

**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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<b>Board Office Use: Legislative File Info.</b>	
File ID Number	24-0749
Introduction Date	4/24/2024
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** Budget Modification Form  
Services For: Dewey Academy

**Action Requested and  
Recommendation**

Adoption by the Measures N and H Commission of a 2022-2023 Education Improvement Plan/Budget modification for Dewey Academy reducing \$5,000.00 Furniture: Medical furniture for the Health pathway to replicate Health CTE Standard exam rooms by \$5,000.00 to \$0 and creating a new expenditure, Consultant Contracts: Contract with Oakland Public Ed Fund to facilitate and pay-out the Exploring College, Career & Community Options (ECCCO) Summer Student Internship Stipends; Student in Action, through June 30, 2024 in the amount of \$5,000, 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 wants to reduce by \$5,000.00 Furniture: Medical furniture for the Health pathway to replicate Health CTE Standard exam rooms by \$5,000.00 to \$0 and create a new expenditure, Consultant Contracts: Contract with Oakland Public Ed Fund to facilitate and pay-out the Exploring College, Career & Community Options (ECCCO) Summer Student Internship Stipends; Student in Action, through June 30, 2024 in the amount of \$5,000.00.

**Competitively Bid**

Was this contract competitively bid? No

If no, exception: N/A

**Fiscal Impact**

Funding resource(s): Measure N  
Measure H

**Attachments**

- Budget Modification Form Dewey Academy

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

Date:	2/13/2024	Principal:	Staci Ross-Morrison
School Name:	Dewey Academy	Site #:	310
Pathway(s): (required for multiple use of programs)	Health and Fitness Pathway	Requested By:	Staci Ross-Morrison

### 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
2022-23 Measure N Carryover Plan	20	\$5,000.00	<b>Furniture: Medical furniture for the Health pathway to replicate Health CTE Standard exam rooms.</b> Furniture required for pathway projects or curriculum to increase real world experiences of the industry sector. The purchase of this specific expenditure impacts students in the pathway by creating collaboration, in addition to personalization of the different modules offered, and creation of students' individual learning styles. Giving students the opportunity to engage with hands-on experiences.	\$5,000.00

#### 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)

There will be no impact. There is no longer a need to purchase furniture for the pathway program.

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

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
01	9333	0	3800	1000	4432	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 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	<b>New or Revised Measure N/H Strategic Action</b> <i>Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks.</i>	New or Amended Amount
2022-23 Measure N Carryover Plan	N/A	N/A	<p>-What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when applicable.</p> <p>-How does the specific expenditure impact students in the pathway and support your 2023-24 pathway goals and strategic actions?</p> <p>-Please also answer the additional questions by Object Code linked in this <a href="#">document</a> to provide a proper justification for your new or revised strategic action.</p>	\$5,000.00
			<p><b>Consultant Contracts: Contract with Oakland Public Ed Fund to facilitate and pay-out the Exploring College, Career &amp; Community Options (ECCCO) Summer Student Internship Stipends; Students in Action, through June 30, 2024.</b></p> <p>Students will be placed in a Health or Fitness internship through ECCCO. On average, students will be receiving \$500 per stipend. As such, approximately 5-10 students will be served, those engaged in internships for the 2023-24 year will benefit from this budget item. Leads will hold weekly skills seminars, and monitor students at their internship sites.</p> <p>Admin Fees Included</p>	

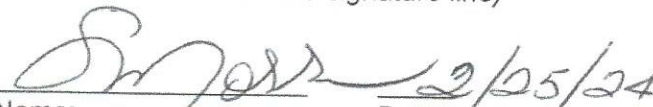
**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
01	9333	0	3800	1000	5825	310	3100	1690	9999	99999

**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/H STAFF USE ONLY

Date BMF Received: 3/6/24

Escape Budget Transfer or Journal Entry Link No: \_\_\_\_\_

Program Manager, Approval Signature: Nancy Gomez

Date: 3/6/24

H.S. Network Superintendent, Approval Signature: 

Date: 3/7/24