MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION

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Measure N - College & Career Readiness - Commission

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Introduction Date	04/24/2025				
Enactment Number					
Enactment Date					

Memo

To From Measures N and H – College and Career Readiness Commission

Vanessa Sifuentes High School Network Superintendent

Board Meeting Date

Subject

Services For: Castlemont High School

Action Requested and Recommendation

Adoption by the Measures N and H Commission of a 2024-2025 Education Improvement Plan/Budget modification for Castlemont High School to reduce \$20,790.00 Teacher Salaries Stipends: Extended Contracts for two pathway leads to engage with leadership for pathway design and implementation by \$1,781.25 to \$19,008.75, and establish a new strategic action to increase \$8,662.50 Teacher Salaries Stipends: Extended Contracts for 3 teachers to provide student academic intervention by \$1,781.25 to \$10,443.75, as stated in the justification section of the New or Revised Strategic Action Section of the Budget Modification Form.

Background (Why do we nee Why have you selected this ve		Castlemont High School would like to reduce \$20,790.00 Teacher Salaries Stipends: Extended Contracts for two pathway leads to engage with leadership for pathway design and implementation by \$1,781.25 to \$19,008.75, and establish a new strategic action to increase \$8,662.50 Teacher Salaries Stipends: Extended Contracts for 3 teachers to provide student academic intervention by \$1,781.25 to \$10,443.75. This is for 10 additional hours for 3 teachers. Budget Calculation:		
		\$47.50 per hour x 10 hours total + 25% benefit costs = \$593.75 x 3 teachers = \$1,781.25.		
	s this contract competitively bid , exception: N/A	? No		

Fiscal Impact Funding resource(s): Measure N and H

Attachments 25-0694 - Castlemont 301 BMF Teacher Salaries Stipends \$1,781.25.pdf



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



Date:	3/3/25	Principal:	Joseph Blasher
School Name:	Castlemont HS	Site #:	301
Pathway Name: (required for multiple use of programs)	Whole School	Requested By:	Marvin Boomer

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 & complete justification)	Total Amount being Transferred
Whole School Tab	92	\$20,790.00	Teacher Salaries Stipends: Extended Contracts for 2 pathway leads to engage with leadership for pathway design and implementation, support the development of the pathway teams through facilitation, one-one support and advocacy whole school, develop curriculum for integrated projects, support infrastructure of the pathways, balance whole school vs. pathway needs, support the development of PD as pertaining to pathway pillars, engage with school stakeholders and partners in all things pathway. This expenditure will impact all 745 students in the school, as all students are/will be in pathways. (\$38.50 per hour x 3 hrs per week for 36 weeks (108 hrs total) = \$4,158.00 + 25% (benefit costs) = \$5,197.50 x 4 teachers = \$20,790.00)	\$1,781.25

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 accidentally overestimated the cost because we put four (4) teachers instead of two (2). The new action will support the under-budgeted amount for the 3 SLC leads in a different line item (based on the increased rate of pay)

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	0	3800	1000	1120	301	3010	1690	0101	99999

d. Total amount being transferred: \$1,781.25

- □ 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	 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 adequately justify your new or revised strategic action. 	New or Amended Amount
Whole School Tab	91	\$8,662.50	Teacher Salaries Stipends: Extended Contracts for 3 teachers to provide student academic intervention. As we recover from the pandemic, student performance data from pathway classes indicate that students have significant learning gaps. We propose to offer direct support to approximately 100 students who are not achieving mastery in their required pathway classes. Intervention support will be provided after school. This is for 10 additional hours for 3 teachers Budget Calculation: \$47.50 per hour x 10 hours total + 25% benefit costs = \$593.75 x 3 teachers = \$1,781.25.	\$10,443.75

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	0	3800	1000	1120	301	3010	1690	0101	99999

Signature of Approvals:	(Please enter the team member's name below	v the signature line)
	1	

<u>Marvin Boomer</u> Name: Teacher Leader/Pathway Director Signature	<u>3/3/2025</u> Date	<i>Joseph Blasher</i> Name: Principal Signature Required	<u>3/3/2025</u> Date				
FOR MEASURES N and H STAFF USE ONLY							
Date the BMF was accurately	y completed & received: _	<u>3/10/2025</u>					

Manajozomek.

Program Manager, Approval Signature:

H.S. Network Superintendent, Approval Signature:

Date: <u>3/10/2025</u>

Date: _____