

**BOARD OF TRUSTEES
AGENDA**

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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(A) Report Only Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

(B) Action Item

Presenter(s): GILBERTO GONZALEZ, SUPERINTENDENT
 ISMAEL MIJARES, ASST. SUPERINTENDENT FOR BUSINESS AND FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND THE CAPITAL PROJECTS FUND BUDGET.

(C) **Funding source: Identify the source of funds if any are required.**

BUDGETED FUNDS: \$385,000

(D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED MEMORANDUM.



TO: Gilberto Gonzalez, Superintendent

FROM: Ismael Mijares, Asst. Superintendent for Business & Finance

SUBJECT: ***BUDGET AMENDMENT FOR RECONSTRUCTION DUE TO MOLD INCIDENT***

DATE: March 27, 2014

Digitally signed
by Signature
DN:
cn=Signature, o,
ou=EPISD,
email=ismijares@
eaglepassisd.net,
c=US
Date: 2014.03.23
08:38:18 -0500

This Budget Amendment is to appropriate funds in the *Capital Projects Budget* for the *Reconstruction* needed due to the Mold Incident at the *Language Development Center*. The Total Amount Appropriated is \$385,000 based on the lowest Bid submitted. This will reduce the *Special Projects Fund Balance* by \$385,000 from \$1,273,074 to \$888,074.

Attached is the *Budget Amendment* to appropriate these funds.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

SPECIAL PROJECTS
Fund 616-4

DATE: 3/27/2014

REFERENCE NO. _____

ACCOUNT NUMBER						DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	PROG.			
616	81	6XXX			4XX	FACILITIES ACQUISITION AND CONSTRUCTION	-	385,000
616	00	3XXX			4XX	BUDGETARY FUND BALANCE	+	(385,000)
						TOTAL		0

REASON FOR REQUEST: TO APPROPRIATE FUNDS FOR RECONSTRUCTION DUE TO MOLD AT LDC.

ORIGINATOR _____

DATE SUPERINTENDENT DATE

FINANCE DATE BOARD OFFICER DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE