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

Issue Paper

DATE:
October 20, 2026

AGENDA ITEM (ACTION ITEM):
Consider/Approve Community Use Facility with Northern Kentucky Cooperative for Educational Services and Kenton County School District for use of the Karen L.W. Collins Boardroom on November 5, 2026 from 7:00 am- 4:00 pm.

APPLICABLE BOARD POLICY:
05.3 Community Use of Facility

HISTORY/BACKGROUND:
The Northern Kentucky Cooperative for Educational Services is the regional education cooperative that requests to hold their School-Based Health Guiding Coalition meeting in the Kenton County School District's professional learning center.

FISCAL/BUDGETARY IMPACT:
Fee will be waived.

RECOMMENDATION:
Approval Community Use Facility with Northern Kentucky Cooperative for Educational Services and Kenton County School District for use of the Karen L.W. Collins Boardroom on November 5, 2026 from 7:00 am- 4:00 pm.

CONTACT PERSON:
Randy Borchers

Randy Borchers
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.

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 Christina Sizemore, NKCES hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): _____ profit organization ✓ non-profit organization/FEIN # _____

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: use of KCSD professional learning Center (front and back) and restrooms in the lobby at the following times and dates: November 5, 2026 - 7am - 4pm 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 minimnm 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) CS user _____ school representative

Applicable Fees:

Rental fee: Ø per hr. (min 2 hours) Rental fee total: Ø
Custodial fee: Ø per hr. (min 2 hours) Custodial fee total: Ø
Supervisory fee: Ø per hr. (min 2 hours) Supervisory fee total: Ø
Equipment fee: Ø Equipment fee total: Ø
Other fees: Ø Other fees total: Ø

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: Ø **Deposit:** Ø

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details:
Supervision provided by staff in the building

Misc. Considerations:

Facility Use Contract

Name of School: KCSD - Central Office Northern Kentucky Coop for Ed. Services
Name of Renting Organization "User"

Christina Sizemore
Name of "User" Representative (Print)

5516 East Alexandria Pike
Address

Cold Spring KY 41076
City State Zip

(859) 442-8600
Phone Number

christina.sizemore@nkces.org
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.

NAOMI COLLIVER
Name
5516 E. ALEXANDRIA PIKE COLD SPRING, KY 41076
Address
859.442.8600
Telephone Number
NAOMI.COLLIVER@NKCES.ORG
E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this 2 day of November, 20 26. **Contracts for recurring events expire on June 30th of the school year.**

Christina Sizemore
Signature of "User" Representative

Principal

Superintendent/designee

Review/Revised:7/7/2025

NORTKE-P05 KCARTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2026

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 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:	
Houchens Insurance Group 505 Wellington Way, Suite 275 Lexington, KY 40503	PHONE (A/C, No, Ext): (859) 296-4580	FAX (A/C, No): (859) 296-4583
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Obsidian Specialty Insurance Company	16871
INSURER B : Kentucky Employers' Mutual Insurance	10320
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Northern Kentucky Cooperative For Educational Services Inc
5516 East Alexandria Pike
Cold Spring, KY 41076

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 6,000,000
	CLAIMS-MADE X OCCUR			KY-RPG-NOR001-27	7/1/2026	7/1/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 7,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A		447379	7/1/2026	7/1/2027	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured regarding the general liability as required by written contract, except as otherwise provided by the policy and KY state statutes and regulations.

CERTIFICATE HOLDER

Kenton County Board of Education
2044 Tuscanyview Drive
Covington, KY 41017

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

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