

**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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File ID Number	22-0822
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Enactment Number	22-0992
Enactment Date	5/25/2022 er

# Memo

**To** Board of Education

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

**Board Meeting Date** April 13, 2022

**Subject** Budget Modification Form  
Services for: Dewey Academy

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**Action Requested and Recommendation** Adoption by Board of Education, upon recommendation of the Measure N Commission, of a 2021-2022 budget modification request from Dewey Academy transferring \$3,000.00, from Consultant Contracts (no impact – no longer need the full amount) to Consultant Contracts, for a new total amount of \$3,000.00, 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?)*

Dewey Academy would like to modify their Measure N Educational Improvement Plan to decrease the approved strategic action, Consultant Contracts, by \$3,000.00, and use that money to create a new strategic action, Consultant Contracts.

**Competitively Bid**

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

**Fiscal Impact**

Funding resource(s): Measure N

**Attachments**

- Budget Modification Form



## Measure N Budget Modification Form OUSD Schools

Date:	03/09/2022	Principal:	Staci Ross-Morrison
School Name:	Dewey Academy	Site #:	310
Pathway(s): <small>(required for multiple use of programs)</small>	Health and Fitness	Requested By:	Jacqueline Stewart

**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
Whole School	98	\$40,000.00	<b>Consultant Contract with Mentoring in Medicine (MIMS):</b> Partner with MIMS to provide the a Health Scholar Program at Dewey, which includes: twice weekly workshops to expose and train students in health careers and skills, exposure to Emergency Medical Technicians; CPR and First Aid Skills Workshop; splinting, blood pressure, and immobilization workshop.	\$3,000.00

**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 - Vendor unable to provide CPR training, we will use another vendor (Groundwork Education)

**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	1000	5825	310	3100	1690	9999	99999

**d. Total amount being transferred: \$3,000.00**

- 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 attach a Measure N Duty Statement form if the Budget Modification is to create a new position or to change an FTE.

**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 justification 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	<b>New or Revised Measure N Strategic Action</b> <i>Enter one to two sentences to create a Proper Justification using the questions below. Explicitly describe the expenditure - no vague language, no acronyms, no hyperlinks and quantify when applicable.</i> - What is the specific expenditure or service type? - How does the specific expenditure or service type support or is aligned to pathway development? - How does this expenditure improve student engagement and how many students will be served? - What need does this specific expenditure or service type address?	New or Amended Amount
Whole School	N/A	N/A	<p><b>Consultant Contracts:</b> Groundwork Education will provide the Health Scholar Program at Dewey Academy with Emergency Medical Technicians who will provide CPR and First Aid Skills Workshop; splinting, and immobilization workshop. <b>What are the Accomplishment Standards, including:</b> Students/Staff will be CPR certified. <b>What are the contract deliverables?</b> Dewey Academy is a Health and Wellness Pathway. Staff and Students may come upon a situation that requires assistance in a dire situation. CPR will allow participants to confidently and effectively apply these skills to help aid the victim until the first responders arrive and can take over. <b>What target group of students/Staff will benefit from this service?</b> It will be offered to any Students/staff that are interested. <b>How many students/staff will be served?</b> 40 <b>What, if any, are the agency's administrative fees?</b> None</p>	\$3,000.00

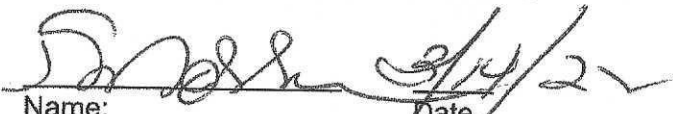
**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5825	310	3100	1690	9999	99999

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

Name: Jacqueline Stewart  
Teacher Leader/Pathway Director  
Signature

Date  
03/14/22

  
Name: \_\_\_\_\_  
Principal Signature Required Date

**FOR MEASURE N STAFF USE ONLY**

Date BMF Received: 3/14/2022

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

Program Manager, Approval Signature: \_\_\_\_\_

*Nancy Gomez*

Date: \_\_\_\_\_

*3/15/2022*

H.S. Network Superintendent, Approval Signature: \_\_\_\_\_

*Kate Schellman*

Date: \_\_\_\_\_

*3/16/22*