

MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940
Oakland, CA 94607-

**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	25-0676
Introduction Date	04/24/2025
Enactment Number	
Enactment Date	

Memo

To Measures N and H – College and Career Readiness Commission

From Vanessa Sifuentes
High School Network Superintendent

Board Meeting Date

Subject Services For: Dewey Academy High School

Action Requested and Recommendation

Adoption by the Measures N and H Commission of a 2024-2025 Education Improvement Plan/Budget modification for Dewey Academy to reduce \$5,000.00 Computers: To purchase Specialized Computers to run Paxton/Patterson software for Medical Lab pathway class by \$5,000.00 to \$0.00, and establish a new strategic action for \$5,000 Equipment, 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 reduce \$5,000.00 Computers: To purchase Specialized Computers to run Paxton/Patterson software for Medical Lab pathway class by \$5,000.00 to \$0.00, and establish a new strategic action for \$5,000 Equipment to purchase of health & lab equipment to support the Health and Wellness pathway and sustain the Health and Fitness Pathway class.

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

Fiscal Impact Funding resource(s): Measure N

Attachments 25-0676 - Dewey 310 BMF Equipment \$5,000.00



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



Date:	02/04/2025	Principal:	Staci Ross-Morrison
School Name:	Dewey Academy	Site #:	310
Pathway Name: (required for multiple use of programs)	Health and Fitness Pathway	Requested By:	Michell McKnight

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
2023-2024 Measure N Carryover Plan	24	\$5,000.00	Computers: To purchase Specialized Computers to run Paxton/Patterson software for Medical Lab pathway class. The software needed requires more than the capabilities Google Chromebooks can support. This expenditure will support the execution of the curriculum of the signature Pathway class. 70 total students enrolled in the Pathway will benefit from this expenditure for the school year. All computers will remain at the school site and are not permitted to be taken home by students.	\$5,000.00

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. New computers are not needed at this time.

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	9	3800	1000	4420	310	3100	1690	9999	99999

d. Total amount being transferred: \$5,000.00

☒ 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. <p>-What is the specific expenditure or service type? Please briefly describe (no vague language) and quantify it when applicable.</p> <p>-How does the specific expenditure impact students in the pathway and support your 2024-25 pathway goals and strategic actions?</p> <p>-Please also answer the additional questions using the Object Code linked in this document to adequately justify your new or revised strategic action.</p>	New or Amended Amount
2023-2024 Measure N Carryover Plan	N/A	N/A	Equipment: Purchase of health & lab equipment to support the Health and Wellness pathway and sustain the Health and Fitness Pathway class. Equipment Description: <ul style="list-style-type: none"> • Arm, Venipuncture, and Injection Adult • Dog, Mannequin, CasPeR • Limb, Suture Practice The requested equipment is needed for students to do the exploratory activities we teach in our Health and Fitness pathway class and mimic real-life experiences in the related fields. Students will gain hands-on experience with different health modules, such as medical, dental assistant, and veterinary medicine, which will engage them and increase attendance. The equipment will benefit all students in the pathway. This specialized supplemental equipment supports work-based learning. It is not a regular school supply. This is a new expenditure; these items have not been purchased before.	\$5,000.00

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	9	3800	1000	4410	310	3100	1690	9999	99999

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

Name: _____
Teacher Leader/Pathway Director
Signature

Date _____

STACI ROSS-MORRISON 02/20/2025

Name: Staci Ross-Morrison
Principal Signature Required

Date _____

FOR MEASURES N and H STAFF USE ONLY

Date BMF was accurately completed & received: 2/14/2025

Program Manager, Approval Signature: *Nancy Gomez* Date: 2/14/2025

H.S. Network Superintendent, Approval Signature: *Vanessa Sifuentes* Date: 02/20/2025
Vanessa Sifuentes (Feb 20, 2025 19:29 PST)