



Kenton County School District | It's about ALL kids.

## Issue Paper

**DATE:**

July 15, 2025

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve External Support/Booster Organizations for 2025-26 school year for the following groups: Simon Kenton Dance Boosters, SK Lady Pioneers Soccer Boosters, Pioneer Wrestling Boosters, Simon Kenton Softball Boosters, Simon Kenton Band Boosters, SK Sideliners, Simon Kenton Cheer Boosters, Simon Kenton Men's Soccer Boosters, Scott Student Activities Boosters, DHHS Band Boosters, Colonels Club, River Ridge PTO, Summit View Academy PTSA, Ft. Wright PTA, Ryland Heights PTO

**APPLICABLE BOARD POLICY:**

04.312 School Activity Funds

**HISTORY/BACKGROUND:**

Each year the Superintendent shall report to the Board when booster organizations have been informed of the requirements from the Accounting Procedures for Kentucky School Activity Funds. External Support/Booster Organizations are adult/parent organizations established to support and promote school programs or compliment student groups or activities, (i.e. PTA, PTO, Booster Organizations, etc). External Support/Booster Organization's work very closely with the District but they are a separate entity and are responsible for adherence to IRS guidelines and Title IX regulations. All organizations listed have completed the required paperwork and have been reviewed by district designee.

**FISCAL/BUDGETARY IMPACT:**

None

**RECOMMENDATION:**

Approval to External Support/Booster Organizations for 2025-26 school year for the following groups: Simon Kenton Dance Boosters, SK Lady Pioneers Soccer Boosters, Pioneer Wrestling Boosters, Simon Kenton Softball Boosters, Simon Kenton Band Boosters, SK Sideliners, Simon Kenton Cheer Boosters, Simon Kenton Men's Soccer Boosters, Scott Student Activities Boosters, DHHS Band Boosters, Colonels Club, River Ridge PTO, Summit View Academy PTSA, Ft. Wright PTA, Ryland Heights PTA

**CONTACT PERSON:**

Matt Wilhoite

  
Principal/Administrator

  
District Administrator

  
Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.  
Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Simon Kenton

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Dance Boosters

APPLIED FOR BY: Amy Carder

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Heritage 387-882

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 99-4528922

STATES SALES TAX-EXEMPT #: \_\_\_\_\_ (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N NO

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President [Signature] Vice-President Anna Astenburg

Bookkeeper \_\_\_\_\_ Secretary Amy Carder

Treasurer Amy Carder (KCSD employees ineligible to serve)

Principal [Signature]

Superintendent/Designee Mielate

Board Meeting Date 8/4/25

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025 - 26 SCHOOL: Simon Kenton HS

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Lady Pioneers Boosters (Soccer)

APPLIED FOR BY: Tracey Boots

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws budget exceeds \$19,999)	<input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)
<input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence insured)	\$5,000 med expense coverage per person, KCBE as additional

NAME OF BANK AND ACCOUNT #: Heritage Bank 00232447

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 47-4790130

STATES SALES TAX-EXEMPT #: 31954 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External

Support Agreement and Accounting Procedures for Kentucky School Activity Funds,

"Redbook"

President Tracy Booth Vice-President  
Michael S.  
Bookkeeper Sara Gadzala Secretary  
Treasurer Met (KCSD employees ineligible to serve)  
Principal LT  
Superintendent/Designee Misc Board Meeting  
Date 7/7/25

### Booster/External Support Group Agreement

This agreement is entered into by and between the Kenton County Board of Education (hereafter referred to as "Board") and an entity known as SK Lady Panthers Soccer Boosters (hereafter referred to as the "Booster Club"). Through this Agreement, the parties intend to set forth the Terms and Conditions under which the Booster Club may operate and associate with students, teachers, coaches and school administrators at Simon Kenton HS.

