MEASURE N AND H - COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940 Oakland, CA 94607-



Measure N - College & Career Readiness - Commission

David Kakishiba, Chairperson, kakishiba@gmail.com

Marc Tafolla, Vice Chair marctafolla@gmail.com

Katy Nuñez-Adler, Secretary katynunez.adler@gmail.com

James. Harris, Member james@educateoakland.com

Gary Yee, Member Yeega125@gmail.com

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Memo

To Measures N and H – College and Career Readiness Commission

From Vanessa Sifuentes

High School Network Superintendent

Board Meeting Date

Subject Services For: Oakland High School

Action Requested and Recommendation

Adoption by the Measures N and H
Commission of a 2024-2025 Education
Improvement Plan/Budget modification for
Oakland High School to reduce \$8,433.54
Strategic Carryover for Fiscal Year 20242025 by \$8,433.54 to \$0.00, and establish a
new strategic action \$8,433.54 Consultant
Contract with Oakland Kids First, 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 reduce \$8,433.54 Strategic Carryover for Fiscal Year 2024-2025 by \$8,433.54 to \$0.00, and establish a new strategic action \$8,433.54 Consultant Contract with Oakland Kids First to plan and facilitate leadership activities and training for pathway student leaders.

Competitively Bid : Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact Funding resource(s): Measure N

Attachments 25-0701 - Oakland High 304 BMF-14 Consultant Contracts \$8,433.54



2024-25 Measures N and H Budget Modification Form OUSD Schools



Date:	3/11/25	Principal:	Pamela Moy
School Name:	Oakland High School	Site #:	304
Pathway Name: (required for multiple use of programs)	N/A Whole School	Requested By:	Tiffany Jordan

Step 1:

a. Add the Original Approved Strategic Action from the Measures N and 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.

Measures N/H Plan or Pathway/Tab Name	Budget Action - Line Item #	Original Amount Approved	Measures N and H Budget Original Strategic Action (proper & complete justification)	Total Amount being Transferred
2023-2024 Measure N Strategic Carryover Plan	13	The new total amount after approval of prior	Strategic Carryover for Fiscal Year 2024-2025: Funds will be strategically carried over and used in fiscal year 2024-25 via the budget development and Education Improvement Plan approval process to support expenditures identified as needs at the beginning of the school year.	\$8,433.54

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

No impact. There was no original strategic action as the funds were intended to carry over strategically and determine specific use at a later date.

c. Enter the Account String for the Original Approved Strategic Action:

d. Total amount being transferred: \$ 8,433.54

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	4390	304	3040	1690	9999	99999

\checkmark	Please check this box if this is a <i>NEW</i> expenditure that is not in the approved Measures 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 Measures N/H Duty Statement form to the Budget Modification Form request.

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.

Measures N/H Plan or Pathway/Tab Name	Budget Action - Line Item #	Original Amount Approved	New or Revised Measure N and H 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 briefly describe (no vague language) and quantify it when applicable. -How does the specific expenditure impact students in the pathway and support your 2024-25 pathway goals and strategic actions? -Please also answer the additional questions using the Object Code linked in this document to justify your new or revised strategic action adequately.	New or Amended Amount
2023-2024 Measure N Strategic Carryover Plan	N/A	N/A	Consultant Contract with Oakland Kids First We will get support from Oakland Kids First to plan and facilitate leadership activities and training for pathway student leaders. This might include helping to define the role of pathway student leader or ambassador for our students as they support all our pathway outreach activities, including freshman recruitment events and off-site pathway exhibitions. Students will not only get training and practice around leadership skills but will also learn about the pathways besides their own so they can speak about them equally. The workshops also allow students to reflect on and provide input around elements of pathway programs of study like learning outcomes, work-based learning plans, etc. Oakland High School has six pathways, and we want to leverage and develop our students' leadership. The best voice to represent a school is our students. We need the support of Oakland Kids First to help build these student leaders and ambassadors so they can fully describe and understand their role as Pathway ambassadors. We will include four students from each pathway for 24 students. The pathway coach, pathway directors, and/or pathway administrators will also participate. These workshops and other leadership development activities will happen before the 24-25 school year ends, preparing current 10th and 11th graders to hold a leadership/ambassador role as 11th and 12th graders in the 2025-26 school year.	\$8,433.54

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	304	3040	1690	0101	99999

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

Pamela Moy 3/11/25 3/11/2025 Date Name: Date

Teacher Leader/Pathway Director

Signature

Principal Signature Required

FOR MEASURES	N and H STAF	F USE ONLY
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Date the BMF was accurately completed & received: __3/17/2025

Program Manager, Approval Signature:

H.S. Network Superintendent, Approval Signature: Vane