MEASURES N AND H - COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940 Oakland, CA 94607



Measures N and H – College & Career Readiness Commission

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| Board Office Use: Legislative File Info. | | | | | | |
|--|-----------|--|--|--|--|--|
| File ID Number | 24-0762 | | | | | |
| Introduction Date | 4/24/2024 | | | | | |
| Enactment Number | | | | | | |
| Enactment Date | | | | | | |

Memo

| То | 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: Oakland Technical High School 305 |
| Action Requested and | |

Recommendation

For Adoption by the Measures N and H Commission, of a 2022-2023 Education Improvement Plan/Budget modification for Oakland Technical High School reducing \$15,559.81 Strategic Carryover for Fiscal Year 2024-2025 by \$12,500.00 to \$3,099.81 and modifying an existing expenditure of \$15,000.00 for Professional Contracted Bus Services totaling \$27,500.00, 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?) | Oakland Technical High School wants to reduce \$15,559.81 Strategic Carryover for Fiscal Year 2024-2025 by \$12,500.00 to \$3,099.81 and modify an existing expenditure of \$15,000.00 for Professional Contracted Bus Services totaling \$27,500.00. |
|--|---|
| 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 Oakland High School |



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



| Date: | 2/20/2024 | Principal: | Martel Price |
|---|-------------------|---------------|------------------|
| School Name: | Oakland Technical | Site #: | 305 |
| Pathway(s): (required for multiple use of programs) | 9th Grade | Requested By: | LaDonna Williams |

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 |
|--|-----------------------------------|--------------------------------|---|--------------------------------|
| 2022-2023 Measure N carryover Plan | 23 | \$15,559.81 | Strategic Carryover for Fiscal Year 2024-2025: Funds will be strategically carried over and used in fiscal year 2024-25, via the budget development and Education Improvement Plan approval process, to support expenditures identified as needs at the beginning of the school year. | \$12,500.00 |

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.

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

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| 010 | 9333 | 0 | 3800 | 1000 | 4390 | 305 | 3050 | 1690 | 9999 | 99999 |

d. Total amount being transferred: <u>\$12,500.00</u>

□ Please check this box if this is a *NEW* expenditure and it's not in the approved Measure N/H EIP.

- X 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 | n & Action - Line Item # Approved Approved Enter one to two ser question -What is the specifi a brief description -How does the pathway and supp -Please also anso linked in this docu | | New or Revised Measure N/H Strategic Action Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks. -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 |
|--|--|-------------|--|-----------------------------|
| 2022-2023 Measure N Carryover Plan | 24 | \$15,000.00 | Professional Contracted Bus Services: Charter Bus rentals for 9th Grade students to attend College and Career Exploration visits - University of California Santa Cruz. *Conditionally approved pending review & approval of the required Measures N and H supporting documents. | \$27,500.00 |

b. Enter the New or Revised Account String:

| Fund | Resource | Year | Goal | Function | Object | Site | Manager | Program | LCAP | Optional |
|------|----------|------|------|----------|--------|------|---------|---------|------|----------|
| 010 | 9333 | 0 | 3800 | 1000 | 5826 | 305 | 3050 | 1690 | 0103 | 99999 |

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

LaDonna Williams

FEB 20 2024

Martel Price

March 2, 2024

Signature Name:LaDonna Williams Teacher Leader/Pathway Director

Date

Ne: Martel Price Principal Signature Required Date

| FOR MEASURE N/H STAFF USE ONLY | |
|---|---------------------|
| Date BMF Received: 3/2/24 | |
| Escape Budget Transfer or Journal Entry Link No.: | 2/2/2.2. |
| Program Manager, Approval Signature: | Date: 3/7/2024 |
| H.S. Network Superintendent, Approval Signature: | Date: <u>3/8/24</u> |
| | |