



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

Issue Paper

DATE:
January 16, 2026

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with Child Evangelism Fellowship and Piner Elementary for use of the cafeteria on Mondays during non-school hours in February– March 2026.

APPLICABLE BOARD POLICY:

O5.3 Community Use of Facility

HISTORY/BACKGROUND:

The Child Evangelism Fellowship is Bible-centered organization composed of born-again believers whose purpose is to evangelize boys and girls with the Gospel. They are requesting to use the cafeteria for their Good News Club to meet.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval Community Use Facility contract with Child Evangelism Fellowship and Piner Elementary for use of the cafeteria on Mondays during non-school hours in February – March 2026.

CONTACT PERSON:

Matt Wilhoite

Matt Wilhoite
Principal/Administrator

Travis Harvey
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.

Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and Child Evangel Fellowship hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): profit organization non-profit organization/FEIN # 61-1247489

Category of user (1-5) 3 (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: Piner Cafeteria

Non School Day/Time Fees apply for Saturday + Sundays

at the following times and dates: Mondays 2/9 - 3/23, 2026 5-6:30pm subject to the following terms and conditions:

1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus, unless otherwise approved by the Superintendent/designee.
2. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions specified by the Principal. Any violation of such terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the Principal.
3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

Facility Use Contract

8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. **Campuses will be cleared for school use only.**
9. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:
The liability insurance certificate is required to include the following minimum amounts:
\$2,000,000 General Liability coverage in the aggregate
\$1,000,000 General Liability coverage per occurrence
The Kenton County Board of Education is noted as additional insured
A copy of the liability policy or declaration of coverage page must be attached to this contract.
12. An orientation has been provided.

(Please initial) _____ user, _____ school representative

Applicable Fees:

Rental fee: TBD per hr. (min 2 hours) Rental fee total: _____

Custodial fee: _____ per hr. (min 2 hours) Custodial fee total: _____

Supervisory fee: _____ per hr. (min 2 hours) Supervisory fee total: _____

Equipment fee: _____ Equipment fee total: _____

Other fees: _____ Other fees total: _____

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: _____ **Deposit:** _____

Checks are payable to Kenton County Board of Education**Supervision/Custodial Support Details:**

Custodial Support provided by evening crew

Misc. Considerations:

Name of School: Piner Elementary School

Name of Renting Organization "User": Child Evangelism Fellowship

Martha Krebeck

Name of 'User' Representative (Print)

PO Box 289

Address

Independence, KY 41051

City State Zip

(859) 667-4599

Phone Number

cefnky@gmail.com

E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name

Address

Telephone Number

E-Mail Address

IN WITNESS WHEREOF the principal or Superintendent/designee for and on behalf of the Board of

Education and the user hereunto set their hands this 2ND day of February, 2026.

Contracts for recurring events expire on June 30th of the school year.

MARTHA KREBECK e-signed
Signature of "User" Representative

1/7/2026

Principal/school representative* / Superintendent/designee*

*Principal has reviewed this contract

Gerry Newbern



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2025

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).

PRODUCER		CONTACT NAME: Terra Beverley	
Claude Reynolds Insurance Agency Inc. 11820 Ransom Dr Suite 201 LOUISVILLE		PHONE (A/C, No. Ext): (502) 933-2255	FAX (A/C, No.): (502) 933-5057
		E-MAIL ADDRESS: Terra@claudereynoldsinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
INSURED		INSURER B:	
Child Evangelism Fellowship Of Kentucky, Inc P.O. BOX 2144		INSURER C:	
		INSURER D:	
Elizabethtown		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.								
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	16MEA0516314	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
	MED EXP (Any one person)						\$ 10,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 3,000,000	
	PRODUCTS - COMP/OP AGG						\$ 3,000,000	
OTHER:	\$							
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		\$
ANY AUTO					BODILY INJURY (Per person)		\$	
OWNED AUTOS ONLY					BODILY INJURY (Per accident)		\$	
Hired AUTOS ONLY					PROPERTY DAMAGE (Per accident)		\$	
							\$	
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE					EACH OCCURRENCE		\$
						AGGREGATE		\$
								\$
DED RETENTION \$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHE- R	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N		N / A		E.L. EACH 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)

CERTIFICATE HOLDER		CANCELLATION	
Kenton County Schools 1055 Eaton Drive Ft. Wright		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
KY 41017		AUTHORIZED REPRESENTATIVE Terra Beverley	