MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940 Oakland, CA 94607-



Measure N - H College & Career Readiness - Commission

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File ID Number	25-0047A				
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Enactment Number	25-0006				
Enactment Date	2/12/2025 er				

Memo

To Board of Education

From Measure N and H – College and Career Readiness Commission

Board Meeting Date January 22,2025

Subject Services For: Oakland High School

Action Requested and Recommendation

Adoption by the Board of Education, upon recommendation by the Measures N and H Commission of a 2024-2025 Education Improvement Plan/Budget modification for Oakland High School to reduce \$22,368.75 Strategic Carryover for Fiscal Year 2024-2025 by \$1,200.00 to \$21,168.75, and establishing a new strategic action for \$1,200.00 Meeting Refreshments: to purchase meals for PHA students attending the overnight Trip to Sacramento, 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 \$22,368.75 Strategic Carryover for Fiscal Year 2024-2025 by \$1,200.00 to \$21,168.75, and use that money to create a new strategic action \$1,200.00 Meeting Refreshments: to purchase meals for PHA students attending the overnight Trip to Sacramento, where students learn about the legislative process, tour the capitol, and meet with representatives to discuss legislation related to public health topics. Per Measures N and H guidelines, meals are only allowed for students (not chaperones) on the second day and beyond and not to exceed \$20 per student per day. Budget Calculation: 60 students x \$20.00 = \$1,200.00.

Competitively Bid Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact Funding resource(s): Measure N

Attachments 25-0047A - Oakland High 304 BMF-7 (PHA) Meeting Refreshments \$1,200.00



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



Date:	12/10/24	Principal:	Pamela Moy
School Name:	Oakland High School	Site #:	304
Pathway Name: (required for multiple use of programs)	Public Health Academy (PHA)	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 & full justification)	Total Amount being Transferred
2023-2024 Measure N Strategic Carryover Plan	13	The new total	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.	\$1,200.00

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. 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:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	4391	304	3040	1690	9999	99999

i. T	Total amount being transferred: \$ <u>600.00</u>
✓	Please check this box if this is a <i>NEW</i> expenditure and it's 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 provide a brief description - (no vague language) and quantify 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 by Object Code linked in this document to provide a proper justification for your new or revised strategic action.	New or Amended Amount
2023-2024 Measure N Strategic Carryover Plan	N/A	N/A	Meeting Refreshments: to purchase meals for PHA students attending the overnight Trip to Sacramento. The PHA pathway makes an annual overnight trip to Sacramento, where students learn about the legislative process, tour the capitol, and meet with representatives to discuss legislation related to public health topics. This field trip impacts about 60 students in 12th grade. The assigned teacher(s) will purchase the meal for the students on the second day of the trip so that the whole group can have a meal together while on the trip. The teacher(s) will submit an itemized receipt to the school admin for reimbursement by OUSD. Per OUSD Policy, tips are not reimbursable. Per Measures N and H guidelines, meals are only allowed for students (not chaperones) on the second day and beyond and not to exceed \$20 per student per day. Budget Calculation: 60 students x \$20.00 = \$1,200.00.	\$1,200.00

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	4311	304	3040	3912	0101	99999

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

<u>Tiffany Jordan</u>
Name: Tiffany Jordan
Teacher Leader/Pathway Director
Signature

<u>12/10/24</u> Date <u>Pamela Moy</u> Name: Pamela Moy Principal Signature Required

<u>12/19/24</u> Date

FOR MEASURES N and H STAFF USE ONLY	
Date BMF was accurately completed & received:	
Escape Budget Transfer or Journal Entry Link No.:	
Program Manager, Approval Signature:	Date: <u>12/23/2024</u>
H.S. Network Superintendent, Approval Signature: Vanessa Sifuentes (Dec 26, 2024 14:23 PST)	Date: 12/26/2024