



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Requests from Board Members in re: Use of Board of Trustees Discretionary

Funds for Various Projects/Campuses

SUBMITTED BY: Ricardo "Rick" Rodriguez **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: April 20, 2016

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

Budget Amendment as needed.

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus: U.I.S.D. - Police Department

Campus Principal: Chief Clemente Camanillo

Board Member: _____

Board Member: Mr. Juan Ramirez

Board Member: _____

DESCRIPTION OF REQUEST: Student Safety Patrol Program

Estimated Cost of Request: \$ 2,000.00

Principal or Director Signature: [Signature] Date 3/31/2016

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2015-2016

Requesting Campus: LBJ H.S.

Campus Principal: Armando Salazar

Board Member: Miza Flores Olivares

Board Member: _____

Description of Request: Softball equipment, pitching machine, batting cage turf.

Estimated Cost of Request \$ 5,000

Principal or Director Signature: [Signature] Date 3/30/16

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: [Signature] Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2015-2016**

Requesting Campus: Special Ed. Department

Campus Principal: _____

Board Member: All Board Members (\$500 ea.)

Board Member: _____

Description of Request: Special Ed. Student of the Month Function

Estimated Cost of Request: \$3,500.00

Principal or Director Signature: _____ Date _____

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No _____

Board Member Signature: _____ Date _____

Board Member Signature: _____ Yes _____ No _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2015-2016

Requesting Campus: USD Federal & State Programs

Campus Principal:

Board Member: Mr. Javier Montemayor

Board Member:

Description of Request: To purchase lunch for Federal Programs United Council of Parents (UCOP) on May 4, 2016.

Estimated Cost of Request: \$614.00

Principal or Director Signature: Alicia B. Corvillo Date 4/13/16

Associate Superintendent Approval: Yes [checked] No

Associate Superintendent Signature: Leonardo Quintana Date 4/13/16

Superintendent Approval: Yes No

Superintendent Signature: Date

Board Member Approval: Yes [X] No

Board Member Signature: Date

Board Member Signature: Yes No Date

Board Member Approval: Yes No

Board Member Signature: Date

Board Approval: Yes No Date Approved:

Please return the completed form to the Superintendent's Office for final processing.