



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

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Board Office Use: Legislative File Info.	
File ID Number	24-0760
Introduction Date	4/24/2024
Enactment Number	
Enactment Date	

Memo

To Measures N and H – College and Career Readiness Commission

From Vanessa Sifuentes, High School Network Superintendent

Board Meeting Date

Subject Budget Modification Form
Services For: Oakland High School 304

**Action Requested and
Recommendation**

For Adoption by the Measures N and H Commission, of a 2022-2023 Education Improvement Plan/Budget modification for Oakland High School reducing \$7,000.00 Teachers Salaries Stipends: Extended Contracts to pay 5 Teachers from the (Jaguars) -9th Grade Family to attend meetings for Professional Learning Community services, through June 30, 2024 by \$1,275.00 to \$5,725.00, and creating a new expenditure of \$1,275.00 for Professional Contracted Bus Services: Funds to pay for a charter bus rental to transport Jaguar students on a field trip to the Oakland Zoo, 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 wants to reduce \$7,000.00 Teachers' Salaries Stipends: Extended Contracts to pay 5 Teachers from the (Jaguars) -9th Grade Family to attend meetings for Professional Learning Community services, through June 30, 2024 by \$1,275.00 to \$5,725.00, and create a new expenditure of \$1,275.00 for Professional Contracted Bus Services: Funds to pay for a charter bus rental to transport Jaguar students on a field trip to the Oakland Zoo.

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 Oakland High School



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



Date:	2/20/2024	Principal:	P. Moy
School Name:	Oakland High	Site #:	304
Pathway(s): (required for multiple use of programs)	Jaguar Family	Requested By:	Katie Nguyen

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
2022-23 Measure N Carryover	22	\$7,000.00	<p>Teacher Salaries Stipends: Extended Contracts to pay 5 Teachers from the (Jaguars) -9th Grade Family to attend meetings for Professional Learning Community services, through June 30, 2024.</p> <p>The teachers will attend after hours meetings to align student intervention work, community building and introduction to our pathways. This supports student pathway alignment and awareness and impacts approximately 80 students. It addresses the need for teachers to work together to support students in the classroom and with other interactions and activities throughout campus. In addition to events and support on campus, teachers plan community building experiences for these students off campus as well, engagement activities to keep students motivated and connected to school. The accomplishment standards are for teachers to devise plans for wrap-around supports and interventions for these students and the student outcomes are that more 9th graders remain connected to the school community and earn Cs or better in all family-connected classes (Algebra, Biology, English, and academic literacy).</p>	\$1,275.00

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. We are diverting funds to pay for transportation in support of a biology-aligned field trip that is part of a PBL unit to the Oakland Zoo.

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	3918	0101	99999

d. Total amount being transferred: \$ 1,275.00

- 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	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>	New or Amended Amount
			<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>	
Jaguar Family	N/A	N/A	<p>Professional Contracted Bus Services: Funds to pay for a charter bus rental to transport Jaguar students on a field trip to the Oakland Zoo. We are planning to go to the Oakland Zoo to align ourselves with our biology course as well as the Environmental Science Academy, for which the Jaguar Family is a feeder program. Acquiring a charter bus will allow us to continue our PBL work.</p>	\$1,275.00

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5826	304	3040	3918	0101	99999

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

Tiffany Jordan

2/21/24
Date

Pamela Moy

2/21/24
Date

Name:
Teacher Leader/Pathway Director
Signature

Name:
Principal Signature Required

FOR MEASURE N/H STAFF USE ONLY

Date BMF Received: 2/21/24

Escape Budget Transfer or Journal Entry Link No.: _____

Program Manager, Approval Signature: Nancy Gomez

Date: 2/29/24

H.S. Network Superintendent, Approval Signature: [Signature]

Date: 3/4/24