#### **MEASURE N COMMISSION**

1000 Broadway, Suite 680 Oakland, CA 94607-4099



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

Jason Gumataotao, Chairperson jason@ibew595.org

Louise Waters, Vice Chair louise.bay.waters@gmail.com James Harris, Member james@510media.com

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| Board Office Use: Legislative File Info. |           |  |  |  |  |
|--|-----------|--|--|--|--|
| File ID Number                           | 22-1929   |  |  |  |  |
| Introduction Date                        | 8-23-2022 |  |  |  |  |
| Enactment Number                         |           |  |  |  |  |
| Enactment Date                           |           |  |  |  |  |

### Memo

| 10                 | Measure N Commission   |
|--------------------|--|
| From               | Vanessa Sifuentes, High School Network Superintendent                      |
| Board Meeting Date |  |
| Subject            | 2022-23 Measure N Budget Modification Forms Services For: All High Schools |
|                    |  |

**Action Requested and** 

Presentation to and discussion by Measure N Commission of 2022-23 Measure N Budget Recommendation

Modification Forms and Budget Modification Form Approval Process.

#### **Background**

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

Competitively Bid Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact Funding resource(s): Measure N

• 2022-23 Measure N Budget Modification Form – OUSD Single Modification

• 2022-23 Measure N Budget Modification Form – OUSD Multiple Modifications

• 2022-23 Measure N Budget Modification Form – Charter Single Modification

• 2022-23 Measure N Budget Modification Form – Charter Multiple Modifications

• Measure N Budget Modification Form Approval Process



pathway development?):

# 2022-23 Measure N Budget Modification Form OUSD Schools



| Date:  |   |                         |         | Principal: |                                |                        |                         |            |                             |                    |            |                                |
|--|---|-------------------------|---------|------------|--------------------------------|------------------------|-------------------------|------------|-----------------------------|--------------------|------------|--------------------------------|
| School N   | Name:   |                         |         |            |                                |                        | Site #:                 |            |                             |                    |            |                                |
| Pathway<br>(required for                                 | r multipl   | e use                   |         |            |                                |                        | Request                 | ed By:     |                             |                    |            |                                |
|  | the O<br>s: Cop   | y & pas                 | te the  | orig       | inal strateg                   | _                      | ion from<br>elow. The c |            |                             |                    | ou plan to | o take money                   |
| Measur<br>Plan<br>Pathw                                  | &   | Bud<br>Actio<br>Line It | on -    |            | Original<br>Amount<br>Approved | M                      |                         |            | iginal Strat<br>justificati | tegic Actio<br>on) | n          | Total<br>Amount<br>Transferred |
|  |   |                         |         |            |                                |                        |                         |            |                             |                    |            |                                |
|  | 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) |                         |         |            |                                |                        |                         |            |                             |                    |            |                                |
|  |   |                         |         |            |                                |                        |                         |            |                             |                    |            |                                |
| c. Enter   | the A   | ccour                   | nt Stri | ing f      | or the Or                      | iginal Ap <sub>l</sub> | proved St               | rategic Ad | ction:                      |                    |            |                                |
| Fund   | Resc  | ource                   | Yea     | ar         | Goal                           | Function               | Object                  | Site       | Manager                     | Program            | LCAP       | Optional                       |
|  | 93  | 33                      |         |            |                                |                        |                         |            |                             |                    |            |                                |
| <ul> <li>d. Total amount being transferred: \$</li></ul> |   |                         |         |            |                                |                        |                         |            |                             |                    |            |                                |
| Step 2.<br>a. Enter                                      | Step 2. a. Enter the New or Revised Strategic Action (Explicitly state the expenditure type and how it supports   |                         |         |            |                                |                        |                         |            |                             |                    |            |                                |

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<br>Plan &<br>Pathway | Budget<br>Action -<br>Line Item # | Original<br>Amount<br>Approved | New or Revised Measure N Strategic Action Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.     | New or<br>Amended<br>Amount |
|--------------------------------|-----------------------------------|--------------------------------|---|-----------------------------|
|                                |                                   |                                | -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. |                             |
|                                |                                   |                                |   |                             |