### **TERMS AND CONDITIONS**

- The Booster Club acknowledges that the Board is responsible for the promotion of education and the general health and welfare of all students attending the Kenton County School District. In addition, the Booster Club acknowledges that the Board has

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Simon Kenton

HS \_\_\_\_\_ NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Pioneer

Wrestling Boosters \_\_\_\_\_ APPLIED FOR BY: Jonathan Morgan

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws                      \_\_\_\_\_ Copy of Treasurers Bond (required if annual budget exceeds \$19,999)  
☒ Annual Budget                      ☒ List of Officers  
☒ Signed Agreement                      ☒ Affidavit signed by all Officers (See Below)  
☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence  
\$5,000 med expense coverage per person, KCBE as additional insured)

NAME OF BANK AND ACCOUNT #: Truist Bank Acct# 1180000261566

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 27-3623286

STATES SALES TAX-EXEMPT #: B25719 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N \_\_\_\_\_ NO \_\_\_\_\_

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President \_\_\_\_\_

Vice-President Amy Smith

Bookkeeper \_\_\_\_\_

Secretary Christina Warner

Treasurer \_\_\_\_\_

(KCSO employees ineligible to serve)

Principal [Signature]

Superintendent/Designee Muelate

Board Meeting Date 8/4/25

**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-26 SCHOOL: Simon Kenton High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Simon Kenton Softball Boosters

APPLIED FOR BY: Chad Dance

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Huntington 01714867693

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 82-4830591

STATES SALES TAX-EXEMPT #: N/A (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President [Signature] Vice-President Amber Carter

Bookkeeper \_\_\_\_\_ Secretary \_\_\_\_\_

Treasurer [Signature] (KCSO employees ineligible to serve)

Principal [Signature]

Superintendent/Designee M. White

Board Meeting Date 8/4/25

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Simon Kenton

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Simon Kenton Band Boosters

APPLIED FOR BY: Simon Kenton Band Boosters

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Truist 1180000252737

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 31-1041514

STATES SALES TAX-EXEMPT #: B26517 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y(N) N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President

[Signature]

Concessions  
Vice-President

Angela R. Moore

Kettle Corp

Vice-President

James Woods

Secretary

Amanda J. Hutchinson

Treasurer

[Signature]

(KCSD employees ineligible to serve)

Principal

[Signature]

Superintendent/Designee

M. White

Board Meeting Date 8/4/25



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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Simon Kenton HS

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SK Sideliners

APPLIED FOR BY: Amy Nitschke

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws

☒ Copy of Treasurers Bond (required if annual budget exceeds \$19,999)

☒ Annual Budget

☒ List of Officers

☒ Signed Agreement

☒ Affidavit signed by all Officers (See Below)

☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)

NAME OF BANK AND ACCOUNT #: Heritage Bank

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 45-4838991

STATES SALES TAX-EXEMPT #: B-27068 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President

[Signature]

Vice-President

[Signature]

Bookkeeper

N/A

Secretary

[Signature]

Treasurer

[Signature]

(KCSO employees ineligible to serve)

Principal

[Signature]

Superintendent/Designee

Michelle

Board Meeting Date 8/4/25



**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Simon Kenton High School

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Simon Kenton Cheer Boosters

APPLIED FOR BY: Tim Washburn, Treasurer

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence, \$5,000 med expense coverage per person, KCSD as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Heritage Bank / 307823

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 83-4400992

STATES SALES TAX-EXEMPT #: B000171529 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President <u>[Signature]</u>	Vice-President <u>[Signature]</u>
Bookkeeper <u>[Signature]</u>	Secretary <u>[Signature]</u>
Treasurer <u>Tim Washburn</u>	(KCSO employees ineligible to serve)
Principal <u>[Signature]</u>	
Superintendent/Designee <u>[Signature]</u>	Board Meeting Date <u>8/4/25</u>

**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-26 SCHOOL: Simon Kenton  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Men's Soccer  
APPLIED FOR BY: S. Epure

