

**EAST STROUDSBURG AREA SCHOOL DISTRICT
BOARD OF EDUCATION
REGULAR MEETING – February 22, 2016**

Carl T. Secor Administration Center – Board Room

7:00 P.M.

ADDENDUM A

XI. PERSONNEL ITEMS

F. Extra Responsibility Positions

RECOMMENDATION: Motion to approve the appointments in accordance with the terms of the District's existing collective bargaining agreements as amended and supplemented.

2. Appointments for the 2015-2016 School Year

	Last Name	First Name	Position	Building	Rate
k.	Best	Marc	Boys' Track & Field Head Coach	Lehman Intermediate	\$2,117.73
l.	Best	Marc	Intramural Boys' Track & Field Advisor	Lehman Intermediate	\$23.46/hour (24 hour maximum)
m.	Woolsey	Lawrence	Girls' Track and Field Varsity Assistant Coach	High School South	\$3,587.69 (plus \$250.00 longevity stipend)

XIX. FISCAL ITEMS

RECOMMENDATION: Motion to approve the requests for use of facilities as listed for Class 1 school-related activities (no facility or personnel fees will be incurred as per Policy #707).

CLASS 1 – SCHOOL-RELATED USE OF FACILITIES – (Sports Feeder Programs/Student Educational Enrichment Programs)

BUILDING	ORGANIZATION	EVENT	DATE TO/FROM	FACILITY FEES	PERSONNEL FEES
Bushkill	Girls on the Run	Healthy Living Program	3/3/16-5/19/16 (Tuesdays & Thursdays)	No	No
ESE	Luis Bermudez D.B.A. Simon Haase Foundation	Basketball Practice for local kids	3/1/16-7/1/16 (Tuesdays)	No	No

(See pages 2-4)

XXII. APPOINTMENT TO THE COLONIAL I.U. 20 BOARD

1.

RECOMMENDATION: Motion to appoint _____ to complete Debbie Kulick's term on the Colonial I.U. 20 Board from February 23, 2016 through June 30, 2016.

2.

RECOMMENDATION: Motion to appoint _____ on the Colonial I.U. 20 Board from July 1, 2016 through June 30, 2019.

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Girls On The Run Pocono Today's Date 2 / 17 / 16

Non-Profit? yes no Will an admission fee be charged? yes no Are you requesting a waiver of facilities fees? yes no

Specific purpose of use: GOTR is a health/wellness initiative for girls, grades 3-5.

Name of School Requested Bushkill Elementary School

Table with columns: DAY(S) DATE(S), HOURS, DESCRIPTION. Includes handwritten dates 3/3/16 to 5/19/16 and times 3:20 pm to 4:30 pm. Description: lesson/practice - GOTR is designed for building emotional + physical health (girls grades 3-5)

- Facility Required: All-Purpose Room, Auditorium, Cafeteria, Gymnasium, Stadium, Kitchen/Preparation, Kitchen/Serving, Swimming Pool, Stage, Fields, Other (specify) gymnasium, track by Elem, and cross country course, Classrooms #, Piano, Sound System, Record Player/Stereo Equip., Folding Stands, Motion Picture Projector, Overhead Projector/Screen, Tables and/or Chairs, Athletic Equipment, Other (specify)

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$ _____ Bodily Injury Liability (\$500,000 minimum) \$ _____ Property Damage Liability (each occurrence) (\$500,000 minimum)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Nicole Werrell Address 109 Lempe Dr. Shawnee PA 18306 Phone 908 930 4575

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted.

Signature — Responsible Organization Official Nicole Werrell Phone (day) 908 930 4575 (eve.) 908 930 4575

Billing Address _____

APPROVALS: Principal [Signature] Date 2 / 18 / 16 Business Administrator _____ Date / / copy to: stage manager athletic director cafeteria manager head custodian librarian a/v coordinator other Date / /

For office use only: FACILITIES USE INVOICE. Table with columns: Facilities/Equipment used, Personnel Employed, Other (specify), Charges: \$

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Luis Bermudez D.B.A. Simon Haase Foundation Today's Date 2 / 11 / 16

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees? yes no
 yes no yes no If yes, attach a letter of justification addressed to the Board of Education.
 If yes, amount \$ This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: basketball practice for local kids participating in traveling team

Name of School Requested ESE

DAY(S) from — DATE(S) — to	from — HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
<u>ASAP</u> <u>3-1-16</u>	<u>5:00 pm</u> <u>Tuesdays</u>	<u>basketball practice</u>

Facility Required: Auditorium Cafeteria Gymnasium
 All-Purpose Room Stadium Kitchen/Preparation Kitchen/Serving
 Swimming Pool (requires proof of certified lifeguard) Stage Fields (specify)
 Classrooms # Other (specify)

Equipment Required: (*must be operated/attended by school personnel)
 Kitchen Equipment* Sound System Record Player/Stereo Equip. Piano
 Stage Lighting* Motion Picture Projector Overhead Projector/Screen Folding Stands
 Scoreboard* Athletic Equipment Other (specify)

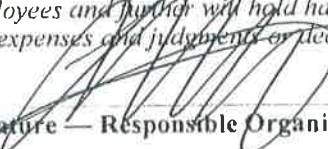
The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$ 1,000,000 Bodily Injury Liability (\$500,000 minimum) \$ 1,000,000 Property Damage Liability (each occurrence) (\$500,000 minimum) on file

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Luis Bermudez Address 528 TALL TIMBER CIRCLE EAST STROUDSBURG, PA 18302 Phone 908 499 4600
 Name DANAE Noonan Address 2320 Sandie Lane Stroudsburg 18360 Phone 570 994 6707

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said School Directors, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

Signature  Responsible Organization Official Phone (day) 908 499 4600 (eve.)
 Billing Address 528 TALL TIMBER CIRCLE EAST STROUDSBURG, PA 18302

APPROVALS: Principal pending principal approval Date 1 / 1
 Business Administrator shantia m... .. Date 2 / 22 / 16
 copy to stage manager athletic director cafeteria manager head custodian librarian a/v coordinator other Date 1 / 1

For office use only: FACILITIES USE INVOICE

Facilities/Equipment used:	Charges \$
Personnel Employed:	Charges \$
(attach time sheets)	\$
Other (specify) <u>3</u>	Charges \$
	\$

528 Tall Timber Circle
East Stroudsburg, PA 18302

February 22, 2016

Re: SimonHaase Foundation
Pocono Pacers

To Whom It May Concern:

The SimonHaase Foundation is proud to enter its second year of training and education youth of the Pocono Mountains of Pennsylvania through competitive sports. In an effort to attract more students and assist us in maintaining an affordable program we humbly request that consideration is given to waive all fees for the use of the district's facilities. We are truly grateful for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Luis Bermudez', written over a horizontal line.

Luis Bermudez