AGENDA ITEM

	Workshop	X	Regular		Special
(A)	Report Only				Recognition
I	Presenter(s):				
I	Briefly describe the subj	ect of the re	port or recognit	ion presentat	ion.
Г	• • •		Ŭ	•	
(B)	X Action Item				
-	Presenter(s): SAMUEL MIJA				
	ISMAEL MIJAR	ES, DEPUTY SU	JPERINTENDENT FO	OR BUSINESS & F	INANCE
I L	Briefly describe the actio	n required.			
			ON THE REQUEST T	O AMEND THE G	ENERAL AND
ľ	CAPITAL PROJECTS FUND BUD	GETS.			
_					
(C) I	Funding source: Identify	the source	of funds if any	are required.	
F	RE-ALIGNMENT OF FUNDS; 169	: \$309.413. 170:	\$109.375, 172: \$266	.000, 175: \$21,000	AND 616:
	\$1,129,925		¢,0,	,,	/
(D) (Clarification: Explain any this item.	y question o	r issues that m	ight be raised	regarding
Г					
	SEE ATTACHED MEMORANDU	JM.			



- **TO:** Samuel Mijares, Superintendent
- **FROM:** Ismael Mijares, Deputy Superintendent for Business & Finance
- DATE: November 1, 2019

SUBJECT: Budget Amendments

This is the <u>first</u> of three (3) times during the year when principals and directors are allowed to submit budget amendments to transfer funds within their allocation. Attached are the General Fund Budget Amendments submitted by the campuses and departments.

Also, the Budget Amendments for *Funds* are included in the Amount of: \$309,413 for 169-High School Allotment, \$109,375 for 170-Middle Rio Grande-CCPS, \$266,000 for 172-State on-Behalf, \$21,000 for 175-Mama Patrol Safety Program and \$1,129,925 for 616-Capital Projects.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

PAGE 1 OF 1

DYSLEXIA Fund 163-0

DATE: 10/10/19

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

REFERENCE NO.

	ŀ	ACCOUNT		ER				
FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
163	11	6399	60	806	037726	SUPPLIES-DYSLEXIA	-	9,925
163	11	6411	60	806	037726	TRAVEL-DYSLEXIA	-	4,525
	3							
T ti								
163	00	7915	00	000	000	TRANSFER IN-M&O	+	14,450
						TOTAL		0

ORIGINATOR SUPERINTENDENT DATE DATE 10-10-FINANCE DATE BOARD OFFICER DATE **DISAPPROVAL:** NAME DATE **REASON FOR DISAPPROVAL:** PROCESSED BY ACCOUNTING: NAME DATE



MEMORANDUM

TO:	Ismael Mijares, Deputy Superintendent for Business & Finance
FROM:	Gilberto Sanchez, <u>Marchael</u> Bilingual/Fine Arts Director
SUBJECT:	Budget Amendment (166) Bilingual
DATE:	September 27, 2019

Attached is a budget change request being submitted to be presented at the next regular school board meeting aligning the 166 Bilingual budget.

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

Should you have any questions or concerns, please feel free to call me.

Increase in tutor salaries Decrease in campus supplies and materials Increase in summer school transportation Increase in consultant services Decrease in campus travel Increase in DSC supplies and materials Increase in administrative travel Decrease in contracted services Increase in testing materials

APPROVED:__

John Cox, Deputy Superintendent for Curriculum & Instruction

1420 Eidson Road

 Eagle Pass, Texas 78852
 Tel (830) 773-5181
 www.eaglepassisd.net

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

9/27/2019

REFERENCE NO. 166 - Bilingual

	1	ACCOUNT	NUMBE	R	Local and	그 그가 같아요. 이야지 않는 것 같아요. 같아요. 같아요.		
FUND	FUNC.	OBJ	SUB- OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
166	11	61XX			0XX	SALARIES/WAGES	-	\$37,570
166	11	63XX			0XX	SUPPLIES/MATERIALS	+	(\$141,423)
166	11	64XX		- 1.495	0XX	TRANSPORTATION	1	\$12,000
166	13	62XX			0XX	CONSULTANTS	-	\$10,582
166	13	64XX			0XX	TRAVEL	+	(\$14,000)
166	21	63XX		1 Art	0XX	SUPPLIES/MATERIALS	1	\$58,167
166	21	64XX		3337	0XX	TRAVEL	1	\$2,104
166	31	62XX			0XX	CONTRACTED SERVICES	+	(\$5,000)
166	31	63XX			0XX	TESTING MATERIAL	-	\$40,000
1		Winn St						Martine 127 1
								\$0

