

**MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION**

1016 Union Street, #940  
Oakland, CA 94607-

**OAKLAND UNIFIED  
SCHOOL DISTRICT***Community Schools, Thriving Students*

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**Measure N - H College & Career Readiness -  
Commission**

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**Board Office Use: Legislative File Info.**

File ID Number	25-0048A
Introduction Date	01/14/2025
Enactment Number	25-0007
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

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**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 \$20,568.75 Strategic Carryover for Fiscal Year 2024-2025 by \$1,028.40 to \$19,540.35, and establishing a new strategic action for \$1,028.40 Rental-Facility: Rent a facility or meeting venue for the PHA Teacher Team Retreat, 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 \$20,568.75 Strategic Carryover for Fiscal Year 2024-2025 by \$1,028.40 to \$19,540.35, and use that money to create a new strategic action \$1,028.40 Rental-Facility: Rent a facility or meeting venue for the PHA Teacher Team Retreat to work on curriculum development, develop shared practices, and plan interventions and support for students of concern.

**Competitively Bid**

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

**Fiscal Impact**

Funding resource(s): Measure N

**Attachments**

25-0048A - Oakland High 304 BMF-9 (PHA) Rental facility \$1,028.40



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



Date:	12/10/2024	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	Was \$21,168.75. The new total amount after approval of prior BMFs is \$20,568.75.	<b>Strategic Carryover for Fiscal Year 2024-2025:</b> 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.	\$1,028.40

#### 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

d. Total amount being transferred: \$ 1,028.40

- ☒ Please check this box if this is a **NEW** 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	<b>New or Revised Measure N and H Strategic Action</b> 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 <a href="#">document</a> 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	<b>Rental-Facility: Rent a facility or meeting venue for the PHA Teacher Team Retreat.</b> The retreat is to work on curriculum development, develop shared practices, and plan interventions and support for students of concern. This expenditure supports pathway development by allowing the team to spend significant time together to collaborate and plan. It is essential to have time to work together in a deep and sustained way with minimal distractions. This retreat will improve student engagement because, as a result, teachers will have more shared practices and a greater understanding of our students, creating greater alignment of and connections across classes for students. All PHA students will benefit. The retreat addresses the need for the teacher team to have a long period of uninterrupted time to plan and work on implementing Measure H goals and strategic actions. The facility or venue must meet OUSD guidelines.	\$1,028.40

**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5624	304	3040	3912	0101	99999

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

Tiffany Jordan  
Name: Tiffany Jordan  
Teacher Leader/Pathway Director  
Signature

12/10/24  
Date

Pamela Moy  
Name: Pamela Moy  
Principal Signature Required

12/19/24  
Date

**FOR MEASURES N and H STAFF USE ONLY**

Date BMF was accurately completed & received: 12/23/24

Escape Budget Transfer or Journal Entry Link No.: \_\_\_\_\_

Program Manager, Approval Signature: *Nancy Gomez*

Date: 12/23/2024

H.S. Network Superintendent, Approval Signature: *Vanessa Sifuentes*  
Vanessa Sifuentes (Dec 26, 2024 14:24 PST)

Date: 12/26/2024