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws	<input checked="" type="checkbox"/> N/A Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)
<input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)	

NAME OF BANK AND ACCOUNT #: Fifth Third - 7980655562  
FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 81-2912258  
STATES SALES TAX-EXEMPT #: ~~000000~~ B-00017101 (Must be different for school/district #)  
CHARITABLE GAMING LICENSE: Y/N NO

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President [Signature] Vice-President [Signature]  
Bookkeeper N/A Secretary [Signature]

Treasurer [Signature] (KCS D employees ineligible to serve)

Principal [Signature]

Superintendent/Designee [Signature]

Board Meeting Date 8/4/25

STUDENTS

09.33 AP.2

**Booster/External Support Group Application**

SCHOOL YEAR: 2025-26 SCHOOL: Scott High School  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: SHS Student Activities Boosters  
APPLIED FOR BY: President

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws ☒ Copy of Treasurers Bond (required if annual budget exceeds \$19,999)  
☒ Annual Budget ☒ List of Officers  
☒ Signed Agreement ☒ Affidavit signed by all Officers (Sec Below)  
☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence; \$5,000 med expense coverage per person, KCBE as additional insured)

NAME OF BANK US Bank AND ACCOUNT #: 145817228490

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 85-0863621

STATE SALES TAX EXEMPT # B-000172332 (MUST BE DIFFERENT FOR SCHOOL/DISTRICT #)

CHARITABLE GAMING LICENSE: Y/N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook".

President [Signature] Vice-President [Signature]

Bookkeeper \_\_\_\_\_ Secretary [Signature]

Treasurer [Signature] (KCS D employees ineligible to serve)

Principal [Signature]

Superintendent/Designee [Signature] Board Meeting Date 8/4/25

**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: DIXIE HEIGHTS HS  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: DAHS BAND BOOSTERS, INC.  
APPLIED FOR BY: SARAH SHAMBLIN

The following documents are required and must be attached prior to the Board reviewing application:

<input checked="" type="checkbox"/> Written By-Laws	<input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999)
<input checked="" type="checkbox"/> Annual Budget	<input checked="" type="checkbox"/> List of Officers
<input checked="" type="checkbox"/> Signed Agreement	<input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)
<input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence \$5,000 med expense coverage per person, KCBE as additional insured)	

NAME OF BANK AND ACCOUNT #: FIFTH THIRD  
FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 82-4376546  
STATES SALES TAX-EXEMPT #: 8-000171390 (Must be different for school/district #)  
CHARITABLE GAMING LICENSE: ☒ Y N EXE0008650

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

JASON  
ADAMS  
JACOB  
RENNER  
KATIE  
MCLAIN

President Jason Adams

Bookkeeper Jacob Renner

Treasurer Katie McLain

Principal [Signature]

Superintendent Designee [Signature]

Vice-President Jerani Barnett

Secretary Nicole Davis

(KCSD employees ineligible to serve)

JERANI  
BARNE  
NICOLE  
DAVIS

Board Meeting Date 8/4/25

**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Dixie

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Colonels Club

APPLIED FOR BY: Maui Seng

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Fifth Third

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 20-1527314

STATES SALES TAX-EXEMPT #: B23390 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: Y/N No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President Tiffany Woelf Co Vice-President Maui Seng

Bookkeeper Alexis Bullock Secretary [Signature]

Treasurer [Signature] (KCS D employees ineligible to serve)

Principal Andrew [Signature]

Superintendent/Designee Muelate

Board Meeting Date 8/4/25

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: River Ridge Elementary  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: River Ridge PTO  
APPLIED FOR BY: Sarah Littlefield

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Fifth Third Bank 74198435  
FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 61-1384281  
STATES SALES TAX-EXEMPT #: 826942 (Must be different for school/district #)  
CHARITABLE GAMING LICENSE: DN EXE0000289

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redhook"