REASON FOR REQUEST:

To re-distribute Bilingual funds to best meet the needs of the students & program

-30-19 ORIGINATOR SUPERINTENDENT DATE DATE FINANCE DATE BOARD OFFICER DATE DISAPPROVAL: NAME DATE RECEIVED REASON FOR DISAPPROVAL: OCT 0 1 2019 BUDGET DEPT. PROCESSED BY ACCOUNTING: NAME DATE 2019-20 OCT.xls



Eagle Pass Independent School District Career and Technical Education

DATE:	October 17, 2019
то:	Ismael Mijares, Asst. Superintendent for Business & Finance
FROM:	Ana Laura Castillon, CTE Director
RE:	Budget Change Request (167) State Vocational Funds

Attached is a budget change request I am submitting to be presented at the next regular school board meeting to align the 167 State Vocational budget.

Should you have any questions, please feel free to call me.

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

Decrease in Supplies and Materials

Increase in Contracted Services

Approval:

David Camarillo, Executive Director for Instruction

Eagle Pass Independent School District BUDGET CHANGE REQUEST

Fund 167

PAGE 1 OF 2

-0-

DATE:			Octobe	er 17,	201	9	REFERENCE NO.	-	
1		ACCOUN		BER					
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	F	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
167	11	63XX			0	22	Supplies & Materials	+	(4,500)
167	13	62XX			0	22	Contracted Services	1	4,500
			5.14						
				14					
					100 C				

REASON FOR REQUEST:

BUDGET REALIGNMENT

	ORIGINATOR G	as Nama Cashelon
FINANCE DATE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
PROCESSED BY ACCOUNTING:	NAME	DATE

TOTAL



EAGLE PASS INDEPENDENT SCHOOL

Special Education Department 587 Madison St. Eagle Pass, Texas 78852 Tel #: (830)758-7023 / Fax #: (830)757-1800 Main Office

- TO: Mr. Ismael Mijares, Deputy Superintendent for Business & Finance
- CC: Mr. John Cox, Deputy Superintendent for Curriculum & Instruction
- FROM: Ms. Elizabeth Torres, Special Education Director
- DATE: October 8, 2019
- SUBJECT: To Realign the 168 Budget

I am Submitting an In-House Budget Amendment to realign funds for the 168 Budget.

168-11-6217-00-825-023		+\$20,000.00
168-11-6217-01-825-023	-	+\$15,000.00
168-11-6399-00-825-023	3 4	-\$22,700.00
168-21-6396-00-825-023		+\$2,700.00
168-93-6492-00-825-023-726		-\$15,000.00

Eagle Pass Independent School District BUDGET CHANGE REQUEST

Fund 168

PAGE 1 OF

1

DATE:			Octob	er 7, 2	2019		REFERENCE NO. 168-0 IDE	A-B	<u>Formula</u>
		ACCOUN		BER					
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	F	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
168	11	62XX			0		Contract Service	+	\$ (35,000)
168	11	63XX			0		Supplies & Materials	-	22,700
168	21	63XX		- 1	0		Control Items	+	(2,700)
168	93	64XX			0		Reg. School for the Deaf	-	15,000
			- je			1.1			
					171				

REASON FOR REQUEST:

To Realign the Budget for the 2019-2020 Year

	ORIGINATOR	Lijanes
Revertes For Solvid 10/19/9 DATE FINANCE DATE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
PROCESSED BY ACCOUNTING:	NAME	DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

PAGE 1 OF 1

CCMR Fund 169-0

DATE: 10/10/19

REFERENCE NO.

