approval/acknowledgment of the Prestonsburg Elementary School PTO and the included facility use agreement for the 2025-26 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.

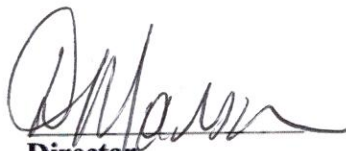
History/Background: The Prestonsburg Elementary PTO works diligently to provide additional resources to promote achievement for students and staff.

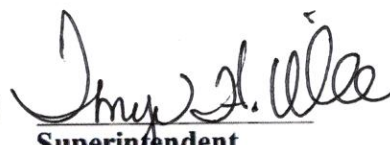
Recommended Action: Approve the request.

Contact Person(s):

James Allen, Principal
Kaleb Rodebaugh, Assistant Principal
Nikki Queen-Gilliam, Assistant Principal
Jaime Burchett, President PTO


Principal


Director


Superintendent

Date: 07/11/2025

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>PES PTO</u>		Telephone <u>606-886-3891</u>
Representative's Name <u>Jaime Burchett (president PTO)</u>		
Address <u>140 South Clark Rd Prestonsburg, Ky. 41653</u>		
The above organization/individual requests the use of:		
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) <input checked="" type="checkbox"/> other, specify <u>outside activities</u>		
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>Concession items, T-shirts, etc. use for the benefits of students</u>		
Building/school/facility <u>PES</u>		
Purpose <u>Basketball Learning League</u>		
Date(s) requested <u>SY 25-26</u>		Time(s) Requested _____
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:

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	N/A	N/A	N/A	N/A
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
Gymnasium at <u>fundraiser (dance)</u> school	N/A	N/A	N/A	N/A
Auditorium at _____ school	↓	↓	↓	↓
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>dance</u> school	↓	↓	↓	↓
Classroom(s) Number _____ at <u>fall festival</u> school	↓	↓	↓	↓
Stadium at _____ school	↓	↓	↓	↓
Other Property at <u>outside grounds</u> school	↓	↓	↓	↓

Jamie Berchett
Signature - Representative of User Group

7/11/25
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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2025

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 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 E-MAIL: joan@hallclark.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company INSURER B: Axis Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 606-886-2351 NAIC # 21873 37273
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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 WVD	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"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	UST021067240 NANPO0070117	8/17/2025	8/17/2026	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 - COMPROP 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 EXCESS LIAB DED \$ RETENTION \$ OCCUR CLAIMS-MADE					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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUS: <input type="checkbox"/> T <input type="checkbox"/> F E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability		NANPO0070117	8/17/2025	8/17/2026	\$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: PTO Start Date: 08/17/2025 End Date: 08/17/2026

CERTIFICATE HOLDER

CANCELLATION

Floyd Co BOE 442 KY Route 550 Eastern, KY 41622	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
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PES PTO
140 S Clark Rd
Prestonsburg, KY 41653

Specialty Insurance Products

Insurance Policy Number: NANPO0070117

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

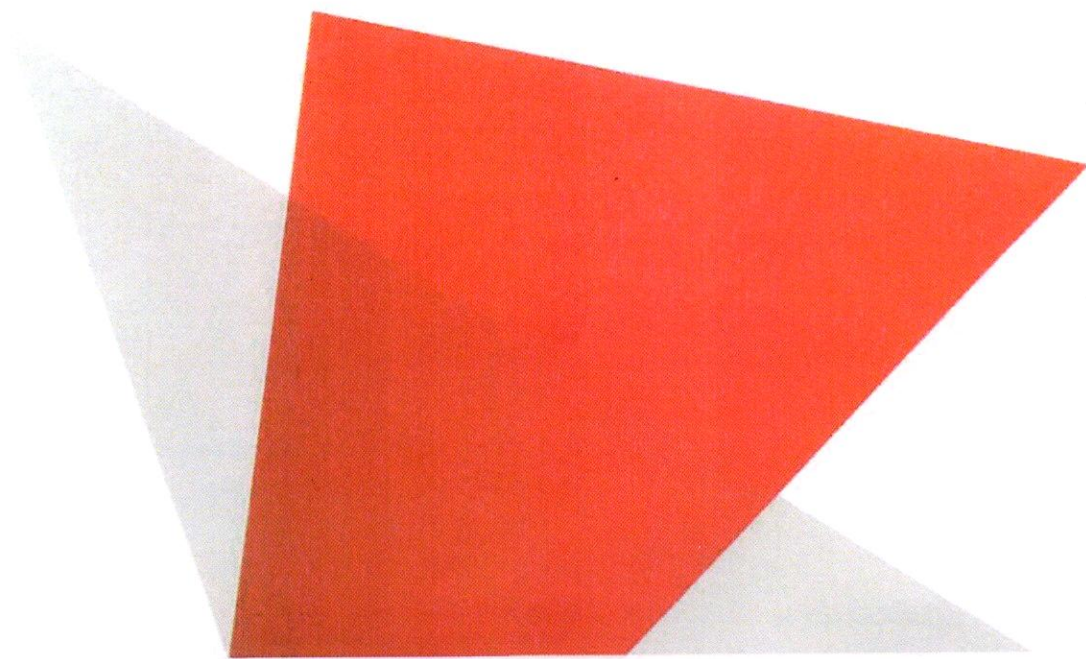
Office 10148 Riverside Drive
Toluca Lake, CA 91602

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.



POLICY NUMBER: UST021067240
EFFECTIVE DATES: 8/17/2025 to 8/17/2026
CERTIFICATE NUMBER: NANPO0070117

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 Co BOE 442 KY Route 550 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	Racheal
Last Name	Johnson
Contact Phone Number	6063714889
Contact Email	rjohnsonrealestate21@outlook.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
\$1,000,000 Hired & Non-Owned Auto Liability	Not Selected
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	8/17/2025
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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

Racheal Johnson

Date Signed

07/15/2025

Memorandum Number

NANPO0070117

Memorandum Number D&O

Memorandum Number AD&D

Expiration Date

8/17/2026

Additional Insureds

1

Additional Insured Name

Floyd Co BOE

Address

442 KY Route 550

City

Eastern

State

KY

Zip Code

41622

Email Address

Phone Number

Event Start Date

08/17/2025

Event End Date

08/17/2026

Event Description

PTO

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: 7/15/2025

Proposed Coverage Dates: 8/17/2025 12:01AM to 8/17/2026 12:01AM

Client ID#: 2503350

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.

PES PTO
140 CLARK DR.
PRESTONSBURG, KY 41653-1657

73-325/421

172

DATE 7/15/25

PAY TO THE
ORDER OF

Hall & Clark

\$ 205.00

Two hundred five

DOLLARS

Citizens Bank of Kentucky

Rachael Johnson

MEMO

⑆042103253⑆0172 ⑆71399116⑆