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

Jessica Flannery Kathy Shepherd Inez H. Wells

Principal **Director** **Superintendent**

Date: 7/21/26

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 Fork Hueysville, KY 41640

The above organization/individual requests the use of:

☑ auditorium ☑ gymnasium ☑ dining room/kitchen ☑ stadium

☑ classroom(s) _____ ☐ other, specify restrooms, foyer

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. Concession, t-shirt/sweatshirts - to purchase supplies for school, staff, students, and field trips

Building/school/facility May Valley

Purpose Fundraising

Date(s) requested 2026-2027 Time(s) Requested evenings

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:

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
Gymnasium at May Valley Elementary school				0
Auditorium at _____ school				
Cafeteria - ☐ Dining Room ☐ Kitchen ☐ Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at May Valley Elementary school				0

Samantha 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 $ 0 **Cost for school employee $** 0 **Total cost $** 0

Deposit $ NA **Is deposit refundable?** ☐ Yes ☐ No NA

Date Deposit Received NA **Balance Due $** NA

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 FAX (A/C, No): 606-886-2351 E-MAIL ADDRESS: joan@hallclark.com
INSURED May Valley Elementary PTO 481 Stephens Branch Rd Martin , KY 41649	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Fireman's Fund Insurance Company — 21873 INSURER B : Axis Insurance Company — 37273 INSURER C : INSURER D : 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 INSR	SUBR 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 DAMAGE TO RENTED PREMISES MEDICAL EXPENSE PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 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 ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	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