					AGENDA ITEM				
			TRUSTEES ENDA						
	Workshop	X	Regular		Special				
(A)	Report Only				Recognition				
	Presenter(s):								
	Briefly describe the subject of the report or recognition presentation.								
				<u></u>					
(B)	X Action Item								
	Presenter(s): GILBERTO GONZALEZ, SUPERINTENDENT								
	ISMAEL MIJARES, DEPUTY SUPT. FOR BUSINESS & FINANCE Briefly describe the action required.								
	CONSIDER AND TAKE GENERAL FUND BUD		ACTION ON TH	E REQUEST TO J	AMEND THE				
(C)	Funding source: Identify	the source of f	unds if any are	required.					
	CARRY-FORWARD FU	JNDS: \$297,842							
(D)	Clarification: Explain any this item.	question or is	sues that might	t be raised rega	rding				
	SEE ATTACHED MEM	ORANDUM							
	<b>.</b>								

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Eagle Pass Independent School District

- **TO:** Gilberto Gonzalez, Superintendent
- FROM: Ismael Mijares, Deputy Superintendent for Business & Finance
- DATE: December 14, 2015

### SUBJECT: Budget Amendments

These budget amendments include the appropriation of the following Carry-Forward Funds:

169 - High School Allotment	\$ 143,147
170 - Middle Rio Grande-CCPS	<u>\$ 154,695</u>
Total:	<u>\$ 297,842</u>

Eagle Pass Independent School District



ASSISTANT SUPERINTENDENT FOR CURRICULUM AND INSTRUCTION

### December 8, 2015

### TO: Gilberto Gonzalez, Superintendent

- FROM: Samuel Mijares, Deputy Superintendent for Curriculum & Instruction
- **RE:** Budget Change Request for High School Allotment (169)

The attached budget change request is being submitted for review and approval at the next regularly scheduled School Board meeting. The request is to allocate carry-forward funds to the High School Allotment 169 fund.

Accounts have been adjusted accordingly and a brief summary is listed below.

- Increase in Supplies & Materials.
- Increase of Student Travel for college visits.

If you have any questions, do not hesitate to contact me at extension 1011.

SM/Icm



### EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

Date:			December 8, 2015		8, 2015	Reference No				
ACCOUNT NUMBER										
FUND	FUNC	OBJ.	SUB OBJ.	ORG.	YEAR	PROG INTENT	DESCRIPTION NOM		AMOUNT INCREASE/(DECREASE)	
169	11	64XX			6	XX	TRAVEL & SUBSISTENCE	-	10,000	
169	21	63XX			6	XX	SUPPLIES & MATERIALS	-	133,147	
169	00	34XX			6	XX	FUND DRAWING	+	143,147	
			-							
									-0-	
							N		-0-	
REASON FOR REQUEST: Realignment of carryover funds. ORIGINATOR										
	N	01		• •		,		-		
		X	S	N	0	12/0				
_	<u>+</u>	ZNA			DAT	ΓE	SUPERINTENDENT		DATE	
	CINIAM	AN A	5/			- 7.	-16		DATE	
FINANCE DATE BOARD OFFICER DATE										
DISAP		NI -								
DISAPPROVAL: DATE										
REASON FOR DISAPPROVAL:										
PROCESSED BY ACCOUNTING:										
	NAME DATE									

# **Eagle Pass Independent School District**

Life Skills Program for Student Parents 904 Kelso Drive, Eagle Pass, Tx. 78852 (830)758-7019-Office (830)773-6317 - Fax

### MEMORANDUM

TO: Gilbert Gonzalez, Superintendent of Schools

FROM: Lizzet Duran, PEP Coordinator

DATE: December 9, 2015

RE: CCPS Carry Forward

I am requesting your approval to submit a board agenda item to consider and take appropriate action on the request to appropriate the carry-forward Child Care Provider Services funds in the dollar amount of \$154,695.00.

The EPISD receives funds for child care services provided to school-age parents who meet the eligibility requirements for Child Care Provider Services Local Workforce Development Board Middle Rio Grande Development Council.

LD/hc

## EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

Child Care Provider Services REFERENCE NO. 170-Middle Rio Grande

DATE: Dec. 8, 2015

ACCOUNT NUMBER AMOUNT PROG. SUB NOM INCREASE/(DECREASE) OBJ. ORG. YEAR INTENT DESCRIPTION FUND FUNC. OBJ. \$68,424 -XX SUPPLIES & MATERIALS 63XX 00 821 6 170 61 \$86,271. XX OTHER OPERATING EXPENSES -821 6 61 64XX 00 170 + \$154,695. XX FUND DRAWING 6 34XX XX XXX 170 00 \$0.00

#### **REASON FOR REQUEST:**

TO APPROPRIATE CARRY-FORWARD CHILD CARE PROVIDER SERVICES FUNDS.

J. Gstilla ORIGINATOR

SUPERINTENDENT DATE DATE 1-7-16 DATE BOARD OFFICER DATE

**DISAPPROVAL BY:** 

NAME

DATE

**REASON FOR DISAPPROVAL:** 

PROCESSED BY ACCOUNTING:

NAME

DATE