

Measure N Budget Modification Form OUSD Schools

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

Step 1:

a. Enter 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.

*You can enter up to 3 different actions below, as long as the New or Revised Strategic Action in Step 2 is the same!

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N Budget Original Strategic Action (proper & full justification)	Total Amount Transferred		
The total amount being transferred from the (enter # of actions here) different actions above is \$(enter 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 or the overall impact)

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

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