



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds

**SUBMITTED BY:** Ramiro Veliz, III

**OF:** Board President

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** September 15, 2020

**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 Various Projects/Campuses.

**RATIONALE:**

**BUDGETARY INFORMATION:**

**POLICY REFERENCE & COMPLIANCE:**



Exhibit A

United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Requesting Campus: SALVADOR GARCIA MIDDLE SCHOOL

Campus Principal: ALFREDO PALAPA

Board Member: RICARDO MOLINA

Board Member: \_\_\_\_\_

Description of Request: Staff/Student Incentives

Estimated Cost of Request: \$3,000

Principal or Director Signature: Alfredo R Date: 8/24/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No ☐

Signature: Drusilda Rodriguez for Ricardo Molina, Sr. Date: 08/21/2020

BOARD MEMBER APPROVAL: Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE: \_\_\_\_\_

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



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Originator's Email: rmorales@uisd.net

Board Member: Javier Montemayor

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Requested funds to be used to increase Parent and Family engagement opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,000

Principal or Director Signature: \_\_\_\_\_

*Rebecca Coss-Morales*

Date: \_\_\_\_\_

09/02/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 09/04/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Originator's Email: gladys.guerrero@uisd.net

Board Member: Ricardo Molina Sr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Campus Beautification Furniture

School Function Furniture: Folding Tables and Chairs, Canopies, Information Displays, etc...

Office Furniture: Visitors Chairs, Office Desks, Office Chairs, Organizers, Lounge Refrigerator, etc...

Estimated Cost of Request: \$3,000.00

Principal or Director Signature: [Signature] Date: 8-24-20

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Priselda Rodriguez for Ricardo Molina Sr. Date: 08/28/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Originator's Email: gladys.guerrero@uisd.net

Board Member: Ramiro Veliz III

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Teacher and Staff Incentives for Perfect Attendance, Teacher/Staff of the Month, PBIS, etc....

Estimated Cost of Request: \$3,000.00

Principal or Director Signature: [Signature] Date: 8-24-20

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Griselda Rodriguez for Ramiro Veliz, III Date: 09/04/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Originator's Email: rmorales@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Requested funds to be used to increase Parent and Family engagement opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,000

Principal or Director Signature: Rebecca Coss-Morales Date: 08/31/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: [Signature] Date: 09/02/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Originator's Email: rmorales@uisd.net

Board Member: Ramiro Veliz III

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Requested funds to be used to increase Parent and Family engagement opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,000

Principal or Director Signature: Rebecca Coss-Morales Date: 08/31/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Ramiro Veliz III Date: 9-2-20

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Originator's Email: rmorales@uisd.net

Board Member: Ricardo Molina Sr.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Requested funds to be used to increase Parent and Family engagement opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,000

Principal or Director Signature: \_\_\_\_\_

*Rebecca Coss-Morales*

Date: \_\_\_\_\_

08/31/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒

No \_\_\_\_\_

Signature: Ricardo Molina Sr.

Date: 8-31-20

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.





Boardmembers  
Approved  
by phone.

Independent School District  
Extracurricular Funds Request Form  
for 2020-2021

Exhibit A

Requesting Campus: Fed (As per R. Morales)

Campus Principal: Rebecca Coss-Morales

Originator's Email: rmorales@uisd.net

Board Member: Aliza Flores Oliveros

Board Member:

Board Member:

Description of Request: Requested funds to be used to increase Parent and Family engagement opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,000

Principal or Director Signature: Rebecca Coss-Morales Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Griselda Rodriguez for Aliza Flores Oliveros Date: 09/04/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: United Middle School

Campus Principal: Rosana M. Arizola

Originator's Email: rarizola@uisd.net

Board Member: Javier Montemayor

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Funds needed to purchase 1 year of unlimited access to Edpuzzle  
for all UMS teachers (see attached).

Estimated Cost of Request: \$ 1,300.00

Principal or Director Signature: Rosana M. Arizola Date: 9/3/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Liselda Rodriguez for Javier Montemayor, Jr. Date: 09/08/2020

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.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank. <b>Edpuzzle, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3) Exempt payer code (if any) _____ Exemption from FATCA reporting code (if any) _____ * Do not check this box if the entity is a U.S. person.	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>PO BOX 446</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>SAN FRANCISCO, CA, 94104-0446</b>	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
6	8		-	0	6	8	3	3 9 0

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 03/08/2019
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: VETERANS MEMORIAL ELEMENTARY

Campus Principal: Luz Edith Serna-Ramirez

Originator's Email: luzserna@uisd.net

Board Member: Ricardo Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: The money I am requesting is for incentives to promote attendance at Veterans Memorial.  
Students will get certificates from a restaurant (McDonald's or Peter Pipers Pizza) if they obtain perfect attendance.

Estimated Cost of Request: \$3,000

Principal or Director Signature: Luz Edith Serna-Ramirez

Date: 9-4-20

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Driscelda Rodriguez for Ricardo Molina, Sr. Date: 09/04/2020

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.

Revised: September 17, 2019



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDO SALAZAR

Originator's Email: asalazar1@uisd.net

Board Member: RICARDO MOLINA SR.

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: STUDENT INCENTIVES

Estimated Cost of Request: \$6000.00

Principal or Director Signature: \_\_\_\_\_

Date: 08-20-20

ASSOCIATE SUPERINTENDENT APPROVAL:

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL:

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL:

Yes ☒

No \_\_\_\_\_

Signature: Griselda Rodriguez for Ricardo Molina Sr.