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

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
|      | 9333     |      |      |          |        |      |         |         |      |          |

| Signature of Approvals:                   | (Please insert t     | he team member's name below the | e signature line)  |  |
|---|----------------------|---------------------------------|--------------------|--|
| orginataro or Approvator                  | (1.70000 11.70011 1. |                                 | o orginataro milo, |  |
|   |                      |                                 |                    |  |
| Name:                                     | Date                 | Name:                           | Date               |  |
| Teacher Leader/Pathway Director Signature |                      | Principal Signature Required    |                    |  |

| FOR MEASURE N STAFF USE ONLY                      |       |  |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|--|
| Date BMF Received:                                |       |  |  |  |  |  |  |  |
| Escape Budget Transfer or Journal Entry Link No.: |       |  |  |  |  |  |  |  |
| Program Manager, Approval Signature:              | Date: |  |  |  |  |  |  |  |
| H.S. Network Superintendent, Approval Signature:  | Date: |  |  |  |  |  |  |  |



# 2022-23 Measure N Budget Modification Form OUSD Schools



| Date:                                   |                                     |                                      |                             |                               |              | Principal   | :                         |                             |                     |                          |                                |
|---|-------------------------------------|--------------------------------------|-----------------------------|-------------------------------|--------------|-------------|---------------------------|-----------------------------|---------------------|--------------------------|--------------------------------|
| School N                                | lame:                               |                                      |                             |                               |              | Site #:     |                           |                             |                     |                          |                                |
| Pathway<br>(required for<br>of programs | multiple us                         | use                                  |                             |                               |              | Request     | ed By:                    |                             |                     |                          |                                |
| Directions from and *You can            | s: Copy &<br>use it for<br>enter up | paste the<br>a new pu<br>to 3 differ | e origii<br>rpose<br>ent ac | nal strateg<br>ctions belo    | ic action be | elow. The o | or Revised                | tegic actior<br>I Strategic | n is where you      | ep 2 is the              |                                |
| Measure<br>Plan &<br>Pathwa             | & /                                 | Budget<br>Action -<br>ne Item #      | A                           | Original<br>Amount<br>pproved | M            |             | Budget Ori<br>oper & full |                             | tegic Action<br>on) |                          | Total<br>Amount<br>Transferred |
|   |                                     |                                      |                             | •                             |              |             |                           |                             |                     |                          |                                |
|   |                                     |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
|   |                                     |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
| The tota                                | ıl amoun                            | t being tr                           | ansfe                       | rred from                     | the (enter   | # of action | <mark>ns here)</mark> di  | fferent act                 | ions above          | is \$ <mark>(ente</mark> | er amount)                     |
|   | ginal stı                           | rategic a                            | ction                       | ? (*Do no                     | -            | · •         | •                         |                             | and stude           |                          | •                              |
|   |                                     |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
| c. Enter                                | the Acc                             | ount Str                             | ing fo                      | or the Or                     | iginal App   | oroved St   | rategic Ac                | ction:                      |                     |                          |                                |
| Fund                                    | Resourc                             | e Ye                                 | ar                          | Goal                          | Function     | Object      | Site                      | Manager                     | Program             | LCAP                     | Optional                       |
|   | 9333                                |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
|   | 9333                                |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
|   | 9333                                |                                      |                             |                               |              |             |                           |                             |                     |                          |                                |
| d. Total                                | amount                              | being tr                             | ansfe                       | erred: \$_                    |              |             | _                         |                             |                     |                          |                                |

☐ Please check this box if this is a *NEW* expenditure and it's not in the approved Measure N Budget.