ACCOUNT NUMBER SUB-AMOUNT FUNC. FUND OBJ. OBJ. ORG. PROG. DESCRIPTION NOM. INCREASE/(DECREASE) 169 5812 00 99 000 000 STATE REVENUES (354,600)-169 00 7915 00 000 000 354,600 + **TRANSFER IN-M&O** 0 TOTAL

REASON FOR REQUEST:

REALIGNMENT OF FUNDS.

	ORIGINATOR	544 10-16-19
DATE 10-(0-19 FINANCE DATE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
PROCESSED BY ACCOUNTING:	NAME	DATE

Eagle Pass Independent School District DEPUTY SUPERINTENDENT FOR CURRICULUM AND INSTRUCTION



October 4, 2019

 TO:
 Samuel Mijares, Superintendent

 FROM:
 John Cox,

 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 funds for teachers and diagnosticians to attend trainings.

Accounts have been adjusted accordingly and is listed below.

• Increase in Travel & Subsistence

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

SM/cg



EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

DATE: 10/4/19

REFERENCE NO.

		ACCOUN	NT NUI	MBER			a series of the second second second		
			SUB			PROG.			AMOUNT
FUND	FUNC.	OBJ.	OBJ.	ORG.	YEAR	INTENT	DESCRIPTION	NOM	INCREASE/(DECREASE)
169	21	64XX			0	XX	Travel & Subsistence	+	(12308)
169	11	64XX			0	XX	Travel & Subsistence	-	7308
169	31	64XX			0	XX	Travel & Subsistence	-	5000
			N. S.				TOTAL :		\$0

REASON FOR REQUEST:

Realignment of funds		10/4/19
DATE DATE BUSINESS/FINANCE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL BY: NAME REASON FOR DISAPPROVAL:	DATE	
PROCESSED BY ACCOUNTING:	DATE	

Eagle Pass Independent School District DEPUTY SUPERINTENDENT FOR CURRICULUM AND INSTRUCTION



October 15, 2019

TO:Samuel Mijares, SuperintendentFROM:John Cox,Deputy Superintendent for Curriculum & Instruction

RE: Budget Change Request

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-over funds to the 169 budget in the amount of \$309,413.

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

- Increase in General Supplies & Materials.
- Increase in Miscellaneous Contracted Services
- Increase in Textbooks (Dual Credit)
- Increase of Travel & Subsistence.
- Increase in Other Operating Costs.
- Increase of Tuition.

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

JC/cg

EAGLE PASS INDEPENDENT SCHOOL DISTRICT **BUDGET CHANGE REQUEST**

DATE: 10/15/19

REFERENCE NO.

	a an the	ACCOUN	NT NU	MBER			and the second		
			SUB		1.16	PROG.		1.0	AMOUNT
FUND	FUNC.	OBJ.	OBJ.	ORG.	YEAR	INTENT	DESCRIPTION	NOM	INCREASE/(DECREASE)
169	00	37XX			0	XX	FUND DRAWING	+	309,413
169	11	62XX			0	XX	Misc. Contract/Tuition	-	104,000
169	11	63XX			0	XX	General Supplies/Textbook		130,000
169	11	64XX			0	XX	Travel & Subsistence	-	16,000
169	21	63XX			0	XX	General Supplies	-	54,413
169	31	64XX			0	XX	Travel & Subsistence	-	5,000
							TOTAL :		\$0

REASON FOR REQUEST:

Realignment of funds

10/21/19 ORIGINATOR DATE SUPERINTENDENT DATE <u>10-21-19</u> DATE BOARD OFFICER DATE ANCE BUSIN **DISAPPROVAL BY:** NAME 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: Samuel Mijares, Superintendent of Schools

FROM: Lizzet Duran, PEP Supervisor

DATE: October 9, 2019

RE: CCPS Carry Foward

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 \$109,375.00

The EPISD receives fund 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.