Date: 09/04/2020

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.





United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2019-2020

Exhibit A

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDO SALAZAR

Originator's Email: acalderon@uisd.net

Board Member: Ricardo Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Additional equipment needed for LBJ football

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: *Armando Salazar* Date: 9-1-2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: *Priselda Rodriguez for Ricardo Molina, Sr.* Date: 09/11/2020

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.



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: United Middle School

Campus Principal: Rosana M. Arizola

Originator's Email: rarizola@uisd.net

Board Member: Javier Montemayor

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Funds needed to repair school marquee at the UMS main campus (see attached)

Estimated Cost of Request: \$ 722.50

Principal or Director Signature: *R. Arizola* Date: 9/9/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: *Briselda Rodriguez for Javier Montemayor Jr* Date: *09/09/2020*

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.

# **M1 NETWORKS**

**To: UISD - United Middle School**  
**Attn: Mrs. Grizelda Gil/Uriel TECH**  
**From: Rick Garcia**  
**Date: September 9, 2020**  
**Ref: Marquis Antennas replacement**

**QUOTATION**  
**RG-090920c**

Qty	Description	Pricing	Extension
2	Engenious ENH 202 Wireless Bridge Radios	\$ 195.00	\$ 390.00
3.5	Hours installation	\$ 95.00	\$ 332.50

**Note: As part of the installation this will include coordinate with Net-Ops and Steward Signs for marquee communication.**

**Sub Total           \$           722.50**

**Total               \$           722.50**

The materials and workmanship furnished under this proposal shall comply with the rules set forth by the state and local regulations governing such work. Any changes made in the specifications above shall be made in writing prior starting of job and as evidence of the agreement. M1 Networks, Inc. shall not be held responsible for any loss, damage or delay due to causes beyond M1 Networks, Inc. control. M1 Networks will have Inforce general liability as said forth by the State and Local Government and agreement between M1 Networks, Inc. and .

Sincerely,

Rudy Lozano  
M1 Networks, Inc.





United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Juarez Lincoln Elementary-118

Campus Principal: Roberto G. Ortiz

Originator's Email: rortiz@uisd.net

Board Member: Ricardo Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: ScreenCastify- Record unlimited license

Estimated Cost of Request: 12 @ \$29.00 each for a total of \$348.00

Principal or Director Signature: [Signature] Date: 9/11/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒ No \_\_\_\_\_

Signature: Briseida Rodriguez for Ricardo Molina, Sr. Date: 09/11/2020

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.

Revised: September 17, 2019



**Quote Number:** 8070

**Date:** 08/28/2020

**Prepared for:**

Cindy Lugo

Juarez Lincoln Elementary

clugo@uisd.net

**Prepared by:**

Screencastify, LLC

227 W Monroe St, Ste 5200

Chicago, IL 60606

[sales@screencastify.com](mailto:sales@screencastify.com)

Quantity	Description	Unit Price	Subtotal
12	Record Unlimited License	\$29	\$348
-	-	-	-
-	-	-	-
Bundle discount*:			\$0
Total:			\$348

*\*Save by purchasing all three of our products (Record, Edit and Submit) together.*

**The Fine Print**

This quote is valid for 30 days. All quotes are in US dollars. Offline payments are accepted for orders of \$100 or more. If you're paying with a purchase order, please [submit your PO using this form](#). In case your purchasing department needs it, here is a link to [our W9](#) and [bank information](#).

**What is Screencastify?**

Screencastify is K-12's most popular video creation solution. Teachers, students and administrators in more than 70% of US school districts love using Screencastify to incorporate video in lesson planning, instruction, professional development, assessments, and much, much more. We believe that video can improve equity and outcomes in every classroom, and are so glad you do too!



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2020-2021

Exhibit A

Requesting Campus: Juarez Lincoln Elementary-118

Campus Principal: Roberto G. Ortiz

Originator's Email: rortiz@uisd.net

Board Member: Ricardo Molina

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: School Spirit Shirts for students in all grade levels for 2020-2021 school year.

Estimated Cost of Request: 600 shirts @ \$4.00 each for a total of \$2,400.00

Principal or Director Signature: \_\_\_\_\_

Date: 9/11/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes ☒

No \_\_\_\_\_

Signature: Priscilla Rodriguez for Ricardo Molina, Sr.

Date: 09/11/2020

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.

Revised: September 17, 2019

# Request for Payment from K & M Sports

Invoice 1348      Amount due: \$2,400.00      Due on: September 8th 2020

[Print](#)[Download PDF](#)

## INVOICE

K & M Sports  
2918 Santa Ursula Ave  
Ste. C  
Laredo, TX 78040  
United States

(956)717-8767

BILL TO  
JUAREZ LINCOLN ELEMENTARY

(956)473-3000

Invoice Number: 1348

Invoice Date: September 8, 2020

Payment Due: September 8, 2020

Amount Due (USD): \$2,400.00

Product	Quantity	Price	Amount
<b>T-shirts</b> Gildan 8000, purple screen printing logo on front (1 color) YS-209, YM-245, YL-95, YXL-29 AS-9, AM-8, AL-5	600	\$4.00	\$2,400.00

Total: \$2,400.00

Amount Due (USD) : \$2,400.00

### Notes / Terms

ATT'N. MS. REYNER