

MEASURES N AND H – COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940
Oakland, CA 94607



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Measures N and H – College & Career Readiness Commission

David Kakishiba, Chair
kakishiba@gmail.com

Marc Tafolla, Vice Chair
marctafolla@gmail.com

James Harris, Secretary
james@educateoakland.com

Tony Douangviseth, Member
Tonydouangviseth@gmail.com

Gary Yee, Member
Yeega125@gmail.com

Board Office Use: Legislative File Info.	
File ID Number	26-0360
Introduction Date	March 3, 2026
Enactment Number	
Enactment Date	

Memo

To Board of Education

From Measures N and H – College and Career Readiness Commission

Board Meeting Date March 11, 2025

Subject Services For: Coliseum College Prep Academy

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 Coliseum College Prep Academy to reduce \$38,339.49 Teacher Salaries Stipends: Extended Contracts to pay teachers for participating in academic support and credit recovery by \$21,574.18 to \$16,765.31, and establish a new strategic action \$21,574.18 Strategic Carryover for Fiscal Year 2026-2027, 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?)

Coliseum College Prep Academy would like to reduce \$38,339.49 Teacher Salaries Stipends: Extended Contracts to pay teachers for participating in academic support and credit recovery by \$21,574.18 to \$16,765.31, and establish a new strategic action \$21,574.18 Strategic Carryover for Fiscal Year 2026-2027.

Competitively Bid

Was this contract competitively bid? No
If no, exception: N/A

Fiscal Impact

Funding resource(s): Measure H

Attachments

26-0360 CCPA Strategic Carryover FY 26-27 \$21,574.18



2025-26 Measure H Budget Modification Form for OUSD Schools (Single Modification only)



Date:	FEBRUARY 13, 2026	Principal Name:	AMY CAROZZA
School Name:	COLISEUM COLLEGE PREP ACADEMY	Site #:	232
Pathway Name: (Required for multiple pathway schools)	Community Leadership and Innovation Pathway	Requested By:	AMY CAROZZA

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
2024-2025 Measure H Carryover Plan	15	\$38,339.49	Teacher Salaries Stipends: Extended Contracts to pay teachers for participating in academic support and credit recovery options to maximize student progress towards graduation, through June 30, 2026. Participation includes intersession, post-session, summer school, responsive intervention, dual enrollment, ECCCO Internship, and mastery assignment completion, only through June 30, 2026. This serves all high school students at CCPA, grades 9-12, approximately 500 students. Budget: The number of hours and teachers is hard to predict because summer school is paid per diem, and the hours will vary depending on the amount of credit recovery to be done; the numbers fluctuate every year. After accounting for benefit costs at 30%, the available amount to use towards this expenditure is not to exceed \$38,339.49.	\$21,574.18

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 given that we will have sufficient funds for extended contracts through the end of the school year.

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	1120	232	0232	1690	9999	99999

d. Total amount requesting to transfer: \$ **21,574.18**

- ✓ 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	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> -What is the specific expenditure or service type? <i>(Please briefly describe (no vague language) and quantify it when applicable.)</i> -How does the specific expenditure impact students in the pathway and support your 2025-26 pathway goals and strategic actions? -Please also answer the additional questions using the Object Codes linked in this document to create a proper & complete budget justification. -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.	New or Amended Total Amount
2025-26 Measure H Strategic Carryover Plan	N/A	N/A	Strategic Carryover for Fiscal Year 2026-2027: Funds will be strategically carried over and used in fiscal year 2026-27, via the budget development and Strategic Carryover approval process and timeline, to support expenditures identified as needs at the beginning of the school year. 4390 - Carryover Future	\$21,574.18

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	4390	232	0232	1690	9999	99999

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

_____ Name: Pathway Coach or Director Signature	_____ Date	<u><i>Amy Carrozza</i></u> Name: Amy Carroza Principal Signature Required	<u>2/17/26</u> Date
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FOR MEASURE H STAFF USE ONLY

Date the BMF was accurately completed & received: 2/17/2026

Program Manager, Approval Signature: *Hanya Gomez* Date: 2/17/2026

Deputy Chief of Post-Secondary Readiness, Approval Signature: *Vanessa Sifuentes* Date: 02/17/2026
Vanessa Sifuentes (Feb 17, 2026 16:36:22 PST)