



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Matias De Llano, Jr. Elementary

Campus Principal: Diana Korrodi

Originators Email: dkorrodi@uisd.net

Board Member: Mr. Francisco Castillo District 7

Board Member: _____

Board Member: _____

Description of Request: Incentives (clear sling bags) for teachers and professionals for "A" rated campus.

Estimated Cost of Request: \$ 517.63

Principal or Director Signature: Diana Korrodi Date: 6/20/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: Francisco Castillo Date: 6/24/24

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

Please return the completed form to the Superintendent's Office for final processing: boardagenda@uisd.net

Revised: July 18, 2023

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Business Price

Subtotal (37 items): **\$517.63**☐ This order contains a gift[Proceed to checkout](#)**Bulk savings to consider**Subtotal (37 items): **\$517.63**

Your Items

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GRANDFAST Small Desk Fan, 3 Speeds Silent Travel Fan, Por...

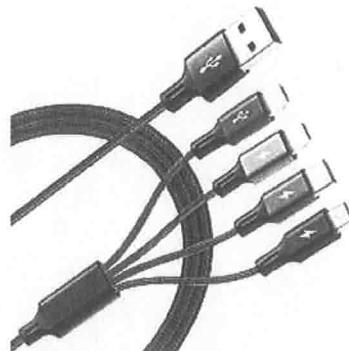
\$5.99

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2K+ bought in past month

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MINLU Multi Charging Cable, [2Pack 6Ft] 4 in 1 Braided M...

\$13.99[Save 5%](#)[Clip Coupon](#)

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United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

20. 7/1/24

Requesting Campus: Step Academy

Campus Principal: Mr. Ydrogo

Originators Email: matias.ydrogo@uisd.net

Board Member: Francisco "Frank" Castillo \$ 515.00

Board Member: Aliza Flores Oliveros \$ 485.00

Board Member: _____

Description of Request: Zen Room for our teachers and staff to implement positive SEL components and to implement PBIS campus school wide.

Estimated Cost of Request: \$1000

Principal or Director Signature: Matias Ydrogo  Date: 6/20/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  Date: 6/24/24

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature:  Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Step Academy

Campus Principal: Mr. Ydrogo

Originators Email: matias.ydrogo@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Zen Room for our teachers and staff to implement positive SEL components
to implement PBIS Campus school wide.

Estimated Cost of Request: \$232.37

Principal or Director Signature: Matias Ydrogo Date: 07/09/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: Michelle Molina Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: UHS, UHS9th, EHMS, MDL, CBES, CSBS, MMES, SIES, RJSE

Campus Principal: J. Salazar, C. Martinez, D. Korrodi, R. Ruiz, A. Vela, A. Martinez, A. Meza, M. Flores, / T. Martinez

Originators Email: jcsalazar@uisd.net, carlor.martinez@uisd.net, dkorrodi@uisd.net, rruiz@uisd.net, avela70@uisd.net, atorres@uisd.net, apmeza@uisd.net, muciaf@uisd.net, /tmartin@uisd.net

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Staff Incentives for Attendance Clerks, Attendance Officers and Principals.

Estimated Cost of Request: \$ 656.10 (\$72.90 per campus)

Principal or Director Signature: *[Signature]* Date: 7-8-24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *[Signature]* Date: 7.9.24

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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