

MEASURES N AND H – COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940
Oakland, CA 94607



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Measures N and H – College & Career Readiness Commission

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Introduction Date	3/5/2024
Enactment Number	24-0500
Enactment Date	4/10/2024 os

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Memo

To Board of Education

From Measures N and H – College and Career Readiness Commission

Board Meeting Date

Subject Budget Modification Form
Services For: Castlemont High School

**Action Requested and
Recommendation**

Adoption by the Board of Education, upon recommendation of the Measures N and H Commission, of a 2022-2023 Education Improvement Plan/Budget modification for Castlemont High School reducing \$115,773 by \$21,000 to \$94,773, Teacher Salaries: Hire a 9th Grade CHEA Teacher, at 1.0 FTE, and establishing a new expenditure in the amount of \$21,000. for Classified Support Salaries Overtime: Extra Time/Overtime to pay the Work Based Learning Liaison for additional hours of work, as stated in the justification section of the New or Revised Strategic Action Section of the Budget Modification Form.

Background <i>(Why do we need these services? Why have you selected this vendor?)</i>	Castlemont High School wants to reduce \$115,773 by \$21,000 to \$94,773, Teacher Salaries: Hire a 9th Grade CHEA Teacher, at 1.0 FTE, and establish a new expenditure in the amount of \$21,000. for Classified Support Salaries Overtime: Extra Time/Overtime to pay the Work Based Learning Liaison for additional hours of work .
Competitively Bid	Was this contract competitively bid? No If no, exception: N/A
Fiscal Impact	Funding resource(s): Measure N Measure H
Attachments	<ul style="list-style-type: none">Budget Modification Form for Castlemont High School 301



2023-24 Measures N & H Budget Modification Form OUSD Schools



Date:	2/1/24	Principal:	Joseph Blasher
School Name:	Castlemont HS	Site #:	301
Pathway(s): (required for multiple use of programs)	CHEA	Requested By:	Marvin Boomer

Step 1:

a. Add the Original Approved Strategic Action from the Measure N/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.

Measure N/H Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N/H Budget Original Strategic Action (proper & full justification)	Total Amount Transferred
CHEA	34	Available balance after approval of previous BMFs \$115,773.00	Teacher Salaries: Hire a 9th Grade CHEA Teacher, at 1.0 FTE. The teacher will teach an introductory CTE course aligned with Community Health Equity Academy for GenEd/International 9th grade. Teacher will collaborate with the 9th grade team, design and implement the CHEA curriculum aligned to the Program of Study and CHEA Outcomes. PCN 3897 - Vacant (Salary and Benefit costs included)	\$21,000.00

b. What will be the impact on your Measure N/H plan, pathway development, and students for not doing your original strategic action? (*Do not insert links or use Acronyms)

No impact, this position is now being funded out of another funding source.

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	0	3800	1000	1105	301	3010	1690	0101	9999

d. Total amount being transferred: \$21,000.00

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure 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 Measure N/H Duty Statement form to the Budget Modification Form.

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.*

Measure N/H Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	New or Revised Measure N/H Strategic Action <i>Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.</i> -What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when applicable. -How does the specific expenditure impact students in the pathway and support your 2023-24 pathway goals and strategic actions? -Please also answer the additional questions by Object Code linked in this document to provide a proper justification for your new or revised strategic action.	New or Amended Amount
Whole School	N/A	N/A	Classified Support Salaries Overtime: Extra Time / Overtime to pay the Work-Based Learning Liaison, additional hours of work to provide support with Dual Enrollment coordination for Castlemont High School. This work will be above and beyond the normal scope of work and outside of the employee contracted hours. The employee will collaborate with teachers and staff to understand the school vision, pathways, and overall goals in order to align courses with the graduate profile of the site. This work will impact all students at Castlemont, as the dual enrollment options will be available to all grades, including those in the International program. This supports our pathway goal of creating a more college-minded student in 9th, 10th and 11th grade so that students are exposed to college campuses, majors, and careers related sooner. This also allows students to be exposed to the rigor of college in a safe and responsible way, prior to graduation. In all, the employee will serve roughly 450 students this school year. Employee: Sheree West - PCN 1795	\$21,000.00

b. Enter the New or Revised Account String: 010-9339-0-3800-1000-2225-301-3010-1690-0101-99999

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9339	0	3800	1000	2225	301	3010	1690	0101	9999

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

Marvin Boomer

Name:

Teacher Leader/Pathway Director
Signature

2/1/24

Date

Joseph Blasher

Name:

Principal Signature Required

2/1/24

Date

Joseph Blasher

FOR MEASURE N/H STAFF USE ONLY

Date BMF Received: 2/13/24

Escape Budget Transfer or Journal Entry Link No.: _____

Program Manager, Approval Signature:

Nancy Gomez

Date:

2/16/24

H.S. Network Superintendent, Approval Signature:

VS

Date:

2/20/14