

**MEASURE N AND H – COLLEGE AND CAREER READINESS COMMISSION**

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**OAKLAND UNIFIED  
SCHOOL DISTRICT***Community Schools, Thriving Students*

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# Memo

**To** Board of Education

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

**Board Meeting Date** June 4, 2025

**Subject** Services For: Dewey Academy High School

**Action Requested and Recommendation**

Adoption by the Board of Education, upon recommendation by the Measures N and H Commission of a 2024-2025 Education Improvement Plan/Budget modification for Dewey Academy reduce \$4,549.50 Conference Expenses by \$4,549.50 to \$0.00, and establish a new strategic action \$4,549.50 Teacher Salaries Stipends: Extended contracts to pay the Pathway Co-Leads for planning time, 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 \$4,549.50 Conference Expenses by \$4,549.50 to \$0.00, and establish a new strategic action \$4,549.50 Teacher Salaries Stipends: Extended contracts to pay the Pathway Co-Leads for planning time to continue Pathway development, teacher development, academic rigor implementation, and exploration of Work-Based Learning opportunities.

**Competitively Bid**

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

**Fiscal Impact**

Funding resource(s): Measure N

**Attachments**

25-1182-Dewey 310 BMF Teacher Salaries Stipends \$4,549.50



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



Date:	02/25/2025	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	20	\$4,549.50	<b>Conference Expenses: Conference &amp; Travel Expenses for the Dewey Academy Staff members to attend conferences.</b> Also includes visits to other pathway schools, attend the Linked Learning Conference and other pathway specific professional development opportunities to learn about and implement best pathway practices aligned with the Health & Fitness pathway for the Whole School. Funding will be used for travel expenses, registration fees, and applicable meals. All students will benefit from this expenditure as all students are enrolled in the Pathway.	\$4,549.50

#### 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. Teachers will meet to brainstorm best practices and specific learning opportunities for students to create a pathway sequence that will best support Dewey Academy students.

#### 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	5220	310	3100	1690	9999	99999

#### d. Total amount being transferred: \$4,549.50

- ☒ 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	<b>New or Revised Measure N and H Strategic Action</b> 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 <a href="#">document</a> to adequately justify your new or revised strategic action.</p>	New or Amended Amount
2023-2024 Measure N Carryover Plan	N/A	N/A	<b>Teacher Salaries Stipends:</b> <b>Extended contracts to pay the Pathway Co-Leads for planning time.</b> The pathway co-leads will support Dewey Academy's pathway sequence and will be available to all Dewey students. This time, we will focus on planning the Health Pathway and Graduate Writing seminar course sequences, encompassing the Pathway academic experience. Course planning time will include coordinating career exploration visits in alignment with curriculum, medical lab, and guest speaker coordination. This continued Pathway development, teacher development, academic rigor implementation, and exploration of Work Based Learning opportunities will impact 70 - 90 students. This planning time will occur in the month of June 2025 over the course of 5 days.	\$4,549.50

**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	9	3800	1000	1120	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

Name: Staci Ross-Morrison  
Principal Signature Required

03/11/2025

Date \_\_\_\_\_

FOR MEASURES N and H STAFF USE ONLY

Date the BMF was accurately completed & received: 3/7/2025

Program Manager, Approval Signature: hanya gomez

Date: 3/7/2025

H.S. Network Superintendent, Approval Signature: Vanessa Sifuentes  
Vanessa Sifuentes (Mar 12, 2025 09:32 PDT)

Date: 03/12/2025