| Step 2.<br>a. Enter<br>pathway<br>This will b          | the Notes of the conference of | ew ou    | Revisent?): | se attac<br>sed Stra<br>per justif | h a Me   | easure N  Action (E | Duty Stat              | ement for      | justification | Budget M    | odificati | _        |
|--|--|----------|-------------|------------------------------------|--|---------------------|------------------------|----------------|---------------|-------------|-----------|----------|
| Measure N Plan & Action - Pathway Line Item # Approved |  |          |             | unt                                | New or Revised Measure N Strategic Action Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.  -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. |                     |                        |                |               |             | Amended   |          |
| b. Enter   | the N  | lew o    | r Rovis     | sed Acc                            | ount 9   | String:             |                        |                |               |             |           |          |
| Fund   | Reso   | urce     | Yea         |                                    | oal  | Function Function   | Object                 | Site           | Manager       | Program     | LCAP      | Optional |
| Signatu  | re of A  | Appro    | vals:       | (Please                            | insen  | the team            | member's               | name be        | elow the sig  | gnature lin | e)        |          |
| Name:<br>Teacher Le<br>Signature                       | ader/Pat   | hway Dir | rector      | Date                               | _  |                     | Name:<br>Principal Sig | nature Require | ed            | Date        |           |          |
|  |  |          |             |                                    | FC   | R MEASU             | RE N STAI              | F USE OI       | NLY           |             |           |          |
| Date BM  | 1F Rec   | eived:   |             |                                    |  |                     |                        |                |               |             |           |          |

| Escape Budget Transfer or Journal Entry Link No.: |       |
|---|-------|
| Program Manager, Approval Signature:              | Date: |
| H.S. Network Superintendent, Approval Signature:  | Date: |



## 2022-23 Measure N Budget Modification Form Charter Schools



| Date:  |   |                                 |           | School Name:                              |   |   |  |  |  |  |
|--|---|---------------------------------|-----------|---|---|---|--|--|--|--|
| Requested By   | :   |                                 |           |   |   |   |  |  |  |  |
| Pathway(s):<br>(required for multipl<br>of programs) | e use   |                                 |           | Principal Name:                           |   |   |  |  |  |  |
| Directions: Cop                                      | y & paste<br>for a new  | the original strategic purpose. | action be |   | egic action is where you plan                         |   |  |  |  |  |
| Measure N<br>Plan &<br>Pathway                       | Budge<br>Action<br>Item #   | Amount                          | M         | easure N Budget Orig<br>(proper & full ju | Total<br>Amount<br>Transferred                        |   |  |  |  |  |
|  |   |                                 |           |   |   |   |  |  |  |  |
|  | 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) |                                 |           |   |   |   |  |  |  |  |
|  |   |                                 |           |   |   |   |  |  |  |  |
| c. Enter the C                                       | bject Co  | ode and Expenditu               | ıre Type  | for the Original App                      | proved Strategic Action:                              |   |  |  |  |  |
|  |   |                                 |           |   |   |   |  |  |  |  |
| d. Total amou  | ınt being   | ı transferred: \$               |           |   |   |   |  |  |  |  |
|  |   |                                 | -         |   | in the approved Measure<br>ou're only amending the    | _ |  |  |  |  |
|  |   | -                               |           | -   | n or change the FTE of a<br>n to the Budget Modificat | _ |  |  |  |  |

#### 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.

| Plan &<br>Pathway                        | Action<br>Item # | Amount<br>Approved | New or Revised Measure N Strategic Action     Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.  -What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when | New or<br>Amended<br>Amount |
|--|------------------|--------------------|--|-----------------------------|
|  |                  |                    | 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.  |                             |
|  |                  |                    |  |                             |
| h Enter the C                            | Thiert Code      | and Fynend         | iture Type for the New or Revised Approved Strategi  | c Action:                   |
| D. Liller the C                          | /DJect Code      | anu Expend         | Ture Type for the New Or Nevised Approved Strategr   | C Action.                   |
|  |                  |                    |  |                             |
|  |                  |                    |  |                             |
| Signature of <i>i</i>                    | Approvals:       | (Please inser      | rt the team member's name below the signature line)  |                             |
| Name:<br>Teacher Leader/Pat<br>Signature | hway Director    | Date               | Name: Date Principal Signature Required  |                             |
|  |                  | FC                 | OR MEASURE N STAFF USE ONLY  |                             |
| Date BMF Rec                             | ceived:          |                    |  |                             |
| Quarterly Expe                           | enditure: 1st    | Qtr.: 2nd          | Qtr.: 3rd Qtr.: 4th Qtr.:  |                             |
| Program Mana                             | ager, Approva    | al Signature:      | Date:  |                             |
| H.S. Network                             | Superintende     | ent, Approval Sig  | gnature: Date:   |                             |