President <u>[Signature]</u>	Vice-President <u>[Signature] &amp; Mikka Bengner</u>
Bookkeeper <u>[Signature]</u>	Secretary <u>[Signature]</u>
Treasurer <u>Lepi Toon</u>	(KCSD employees ineligible to serve)
Principal <u>[Signature]</u>	

Superintendent/Designee [Signature] Board Meeting Date 8/4/25

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**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Summit View Academy

NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Summit View Academy PTSA

APPLIED FOR BY: Amy Brossart (PTSA President)

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: Truist Bank 6005187727261

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 47-4570027

STATES SALES TAX-EXEMPT #: 5110 (Must be different for school/district #)

CHARITABLE GAMING LICENSE: YN No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President <u>Amy Brossart</u>	Vice-President <u>[Signature]</u>
Bookkeeper <u>[Signature]</u>	Secretary <u>[Signature]</u>
Treasurer <u>Jacky Woodfolk</u>	(KCS D employees ineligible to serve)
Principal <u>[Signature]</u>	

Superintendent/Designee M. White

Board Meeting Date 8/4/25



STUDENTS

09.33 AP.2

**Booster/External Support Group Application**

SCHOOL YEAR: 2025-2026 SCHOOL: Ft Wright Elementary  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Ft Wright PTA  
APPLIED FOR BY: Courtney Smith

The following documents are required and must be attached prior to the Board reviewing application:

☒ Written By-Laws N/A Copy of Treasurers Bond (required if annual budget exceeds \$19,999)  
☒ Annual Budget ☒ List of Officers  
☒ Signed Agreement ☒ Affidavit signed by all Officers (See Below)  
☒ Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence; \$5,000 med expense coverage per person, KCBE as additional insured)

NAME OF BANK CinFed AND ACCOUNT #: 107626

FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 61114-76

STATE SALES TAX EXEMPT # 40190 (MUST BE DIFFERENT FOR SCHOOL/DISTRICT #)

CHARITABLE GAMING LICENSE: Y/N No

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook".

President Courtney Smith Vice-President SS Stoltzman

Bookkeeper Rachel Paul Secretary Alexandra Brandner

Treasurer [Signature] (KCSD employees ineligible to serve)

Principal Sarah Schel

Superintendent/Designee Michelle Board Meeting Date 8/4/25

**KENTON COUNTY SCHOOL DISTRICT**  
**Booster/External Support Group Application**

SCHOOL YEAR: 25/26 SCHOOL: Ryland Heights Elementary  
NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: Ryland Heights PTO  
APPLIED FOR BY: Nikki Cottengim

The following documents are required and must be attached prior to the Board reviewing application:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Written By-Laws  | <input checked="" type="checkbox"/> Copy of Treasurers Bond (required if annual budget exceeds \$19,999) |
| <input checked="" type="checkbox"/> Annual Budget  | <input checked="" type="checkbox"/> List of Officers   |
| <input checked="" type="checkbox"/> Signed Agreement   | <input checked="" type="checkbox"/> Affidavit signed by all Officers (See Below)                         |
| <input checked="" type="checkbox"/> Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence<br>\$5,000 med expense coverage per person, KCBE as additional insured) |  |

NAME OF BANK AND ACCOUNT #: 5/3 - 7901251756  
FEDERAL EMPLOYER IDENTIFICATION (FEIN #): 65-1305128  
STATES SALES TAX-EXEMPT #: B26562 (Must be different for school/district #)  
CHARITABLE GAMING LICENSE: Y/N N

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook"

President <u>Amy Cottengim</u>	Vice-President <u>Maeghan Evans</u>
Bookkeeper <u>Andrea York</u>	Secretary <u>[Signature]</u>
Treasurer <u>Tracy Harder</u>	(KCSD employees ineligible to serve)
Principal <u>[Signature]</u>	

Superintendent/Designee M. Melate Board Meeting Date \_\_\_\_\_