

**MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION**

1016 Union Street, #940  
Oakland, CA 94607



**OAKLAND UNIFIED  
SCHOOL DISTRICT**

Community Schools, Thriving Students

**Measures N and H –  
College & Career Readiness Commission**

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# Memo

**To** Board of Education

**From** Measures N and H – College and Career Readiness Commission

**Board Meeting Date** October 3, 2023

**Subject**  
Budget Modification Form  
Services For: Oakland High School

**Action Requested and Recommendation**

Adoption by the Board of Education, upon recommendation of the Measures N and H Commission, of a 2022-2023 Education Improvement Plan/Budget modification for Oakland High School reducing from \$4,242.58 to \$3,642.58, Teacher Salaries Stipends: Extended Contracts to pay teachers for attending IDEA after school meetings, and establishing a new expenditure in the amount of \$600.00 for Meeting Refreshments for an IDEA Teacher team offsite workday, 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 High School would like to modify their Measure N/H Educational Improvement Plan to decrease the approved strategic action, Teacher Salaries Stipends: Extended Contracts to pay teachers for attending IDEA after school meetings, by \$600.00, and use that money to establish a new strategic action, Meeting Refreshments for an IDEA Teacher team offsite workday.

**Competitively Bid**

Was this contract competitively bid? No

If no, exception: N/A

**Fiscal Impact**

Funding resource(s): Measure N  
Measure H

**Attachments**

- Budget Modification Form
- Measure N/H Duty Statement



## 2023-24 Measures N & H Budget Modification Form OUSD Schools



Date:	31 August 2023	Principal:	Pamela Moy
School Name:	Oakland High	Site #:	304
Pathway(s): (required for multiple use of programs)	IDEA	Requested By:	Tiffany Jordan

### Step 1:

#### a. Add the Original Approved Strategic Action from the Measure N/H 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/H Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N/H Budget Original Strategic Action (proper & full justification)	Total Amount Transferred
IDEA	34	Was \$5,269.58. New total after approval of a previous BMF is \$4,242.58.	<p><b>Teacher Salaries Stipends: Extended Contracts to pay teachers for attending IDEA after school meetings.</b></p> <p>These meetings of the pathway teaching and support staff happen biweekly for at least 1 hour and focus on: curriculum development, analyzing attendance, behavior, and assessment data and discuss improvement strategies for students, and planning with partners, volunteers, and teachers to provide quality work based learning experiences for students. These meetings are where the 23-24 pathway goals and strategic actions get discussed their implementation gets planned.</p> <p>There are 11 teachers who get paid for about 2 hours/month at the hourly rate of \$38.50 for 5 months (just first semester of 23-24). (Salary and Benefit Costs)</p>	\$600.00

#### b. What will be the impact on your Measure N/H plan, pathway development, and students for not doing your original strategic action? (\*Do not insert links or use Acronyms)

The original action is still happening. We have been able to apply other funding sources towards teacher extended contracts, freeing up some of this money for other purposes.

#### 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	1120	304	3040	3922	0101	99999

d. Total amount being transferred: \$ 600.00

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure N/H 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/H 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/H Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	<b>New or Revised Measure N/H Strategic Action</b> <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 2023-24 pathway goals and strategic actions?  -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.	New or Amended Amount
IDEA	N/A	N/A	<b>Meeting Refreshments for an IDEA teacher team offsite workday.</b> The entire teaching and support staff team will be spending the day updating the pathway mission, vision, and student learning outcomes in an effort to update the pathway's Program of Study to better reflect the current program components. This impacts students because we will be asking for their input and feedback on the work before it gets finalized. It will also serve as a guide for future decision making about curriculum, and work based learning experiences for students. Refreshments are not to exceed \$40 per teacher for 15 teachers, equaling \$600.00.	\$600.00

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	4311	304	3040	3922	0101	99999

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

Tiffany Jordan  
Name:  
Teacher Leader/Pathway Director  
Signature

8/31/23  
Date

Pamela Moy  
Name:  
Principal Signature Required

9/14/202\_  
Date

FOR MEASURE N/H STAFF USE ONLY

Date BMF Received: 9/15/2023

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

Program Manager, Approval Signature: *Pamela Moy*

Date: 9/19/2023

H.S. Network Superintendent, Approval Signature: *VS*

Date: 9/20/23