Approved by: Appro

Date: 10 - 11 - 19

Thank you,

LD/lc get Duran

Eagle Pass Independent School District

PAGE 1 OF 1

BUDGET CHANGE REQUEST

DATE: October 09, 2019

CHILD CARE PROVIDER SERVICES REFERENCE NO._____ 170-MIDDLE RIO GRANDE

	_	ACCOL			ર				
			SUB-						AMOUNT
FUND	ELINC	OBJ.	so	OPC	VEAD	PROG.	DESCRIPTION	NOM.	
170		63XX		XXX	0		SUPPLIES & MATERIALS		INCREASE/(DECREASE) 50,345
170	61	64XX		XXX	0	XX		-	
	00				0	1	OTHER OPERATING EXPENSES	-	59,030
170	00	37XX	~~	XXX	0	XX	FUND DRAWING	+	109,375
	<u> </u>								
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DEAC			CT.	TOAR			 \RRY-FORWARD CHILD-CARE PROVIDER SER'	ACES I	\$ -
REAS		K KEQUE						VICES	
		XIIII		H		lose	the 19/11/19 ORIGINATOR My	set	Dua 10/9/19
		Prov	V	uu	•	Con	in gruig	0	
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-	INAN	CE	D	ATE	01	()	BOARD OFFICER		DATE
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DISAP	PROV						NAME		DATE
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REAS		R DISAPI	PROV	AL:					
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PROC	ESSED	BY ACC	OUN	TING:			NANG		DATE
							NAME		DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

PAGE 1 OF 1

STATE ON-BEHALF FUND 172-0

DATE: 10/22/19

ويستكنيه	ACCOUNT NUMBER												
FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)					
172	13	6144	00	999	099726	TRS CARE-ON-BEHALF PAYMENT	4	85,000					
172	23	6144	00	999	099726	TRS CARE-ON-BEHALF PAYMENT	-	30,000					
172	33	6144	00	999	099726	TRS CARE-ON-BEHALF PAYMENT	-	51,000					
172	35	6144	00	999	099726	TRS CARE-ON-BEHALF PAYMENT	-	50,000					
172	41	6144	00	999	099726	TRS CARE-ON-BEHALF PAYMENT	-	50,000					
172	00	5831	00	000	000000	REVENUE	+	266,000					
				- 5									
1-2-						TOTAL		0					

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

	ORIGINATOR	34-66-01
DATE DATE FINANCE DATE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
REASON FOR DISAPPROVAL:		
PROCESSED BY ACCOUNTING:	NAME	DATE

REFERENCE NO.

Eagle Pass Independent School District BUDGET CHANGE REQUEST

Fund 173

PAGE 1	OF	1
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DATE:			10/3/2	2019	3	in the	REFERENCE NO	1. A	
		ACCOU		IBER					
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.		PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
173	11	6119	00	116	0	36000	SALARIES	+	(2,000)
173	13	6118	00	116	0	36000	EXTRA DUTY	-	2,000
	24			3					
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			\$ 2			-			CALCULATION OF ST
		1.4							
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							TOTAL		
REASON	FOR RE	QUEST:		RE	-AL	IGNMENT	OF FUNDS		
								-	10-10-107
	-						ORIGINATOR	-	
	101	11	DA	TE	- ,	,	SUPERINTENDENT		DATE
_ <	J.Y	4	10-		19				DATE
F	INANCE	V	DA	IE	/		BOARD OFFICER		DATE
DISAPPR	OVAL:								
							NAME		DATE
REASON	FOR DIS	APPROV	AL:					1	
PROCESS		PUDCET		-				-	
PROCESS	SED BY I	BUDGET	2.11				NAME		DATE

Eagle Pass Independent School District BUDGET CHANGE REQUEST

Fund	175		PAGE_	1	OF	1
DATE: _	11/4/2019	_ REFERENCE NO				

ACCOUNT NUMBER AMOUNT SUB-ORG. FUND FUNC OBJ. PROG. DESCRIPTION NOM. OBJ. INCREASE/(DECREASE) 0 XXXXX SALARIES 52 6XXX XX XX 21,000 175 -3XXX XX XX 0 XXXXX FUND BALANCE 21,000 175 00 -TOTAL

REASON FOR REQUEST:

REALIGNMENT OF FUNDS

	ORIGINATOR	SAL 11-4-19
DATE MALE MALE	SUPERINTENDENT	DATE
FINANCE DATE	BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
REASON FOR DISAPPROVAL:		
PROCESSED BY ACCOUNTING:		
PROCESSED BY ACCOUNTING.	NAME	DATE

Eagle Pass Independent School District

PAGE 1 OF 1

BUDGET CHANGE REQUEST

Date: 11/01/19

181-0 Athletics Fund

1/19

REFERENCE NO.

