

**MEASURE N COMMISSION**

1000 Broadway, Suite 680  
Oakland, CA 94607-4099



**OAKLAND UNIFIED  
SCHOOL DISTRICT**

Community Schools, Thriving Students

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**Measure N - College & Career Readiness - Commission**

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**Katy Nuñez-Adler**, Member  
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Enactment Date	1/17/2023 er

# Memo

**To** Board of Education

**From** Measure N Commission  
Jason Gumataotao, Chairperson  
Louise Waters, Vice Chair  
James Harris, Member  
Marc Tafolla, Member  
Katy Nuñez-Adler, Member

**Board Meeting Date** January 3, 2023

**Subject** Budget Modification Form 2 of 2  
Services For: Oakland Technical High School

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**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 Technical High school reducing from \$700.00 to \$500.00, Transportation Costs with Sonoma State and establishing Transportation Costs with Sage Veterinary Hospital for \$950.00, 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 Technical High School would like to modify their Measure N Educational Improvement Plan/Budget to decrease the approved strategic action, Transportation Costs, by \$200.00, and use that money to increase an existing strategic action, Transportation 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:	11/18/22	Principal:	Martel Price
School Name:	Oakland Technical HS	Site #:	305
Pathway(s): <small>(required for multiple use of programs)</small>	Health Academy	Requested By:	Kathleen Bailey

**Step 1:**

**a. Add 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.*

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N Budget Original Strategic Action <i>(proper &amp; full justification)</i>	Total Amount Transferred
Health Academy	110	Was \$750.00, New total after approval of BMF #1 is \$700.00	<b>Transportation Costs for Career and College Exploration Field Trip</b> Approximately 60 students will benefit from this field trip to <b>Sonoma State</b> by getting exposure to health careers and college life through exploration. This opportunity will allow students to engage with students and professors in the healthcare field. Participation in this activity supports our Strategic Action "Increase scholars WBL experiences." <b>Transportation Vendor:</b> Black Tie Transportation at \$750.00	\$200.00

**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)**

No Impact. We will in fact be doing these activities.

**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	100	5826	305	3050	3908	0103	99999

**d. Total amount being transferred: \$ 200.00**

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure N EIP.
- 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 the 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	<p align="center"><b>New or Revised Measure N Strategic Action</b>  <i>Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.</i></p> <p>-What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when applicable.</p> <p>-How does the specific expenditure impact students in the pathway and support your 2022-23 pathway goals and strategic actions?</p> <p>-Please also answer the additional questions by Object Code linked in this <a href="#">document</a> to provide a proper justification for your new or revised strategic action.</p>	New or Amended Amount
Health Academy	114	\$750.00	<p><b>Transportation for Career and College Exploration Field Trip</b> Approximately 60 students will attend <b>Sage Veterinary Hospital</b>, and get exposure to health careers and engage with professionals in the field, which will increase high school students' readiness to succeed in college and career. This opportunity will increase student exposure to Healthcare careers as they will have the opportunity to engage with nursing students and professors school students' readiness to succeed in college and career. Participation in this activity supports our Strategic Action "Increase scholars WBL experiences."</p>	\$950.00

**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5826	305	3050	3908	0103	99999

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

Kathlen Bailey  
 Name:  
 Teacher Leader/Pathway Director  
 Signature

10/14/22  
 Date

Martel Price  
 Name:  
 Principal Signature Required

10/14/22  
 Date

FOR MEASURE N STAFF USE ONLY

Date BMF Received: 12/2/2022

Escape Budget Transfer or Journal Entry Link No.: \_\_\_\_\_

Program Manager, Approval Signature: Nancy Gomez

Date: 12/2/2022

H.S. Network Superintendent, Approval Signature: VS

Date: 12/5/22