# 2022-23 Measure N Budget Modification Form Charter Schools



| Date:   |   |    |                                |                 | School Name:   |  |  |  |  |
|---|---|----|--------------------------------|-----------------|--|--|--|--|--|
| Requested By  | <b>′</b> :  |    |                                |                 |  |  |  |  |  |
| Pathway(s):<br>(required for multiple use<br>of programs)   |   |    |                                | Principal Name: |  |  |  |  |  |
| 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 Budget Plan & Action Pathway Item #   |   | on | Original<br>Amount<br>Approved | M               | Measure N Budget Original Strategic Action (proper & full justification) |  |  |  |  |
|   |   |    |                                |                 |  |  |  |  |  |
|   |   |    |                                |                 |  |  |  |  |  |
| The total amo   | The total amount being transferred from the (enter # of actions here) different actions above is \$(enter amount) |    |                                |                 |  |  |  |  |  |
| 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 action or the overall impact)  |   |    |                                |                 |  |  |  |  |  |
|   |   |    |                                |                 |  |  |  |  |  |
| c. Enter the Object Codes and Expenditure Types for the Original Approved Strategic Actions:  |   |    |                                |                 |  |  |  |  |  |
|   |   |    |                                |                 |  |  |  |  |  |
| d. Total amount being transferred: \$   |   |    |                                |                 |  |  |  |  |  |
| <ul> <li>Please check this box if this is a NEW expenditure and it's not in the approved Measure N Budget.</li> <li>Please check this box if this is an EXISTING expenditure and you're only amending the approved amount.</li> </ul>   |   |    |                                |                 |  |  |  |  |  |
| ☐ 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<br>Plan &<br>Pathway | Budget<br>Action<br>Item # | Original<br>Amount<br>Approved | New or Revised Measure N Strategic Action Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.     | New or<br>Amended<br>Amount |
|--------------------------------|----------------------------|--------------------------------|---|-----------------------------|
|                                |                            |                                | -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. |                             |
|                                |                            |                                |   |                             |

| b. Enter the Object Code and Expenditure Type for the New or Revised Approved Strategic Action: |                      |                                       |                   |  |  |  |
|---|----------------------|---------------------------------------|-------------------|--|--|--|
|   | -                    |                                       |                   |  |  |  |
|   |                      |                                       |                   |  |  |  |
| Signature of Approvals: (Ple  | ease insert the team | member's name below th                | e signature line) |  |  |  |
| Name: E Teacher Leader/Pathway Director Signature   | Date                 | Name:<br>Principal Signature Required | Date              |  |  |  |
|   | FOR MEASUI           | RE N STAFF USE ONLY                   |                   |  |  |  |
| Date BMF Received:  |                      |                                       |                   |  |  |  |
| Quarterly Expenditure: 1st Qtr.:  | 2nd Qtr.: :          | 3rd Qtr.: 4th Qtr.:                   | -                 |  |  |  |
| Program Manager, Approval Signature: Date:  |                      |                                       |                   |  |  |  |
| H.S. Network Superintendent, Approval Signature: Date:  |                      |                                       |                   |  |  |  |

# Budget Modification Form (BMF) Approval Process

Discover a Need

Service & Support

Approved or Denied

Implementation Process

Commission Review & Approval















School staff complete a BMF based on their need and submit it to Nancy Gomez.



Nancy reviews the BMF for compliance, completeness and supports the school staff with any corrections before approving.



If the New or Modified Action is permissible, it is approved by Measure N staff.
An approved copy is forwarded to the school and BOE staff for processing.
\*If the action is non-permissible, the request is denied.

#### Ready to take Action

The school can now proceed with the necessary actions to execute their plan. Approved copies are filed for Audit purposes.

### Final Review & Approval

Measure N
Commissioners
review the BMF.
If approved, they give
their consent.
If denied, the school
will need to reverse
the action and use
another funding
source.