	ACC	OUNT N	UMB	ER					
	-	- 16 H	SUB	1					AMOUNT
FUND	FUNC		OBJ	DRO	-	OG.	DESCRIPTION	NOM.	NCREASE/(DECREASE)
181		6XXX				XX	CO-CURRICULAR/EXTRA CURRICULUM	+	(51,550)
181	51	6XXX			0	XX	PLANT MAINTENANCE & OPERATIONS	+	(700,131)
					-				
181	XX	7XXX			0	XX		-	(751,681)
									0

REASON FOR REQUEST: To realign funds in the Athletics Fund 181

-1-19

DATE	SUPERINTENDENT	DATE
FINANCE DATE	BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
REASON FOR DISAPPROVAL:		DATE
PROCESSED BY ACCOUNTING:		
	NAME	DATE

Eagle Pass Independent School District

PAGE 1 OF 1

BUDGET CHANGE REQUEST

199-0 M & O FUND

Date: 10/28/19

REFERENCE NO.

ORIGINATOR

	ACC								
			SUB-	1	DD	OG.			AMOUNT
FUND	FUNC		OBJ.	DRG		_	DESCRIPTION	NOM.	NCREASE/(DECREASE)
199	11	6XXX			0	XX	INSTRUCTIONAL	+	(285,023)
199	12	6XXX			0	XX	INSTRUCTIONAL RESOURCES AND MEDIA	-	16,455
199	13	6XXX	1		0	XX	STAFF DEVELOPMENT	-	82,545
199	21	6XXX			0	XX	INSTRUCTIONAL LEADERSHIP	1	168,847
199	23	6XXX			0	XX	SCHOOL LEADERSHIP	-	136,631
199	31	6XXX			0	XX	GUIDANCE, COUNSELING & EVALUATION SRVS	-	9,097
199	33	6XXX			0	XX	HEALTH SERVICES	-	57,217
199	36	6XXX			0	XX	CO-CURRICULAR/EXTRA CURRICULUM	-	411,205
199	41	6XXX			0	XX	ADMINISTRATION	-	124,723
199	51	6XXX			0	XX	PLANT MAINTENANCE & OPERATIONS	+	(101,418)
199	52	6XXX			0	XX	SECURITY & MONITORING SERVICES	-	56,752
199	53	6XXX			0	XX	DATA PROCESSING SERVICES	-12	59,700
199	61	6XXX			0	XX	COMMUNITY SERVICES	-	500
				-					
199	XX	5XXX			0	XX		+	354,600
199	XX	8XXX			0	XX		+	(382,631)
									0

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2019-2020 school year.

DATE SUPERINTENDENT DATE BOARD OFFICER DATE DATE FINAN **DISAPPROVAL:** NAME DATE REASON FOR DISAPPROVAL: PROCESSED BY ACCOUNTING: NAME DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

CAPITAL PROJECTS FUND 616-0

. 1

DATE: 10/22/19

ACCOUNT NUMBER									
FUND	FUNC.	OBJ.	SUB- OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)	
616	81	6629	99	931	099	SPECIAL PROJECTS 19-20	-	1,129,925	
616	00	3700	00	000	000	BUDGETARY FUND DRAWING	+	1,129,925	
				1					
						TOTAL		0	

REASON FOR REQUEST: APPROPRIATE FUNDS FOR SPECIAL PROJECTS.

	ORIGINATOR	Att 10-22-19
DATE DATE FINANCE DATE	SUPERINTENDENT BOARD OFFICER	DATE
DISAPPROVAL:	NAME	DATE
PROCESSED BY ACCOUNTING:	NAME	DATE

PAGE 1 OF 1

REFERENCE NO.