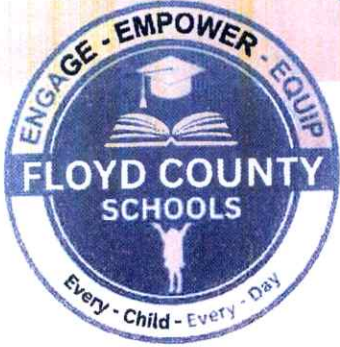




Every Child Every Day

SUPERINTENDENT
TONYA HORNE-WILLIAMS

BOARD CHAIR DISTRICT 1
LINDA GEARHEART

VICE CHAIR DISTRICT 4
KEITH SMALLWOOD

MEMBER DISTRICT 2
DR. CHANDRA VARIA

MEMBER DISTRICT 3
WILLIAM NEWSOME, JR

MEMBER DISTRICT 5
STEVE SLOANE

Consent Agenda Item (Action Item):

Consider the approval acknowledgment of the May Valley Elementary School PTO and the included facility agreement for the 2026-2027 school year.

Applicable State or Regulations:

PTO approval and facility use by PTO requires Board of Education approval.

Fiscal/Budgetary Impact:

The May Valley PTO works diligently in order to provide additional resources to promote students and staff.

History/Background:

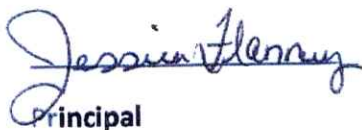
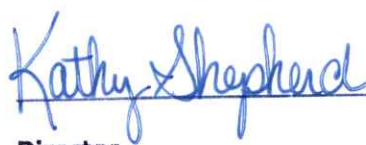
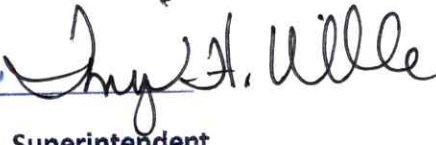
The May Valley PTO works diligently in order to provide additional resources to promote achievement for students and staff.

Recommended Action:

Approve the request

Contact Person(s):

Jessica Flannery, Principal
Tara Handshoe, Assistant Principal
Samantha Howard, PTO President

 Principal
 Director
 Superintendent

Date: 7/21/26

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

442 KY ROUTE 550, EASTERN KY, 41622
TEL: 606.886.2354 FAX: 606.886.4550

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	May Valley	Telephone	
Representative's Name	Samantha Howard, PTO		
Address	1453 Prater Frk Hueysville, KY	411640	
The above organization/individual requests the use of:			
☒ auditorium	☒ gymnasium	☒ dining room/kitchen	☒ stadium
☒ classroom(s)	☐ other, specify <u>restrooms, foyer</u>		
Is the organization planning to use District-owned equipment? ☐ YES ☒ NO			
If yes, specify equipment		Operator's Name	
Is the organization planning to conduct sales on school premises? ☒ YES ☐ NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Concession, t-shirt/sweatshirts to purchase supplies for school staff, students, and field trips</u>			
Building/school/facility <u>May Valley</u>			
Purpose <u>Fundraising</u>			
Date(s) requested <u>2026-2027</u>		Time(s) Requested <u>Evenings</u>	
Will public be admitted?	☒ YES ☐ NO		
Will advertisement(s) be used?	☐ YES ☒ NO		
Will admission be charged?	☐ YES ☒ NO		

When using school facilities, this organization agrees to observe the following:

- 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.
- 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.)~~
- 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.
- 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.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)**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
Gymnasium at <u>May Valley Elementary</u> school				0
Auditorium at _____ school				
Cafeteria - ☐ Dining Room ☐ Kitchen ☐ Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at <u>May Valley Elementary</u> school				0

Samatha Howard
Signature - Representative of User Group

7-20-26
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 \$	<u>0</u>	Cost for school employee \$	<u>0</u>	Total cost \$	<u>0</u>
Deposit \$	<u>NA</u>	Is deposit refundable? ☐ Yes ☒ No		<u>rt</u>	
Date Deposit Received	<u>NA</u>		Balance Due \$	<u>NA</u>	
Board employee(s) assigned: _____					
Board Action Date, if applicable _____ Board Order # _____					

Review/Revised:9/29/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/13/2026

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 ADDRESS: joan@hallclark.com FAX (A/C, No.): 606-886-2351
INSURED May Valley Elementary PTO 481 Stephens Branch Rd Martin, KY 41649	INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company INSURER B: Axis Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 21873 37273

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	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	☒	UST021067250 NANPO0075045	7/16/2026	7/16/2027	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 - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ 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	☐ Y ☒ N N/A				WC STATU-TORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability		NANPO0075045	7/16/2026	7/16/2027	\$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: May Valley PTO Start Date: 07/16/2026 End Date: 07/16/2027

CERTIFICATE HOLDER

Floyd Co BOE

442 Kentucky 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

Joseph Guerrero

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