

MEASURE N COMMISSION

1000 Broadway, Suite 680
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**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools. Thriving Students.

Measure N - College & Career Readiness - Commission

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| Board Office Use: Legislative File Info. | |
|--|----------------|
| File ID Number | 21-2083 |
| Introduction Date | 9/7/2021 |
| Enactment Number | 21-1743 |
| Enactment Date | 10/27/2021 CJH |

Memo

To Board of Education

From Measure N Commission
Jason Gumataotao, Chairperson
Louise Waters, Vice Chair
Whitney Dwyer, Secretary
Emma Paulino, Member
James Harris, Member

Board Meeting Date September 7, 2021

Subject Budget Modification Form
Services for: Dewey Academy

Action Requested and Recommendation Adoption by Board of Education, upon recommendation of the Measure N Commission, of a 2021-2022 budget modification request from Dewey Academy transferring \$10,000.00, from Teacher Salaries (no impact – the District allocated additional funds to fully cover this position) to Supplies & Materials, 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 Measure N Educational Improvement Plan to decrease the approved strategic action, Teacher Salaries, by \$10,000.00, and use that money to create a new strategic action, Supplies & Materials.

Competitively Bid

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

Fiscal Impact

Funding resource(s): Measure N

Attachments

- Budget Modification Form



Measure N Budget Modification Form OUSD Schools

| | | | |
|---|-------------------|---------------|---------------------|
| Date: | 08/12/2021 | Principal: | Staci Ross Morrison |
| School Name: | Dewey Academy | Site #: | 310 |
| Pathway(s): <small>(required for multiple use of programs)</small> | Health & Wellness | Requested By: | Michell McKnight |

Step 1:

a. Add the Original Approved Strategic Action from the Measure N 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 Plan & Pathway | Budget Action Item # | Original Amount Approved | Measure N Budget Original Strategic Action <i>(proper & full justification)</i> | Total Amount Transferred |
|--------------------------|----------------------|--------------------------|---|--------------------------|
| Whole School Tab | 99 | \$17,000.00 | Hire a CTE Teacher, at .20 FTE (POS#6185, J. Stewart). Health and Pathway CTE Teacher for Pathway class instruction. With 0.2 FTE, our pathway teacher will be able to plan, teach, and provide feedback to 20-30 students enrolled in a Health & Fitness course (i.e. one period). | \$17,000.00 |

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

No impact. The district allocated additional funds to cover the full 1.0 FTE for this position. No longer need funding for POS#6185 (Stewart, Jacqueline) at .20 FTE from Measure N for the Health and Pathway CTE Teacher for Pathway class instruction.

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 | 1105 | 310 | 3100 | 1690 | 9999 | 99999 |

d. Total amount being transferred: \$17,000.00

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure N Budget. Please check this box if this is an **EXISTING** expenditure and you're only amending the approved amount.
- Please attach a Measure N Duty Statement form if the Budget Modification is to create a new position or to change an FTE.

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 justification allowed. *You'll use this new or revised justification for all future applicable requests connected to this modification.*

| Measure N Plan & Pathway | Budget Action Item # | Original Amount Approved | New or Revised Measure N Strategic Action <i>Enter one to two sentences to create a Proper Justification using the questions below. Explicitly describe the expenditure - no vague language, no acronyms, no hyperlinks and quantify when applicable.</i> - What is the specific expenditure or service type? - How does the specific expenditure or service type support or is aligned to pathway development? - How does this expenditure improve student engagement and how many students will be served? - What need does this specific expenditure or service type address? | New or Amended Amount |
|--------------------------|----------------------|--------------------------|--|-----------------------|
| Whole School Tab | N/A | N/A | Fitness Fridays & Wellness Wednesday: Purchase supplies for the Wednesdays and Fridays nutrition course where students learn the physical component of the Health and Wellness pathway, Specifically the "Physical" dimension of the 8 dimensions. Where students will incorporate physical fitness games and board games to stimulate mental & physical health. This event serves all students. | \$10,000.00 |

b. Enter the New or Revised Account String:

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| 010 | 9333 | 0 | 3800 | 1000 | 4310 | 310 | 3100 | 1690 | 9999 | 99999 |

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

Name: _____
Teacher Leader/Pathway Director
Signature

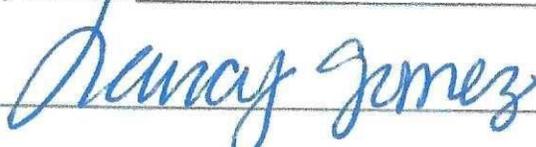
Date _____



Name: _____
Principal Signature Required

Date _____



| FOR MEASURE N STAFF USE ONLY | |
|--|------------------------|
| Date BMF Received: <u>8/18/2021</u> | |
| Escape Budget Transfer or Journal Entry Link No.: _____ | |
| Program Manager, Approval Signature: <u></u> | Date: <u>8/19/2021</u> |
| H.S. Network Superintendent, Approval Signature: <u>Matin Abdel-Qawi</u> | Date: <u>8/19/21</u> |


8/20/2021