

MEASURE N COMMISSION

1000 Broadway, Suite 680
Oakland, CA 94607-4099



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Measure N - College & Career Readiness - Commission

Louise Waters, Chairperson
louise.bay.waters@gmail.com

David Kakishiba, Vice Chair
kakishiba@gmail.com

Marc Tafolla, Member
marctafolla@gmail.com

James Harris, Member
james@510media.com

Katy Nuñez-Adler, Member
katynunez.adler@gmail.com

Board Office Use: Legislative File Info.	
File ID Number	23-0513
Introduction Date	3/7/2023
Enactment Number	23-0541
Enactment Date	3/22/2023 CJH

Memo

To Board of Education

From Measure N Commission
Louise Waters, Chairperson
David Kakishiba, Vice Chair
Marc Tafolla, Secretary
James Harris, Member
Katy Nuñez-Adler, Member

Board Meeting Date March 7, 2023

Subject Budget Modification Form
Services For: Oakland International High School

Action Requested and Recommendation Adoption by the Board of Education, upon recommendation of the Measure N Commission, of a 2022-2023 Education Improvement Plan/Budget modification for Oakland International High School reducing from \$275,707.00 to \$261,778.70, Classified Support Salaries, and establishing Salary & Benefit Costs, for \$13,928.30, as stated in the justification section of the New or Revised Strategic Action Section of the Budget Modification Form.

Background

(Why do we need these services? Why have you selected this vendor?)

Oakland International High School would like to modify their Measure N Educational Improvement Plan/Budget to decrease the approved strategic action, Classified Support Salaries by \$13,928.30, and use that money to create a new strategic action, Salary & Benefit Costs.

Competitively Bid

Was this contract competitively bid? No
If no, exception: N/A

Fiscal Impact

Funding resource(s): Measure N

Attachments

- Budget Modification Form



2022-23 Measure N Budget Modification Form OUSD Schools



Date:	2/10/2023	Principal:	Tom Felix
School Name:	OIHS	Site #:	353
Pathway(s): (required for multiple use of programs)	Multimedia	Requested By:	Tom Felix

Step 1:

a. Enter the Original Approved Strategic Action from the Measure N EIP:

Directions: Copy & paste the original strategic action below. The original strategic action is where you plan to take money from and use it for a new purpose.

**You can enter up to 3 different actions below, as long as the New or Revised Strategic Action in Step 2 is the same!*

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N Budget Original Strategic Action (proper & full justification)	Total Amount Transferred
Whole School Tab	105	\$275,707.00	Classified Support Salaries: Hire 4 Newcomer Assistants; 3 at 1.0 FTE and 1 at .80 FTE for a total FTE of 3.80 to support instruction and learning for all students, including Students with Interrupted and Formal Education, in all ELD literacy classes and 9/10 classes, to provide tutoring in the after school program, to chaperone all college and career field trips, to support school wide career week, academic interventions, portfolio assessments, and post session. (PCN 4885 Yasser Alwan at 1.0 FTE) (PCN 4494 Karen Carranza Moya at 1.0 FTE) (PCN 4369 Laurin Lovato Romero at 1.0 FTE) (PCN 4934 Nadia Hassan at .80 FTE)	\$13,928.30

b. What will be the impact on your Measure N plan, pathway development, and students for not doing your original strategic action? (*Do not insert links or use Acronyms. *If taking from multiple actions - provide a response for each or the overall impact)

No impact as all approved activities are underway as of this time.

c. Enter the Account String for the Original Approved Strategic Action:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	2490	3202	353	3530	1690	9999	99999
010	9333	0	3800	2490	3402	353	3530	1690	9999	99999

d. Total amount being transferred: **\$13,928.30**

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure N Budget.
- Please check this box if this is an **EXISTING** expenditure and you're only amending the approved amount.
- Please check this box if this request is to create a new position or change the FTE of an existing position. If so, please attach a Measure N Duty Statement form to the Budget Modification form.

Step 2.

a. Enter the New or Revised Strategic Action (Explicitly state the expenditure type and how it supports pathway development?):

*This will become the new proper justification for this expenditure. *Only one justification is allowed. *You'll use this new or revised justification for all future applicable requests connected to this modification.*

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	New or Revised Measure N Strategic Action <i>Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.</i> -What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when applicable. -How does the specific expenditure impact students in the pathway and support your 2022-23 pathway goals and strategic actions? -Please also answer the additional questions by Object Code linked in this document to provide a proper justification for your new or revised strategic action.	New or Amended Amount
Whole School Tab	N/A	N/A	Salary & Benefit Costs - Correcting Negatives in Measure N accounts. These funds are to offset all of the negatives in Measure N - Resource 9333. The negatives are usually the result of cost differences between what was initially budgeted by the site actual Salary & Benefit Costs, as well as Mid-Year Salary Adjustments. This justification is to cover negatives in the 1xxx-3xxx object codes only, throughout the 2022-23 fiscal year.	\$13,928.30

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	2490	1000-3000	353	3530	1690	9999	99999

Signature of Approvals: *(Please insert the team member's name below the signature line)*

Name: _____
Teacher Leader/Pathway Director
Signature

Date _____

Thomas Felix
Name: Tom Felix
Principal Signature Required

2/10/23
Date

FOR MEASURE N STAFF USE ONLY

Date BMF Received: 2/24/23

Escape Budget Transfer or Journal Entry Link No.: _____

Program Manager, Approval Signature: Nancy Gomez

Date: 2/24/23

H.S. Network Superintendent, Approval Signature: VS

Date: 2/24/23