

Measure N Budget Modification Form OUSD Schools

Date:		Principal:	
School Name:		Site #:	
Pathway(s): <small>(required for multiple use of programs)</small>		Requested By:	

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 - Line Item #	Original Amount Approved	Measure N Budget Original Strategic Action <i>(proper & full justification)</i>	Total Amount Transferred

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)*

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
	9333									

d. Total amount being transferred: \$ _____

- 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 - Line Item #	Original Amount Approved	<p align="center">New or Revised Measure N Strategic Action</p> <p align="center"><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></p> <ul style="list-style-type: none"> - 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

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
	9333									

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: _____

Escape Budget Transfer or Journal Entry Link No.: _____

Program Manager, Approval Signature: _____ Date: _____

H.S. Network Superintendent, Approval Signature: _____ Date: _____