MEASURE N AND H - COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940 Oakland, CA 94607-



Measure N - College & Career Readiness - Commission

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Enactment Date						

Memo

To Measures N and H – College and Career Readiness Commission

From Vanessa Sifuentes

High School Network Superintendent

Board Meeting Date

Subject Services For: Life Academy

Action Requested and Recommendation

"Adoption by the Measures N and H Commission of a 2024-2025 Education Improvement Plan/Budget modification for Life Academy of Health & BioScience to reduce \$25,000.00 Hire a CTE Teacher at .2 FTE to teach one section of CTE Introduction to Biotechnology by \$11,200.00 to \$13,800.00, and establish a new strategic action \$11,200.00 Consultant Contract to pay for tuition fees for FACES Summer Medical Academy, 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?)

Life Academy of Health & BioScience would like to reduce \$25,000.00 Hire a CTE Teacher at .2 FTE to teach one section of CTE Introduction to Biotechnology by \$11,200.00 to \$13,800.00, and establish a new strategic action \$11,200.00 Consultant Contract to pay for tuition fees for FACES Summer Medical Academy for 4 Life Academy students in-depth, hands- opportunities to explore their interests in health, clinical skills, and the art of medicine.

Competitively Bid : Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact Funding resource(s): Measure N

Attachments 25-1190- Life 335 BMF Consultant Contracts \$11,200.00



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



Date:	March 25, 2024	Principal:	Aryn Bowman		
School Name:	Life Academy	Site #:	335		
Pathway Name: (required for multiple use of programs)	Health & Bioscience	Requested By:	Aryn Bowman		

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	r Action - Amount Tab Line Item # Approved		Measures N and H Budget Original Strategic Action (proper & complete justification)	Total Amount being Transferred
2023-2024 Measure N Strategic Carryover Plan	17	, ,	Hire a CTE Teacher at .2 FTE to teach one section of CTE Introduction to Biotechnology (course 7910) in order to provide our Pathways students in grades 11-12 with the opportunity to develop the foundational technical skills required to move to advanced curriculum and content in Health Science and Medical Technology. Students will learn about the use of living systems and organisms to develop or make products, or "any technological application that uses biological systems, living organisms or derivatives thereof, to make or modify products or processes for specific use in Biotechnology.	\$11,200.00

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. We were unable to hire a CTE teacher to teach these sections.

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	9	3800	2490	1105	335	3350	1690	9999	99999

d. Total amount being transferred: \$11,200.00

☑ Please check this box if this is a *NEW* 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.

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: Consultant Contract to pay for tuition fees for FACES Summer Medical Academy for 4 Life Academy students in-depth, hands-on opportunities to explore their interests in health, clinical skills, and the art of medicine. Students will engage in: Professional certifications including CPR, First Aid Mastering suturing and wound care Field trips to state-of-the-art health facilities What students will get out of the experience: Develop professional health skills and earn certifications in healthcare Engage with health experts in training and problem-based learning Expand their knowledge of health practice and career opportunities Build strong leadership and teamwork skills Form strong relationships with adult mentors while exploring health careers This new action is in alignment with our EIP Strategic Action #3: 100% of Life's Academy's juniors enrolled in an internship, work-based learning opportunity, and students will reflect on their learnings reflected	\$11,200.00

[□] 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.

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	9	3800	1000	5825	335	3350	1690	9999	99999

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

<u>Becky Fulop</u>

3/25/25 Date **Arryn Bowman**Name: Aryn Bowman
Principal Signature Required

3/25/25 Date

Teacher Leader/Pathway Director Signature

Date the BMF was accurately completed & received: 4/7/2025

Program Manager, Approval Signature:

Date: 4/7/2025

H.S. Network Superintendent, Approval Signature: Var

anessa Sifuentes (Apr. 7, 2025, 14:26, PDT)

04/07/2025 Date: ____