

MEASURES N AND H – COLLEGE AND CAREER READINESS COMMISSION

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**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

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

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File ID Number	26-0757
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Enactment Number	
Enactment Date	

Memo

To Board of Education

From Measures N and H – College and Career Readiness Commission

Board Meeting Date May 13, 2026

Subject Services For: Skyline High School

Action Requested and Recommendation

Adoption by the Board of Education, upon recommendation by the Measures N and H Commission of a 2025-2026 Education Improvement Plan/Budget modification for Skyline High School to reduce \$10,000,00 Equipment for Community Health Strand of ChEd Pathway by \$3,800.00 to \$6,200.00, and establish a new strategic action \$3,800.00 License Agreement for a laboratory set up that allows students to practice career experiences in many different health fields, 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?)

Skyline High School to reduce \$10,000.00 Equipment for Community Health Strand of ChEd Pathway by \$3,800.00 to \$6,200.00, and establish a new strategic action \$3,800.00 License Agreement for a laboratory set up that allows students to practice career experiences in many different health fields. The license includes refreshing of consumable supplies that are used during lab particles.

Competitively Bid

Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact

Funding resource(s): Measure H

Attachments

26-0757- Skyline License Agreement \$3,800

2025-26 Measure H Budget Modification Form for OUSD Schools

(Single Modification only)

Date:	3/20/26	Principal Name:	Rebecca Huang
School Name:	Skyline High School	Site #:	306
Pathway Name: (Required for multiple pathway schools)	Whole School	Requested By:	Rebecca Huang

Step 1:

a. Enter the Original Approved Strategic Action from the Measure H EIP, SCO, or C/O Plan:

Directions: Copy & paste the original strategic action below. The original strategic action is the justification you want to take money from to create a new or revised purpose. Whatever plan you enter in Step 1 must also be entered in Step 2.

Name of the Measure H Plan or Pathway Tab	Plan or Pathway Tab, Line Item #	Original Amount Approved	Measure H Approved Strategic Action (Budget complete justification)	Total Amount being Transferred
2024-25 Measure H Carryover Plan	21	\$10,000,00	Equipment for Community Health Strand of ChEd Pathway: Equipment for the Education & Comm Health to support the design and implementation of student projects and project-based learning aligned with the Education & Comm Health Pathway and introduce students to pathway-aligned careers and interests. Equipment will include CTE-aligned supplies specifically required for pathway integration.	\$3,800.00

b. What will be the impact on your Measure H Plan, pathway development, and students for not completing the original strategic action in Step 1? (Do not insert hyperlinks or use acronyms.)

No impact. Funds are still going towards the ChEd pathway CTE courses.

c. Enter the Account String for the Original Approved Strategic Action: (Ensure it matches Escape)

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	9	3800	1000	4391	306	3060	1690	9999	99999

d. Total amount requesting to transfer: \$3,800.00

➤ Check this box if this is a **NEW** expenditure that was not pre-approved in a Measure H Plan.

- Check this box if this is an **EXISTING** expenditure and you're only amending the original amount approved or the term. *(The purpose remains the same.)*
- Check this box if this modification creates a new position or changes the FTE percentage of an existing position. If so, please attach a Measure H Duty Statement form with the BMF request.

Step 2.

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

The description entered will become the new or revised justification for review and approval. Only one justification is allowed in Step 2. You'll use this new or revised justification for all future applicable requests connected to this modification.

Name of the Measure H Plan or Pathway Tab	Plan or Pathway Tab Line Item #	Original Amount Approved	<p align="center">New or Revised Measure H Strategic Action Enter one to two sentences using the questions below to create a Justification. <i>(Do not insert hyperlinks or use acronyms.)</i></p> <p align="center">-What is the specific expenditure or service type? <i>(Please briefly describe (no vague language) and quantify it when applicable.)</i></p> <p align="center">-How does the specific expenditure impact students in the pathway and support your 2025-26 pathway goals and strategic actions?</p> <p align="center">-Please also answer the additional questions using the Object Codes linked in this document to create a proper & complete budget justification.</p> <p align="center">-If the new or revised justification is incomplete, it will be "Conditionally Approved", and a Justification Form will be required at the time of purchasing.</p>	New or Amended Total Amount
2024-25 Measure H Carryover Plan	N/A	N/A	<p>License Agreement: A license for a laboratory set up that allows students to practice career experiences in many different health fields such as; medical imagining, mental health, nursing, environmental health and safety, health information management, sports medicine, pharmacology, etc. In these experiences students will get to practice with industry specific tools with protocols designed to help prepare them to enter the field. For example in pharmacology they get to look at patient information sheets, tablet and capsule identification, etc. The license includes refreshing of consumable supplies that are used during lab particles.</p>	\$3,800.00

Justification Status: Conditionally Approved = Incomplete, Justification Form required ▾

b. Enter the Account String for the New Approved Strategic Action: (Ensure it matches Escape)

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	9	3800	1000	5846	306	3060	1690	9999	99999

Signatures of Approval: (Please enter the team member's full name below the signature line.)

Edward Hill
Name: Edward Hill
Pathway Coach or Director
Signature _____
Date _____

Rebecca Huang
Name: Rebecca Huang
Principal Signature **Required** _____
Date _____

FOR MEASURE H STAFF USE ONLY

Date the BMF was accurately completed & received: 3/25/2026

Program Manager, Approval Signature: *Janay Gomez* Date: 3/25/2026

Deputy Chief of Post-Secondary Readiness, Approval Signature: *Vanessa Sifuentes* Date: 03/25/2026
[Vanessa Sifuentes \(Mar 25, 2026 16:18:36 PDT\)](#)