

MEASURES N AND H – COLLEGE AND CAREER READINESS COMMISSION

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Oakland, CA 94607



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

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

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Enactment Date	2/14/2024 er

Memo

To Board of Education

From Measures N and H – College and Career Readiness Commission

Board Meeting Date

Subject Budget Modification Form
Services For: Dewey Academy

Action Requested and Recommendation

Adoption by the Board of Education, upon recommendation of the Measures N and H Commission, of a 2023-2024 Education Improvement Plan/Budget modification for Dewey Academy reducing from \$8,212.58 to \$5,212.58, Supplies & Materials: for the Health Medical Lab and Pathway, and establishing a new expenditure in the amount of \$3,000.00 for Consultant Contract with Paxton/ Patterson to provide onsite training for their new Health and Fitness Pathway Teacher, 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 Measures N and H Educational Improvement Plan to decrease the approved strategic action, Supplies & Materials: for the Health Medical Lab and Pathway, by \$3,000.00, and use that money to establish a new strategic action, Consultant Contract with Paxton/Patterson to provide onsite training for their new Health and Fitness Pathway Teacher.

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



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



Date:	11/27/2023	Principal:	Staci Ross-Morrison
School Name:	Dewey Academy	Site #:	310
Pathway(s): (required for multiple use of programs)	Health and Fitness	Requested By:	Michell McKnight

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
2022-2023 Strategic Carryover Plan	14	\$8,212.58	Supplies & Materials: for the Health Medical Lab and Pathway. Purchase supplies and materials to support the Health and Wellness pathway, along with sustaining the Health Medical Lab.	\$3,000.00

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)

No Impact.

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	4310	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/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.*


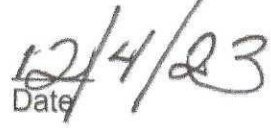
Measure N/H Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	<p align="center">New or Revised Measure N/H Strategic Action <i>Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.</i></p> <p>-What is the specific expenditure 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 2023-24 pathway goals and strategic actions?</p> <p>-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.</p>	New or Amended Amount
2022-2023 Strategic Carryover Plan	N/A	N/A	<p>Consultant Contract with Paxton/Patterson to provide onsite training for our new Health and Fitness Pathway Teacher (Robertson Somuah).</p> <p>The vendor will provide a 2 day onsite visit which will include inventory of the current lab, confirmation of the module software, install updates if necessary and training (for up to three teachers) on the LMS (Learning Management System- the computer side of things, where all the curriculum lives, and that the teacher uses to assign students to modules) and select modules.</p> <p>This contractor's services will impact all of our students, resulting in improved learning outcomes for students using the modules. Classrooms will contain up to 20 students throughout the remaining 3 hexmesters.</p> <p>This expenditure aligns with our 3 Year Quality Goal of focusing on hands-on, minds-on, real-world, pathway-aligned learning experiences in smaller group settings.</p> <p>This expenditure supports our 23-24 strategic action by infusing Health and Fitness industry themes into all subjects; creating a program of study that prepares students for college and career in Health and Fitness, and also affords the opportunity to students to pursue the trades.</p> <p>(Administrative fees included.)</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)

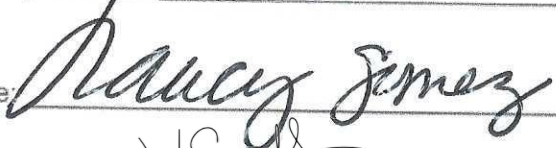
Name: _____ Date _____
Teacher Leader/Pathway Director
Signature

 Name: _____
Principal Signature Required
 Date: _____

FOR MEASURE N/H STAFF USE ONLY

Date BMF Received: 12/4/23

Escape Budget Transfer or Journal Entry Link No.: _____

Program Manager, Approval Signature:  Date: 12/4/23

H.S. Network Superintendent, Approval Signature:  Date: 12/6/23