

Measure N Budget Modification Form Charter Schools

Date:					School Name:		
Requested By	′ :						
Pathway(s): (required for multiple use of programs)				Principal Name:			
Directions: Cop from and use it	y & pas for a ne	te the	e original strategic rpose.	action be	-	sure N EIP: egic action is where you plan Strategic Action in Step 2 is to	
Measure N Plan & Pathway	Budç Actio	on	Original Amount Approved	M	easure N Budget Orig (proper & full j		Total Amount Transferred
The total amo	unt bei	ng tr	ansferred from th	ne <mark>(enter</mark>	# of actions here) diff	erent actions above is \$ <mark>(en</mark>	iter amount)
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. *If taking from multiple actions - provide a response for each action or the overall impact)							
c. Enter the Account String or Object Code(s) for the Original Approved Strategic Action:							
d. Total amount being transferred: \$							
□ Please cl amount. □ Please at	heck th ttach a	nis b Mea	ox if this is an <i>E</i> sure N Duty Sta	EXISTIN	G expenditure and y	in the approved Measurd ou're only amending the Modification is to create	approved
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 one 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 Item #	Original Amount Approved	New or Revised Measure N Strategic Action 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 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 Account String or Object Code(s) for the New or Revised Approved Strategic Action:						
Signature of Approvals:	(Please insert ti	he team member's name below the	e signature line)			
Name: Teacher Leader/Pathway Director Signature	Date	Name: Principal Signature Required	Date			
	FOR	MEASURE N STAFF USE ONLY				
Date BMF Received:						
Quarterly Expenditure: 1st Qtr.: 3rd Qtr.: 4th Qtr.:						
Program Manager, Approval Signature: Date:						
H.S. Network Superintendent, Approval Signature: Date:						