

United Independent School District AGENDA ACTION ITEM

TOPIC	Approval of Requests fi	rom Board Member	<u>s in re: Use o</u>	of Board of Trustees Discretionary
Funds for Va	rious Projects/Campuses	,		
SUBMITTE	D BY: Javier Montema	.yor	OF:	Board President
APPROVED	FOR TRANSMITTAL	TO SCHOOL BO)ARD:	OCTOBER 22, 2015
RECOMME	NDATION:			
	ended that the United ISD stees Discretionary Funds			ests from Board Members in re: Use of
RATIONAL	E:		v	
BUDGETAR	RY INFORMATION:			
Budget Amen	dment as needed.	·		
BOARD POI	LICY REFERENCE AN	ND COMPLIANCI	£:	



Requesting Campus:	Amaa	BRUNI-	-VERGAGA M.S.
Campus Principal:	MARE	ProRe	2
Board Member: Dic	ARDO Y	nouna	
Board Member:			· .
Description of Request:	INCEN	TIVES:	\$3,000 - Total
<	STWDEN	<i>∿75</i> : ₱	1,500-
	STARF	. \$1,5	500
Estimated Cost of Reques	: \$3, love	000 Flux	Date 9-18-15
Associate Superintendent			No
Associate Superintendent	Signature:		Date:
Superintendent Approval	•	Yes	No
Superintendent Signature			Date:
Board Member Approval	:	Yes	No
Board Member Signature	*		Date:
Board Approval: Yes	No	Date App	roved:
Please return the complete	d form to the S	uperintendent':	s Office for final processing.



Requesting Campus: John B. Alexander	High School
Campus Principal: Ernesto Sandoval, J	r.
Board Member: Ms. Aliza Flores Oli	veros
Board Member:	· · · · · · · · · · · · · · · · · · ·
Description of Request: _EIKIS/ELMOS for	Libkary
Estimated Cost of Request \$2,286.00	9/2/0
Principal or Director Signature:	Date! P() >
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 Approval: Yes No	Date Approved:
Please return the completed form to the Supe	erintendent's Office for final processing.



Requesting Campus: John B. Alexand	ler High School
Campus Principal: Ernesto Sandoval	, Jr.
Board Member: Ms. Aliza Flores	liveros
Board Member:	
Description of Request: <u>Laptop Metal</u>	Cart to be utilized with
EIKI/ELMO	
Estimated Cost of Request \$897.00	Date 7 21 25
Principal or Director Signature:	Date Date
Associate Superintendent Approval: Yes_	
Associate Superintendent Signature:	Date
Associate Superintendent Signature: Superintendent Approval:	Date Yes No
	Yes No
Superintendent Approval:	Yes No
Superintendent Approval: Superintendent Signature:	Yes No Date Yes No
Superintendent Approval: Superintendent Signature: Board Member Approval:	Yes No Date Yes No
Superintendent Approval: Superintendent Signature: Board Member Approval: Board Member Signature:	Yes No Date Yes No Yes No
Superintendent Approval: Superintendent Signature: Board Member Approval: Board Member Signature: Board Member Approval: Board Member Signature:	Yes No Date Yes No Yes No



Requesting Campus: John B. Alexa	ander High	School
Campus Principal: Ernesto Sandov	vål, Jr	
Board Member: Ms. Aliza Flores	3 Oliveros	
Board Member:		
Description of Request: LAB Tops		
Estimated Cost of Request\$1,876.2	26	Date 7 21 S
Principal or Director Signature:		Date
Associate Superintendent Approval:	es	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 Approval: YesN	[o	Date Approved:
Please return the completed form to the	e Superinten	dent's Office for final processing.



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

Requesting Campus: John B. Alexander High Sc	hoo1
Campus Principal: <u>Ernesto Sandoval</u> , Jr.	
Board Member: Ms. Aliza Flores Oliveros	
Board Member:	
Description of Request: Printer Cartridges	
Estimated Cost of Request \$1,733.66	11
Principal or Director Signature:	Date 9 (21 15
Associate Superintendent Approval: YesNo	· · · · · · · · · · · · · · · · · · ·
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 Approval: Yes No Dat	e Approved:



Requesting Campus: John B. Alexander	High School
Campus Principal: Ernesto Sandoval, J	r.
Board Member: Ms. Aliza Flores Olive	eros
Board Member:	
Description of Request: Classroom Printer	rs
Estimated Cost of Request \$4,505.15	Date 9/21/18
Principal or Director Signature:	
Associate Superintendent Approval: Yes	No
•	
Associate Superintendent Signature:	
	Date
Superintendent Approval: Superintendent Signature:	Date
Superintendent Approval: Superintendent Signature:	
Superintendent Approval: Superintendent Signature: Board Member Approval: Y Board Member Signature:	
Superintendent Approval: Superintendent Signature: Board Member Approval: Y Board Member Signature:	
Superintendent Approval: Superintendent Signature: Board Member Approval: Board Member Signature: Board Member Approval: Y	



Requesting Campus: John B. Alexa	nder High School	_
Campus Principal: Ernesto Sandoval	, Jr.	
Board Member: Ms. Aliza Flores	Oliveros	
Board Member:		_
Description of Request: 10x10 Canopy	for Cross Country Team (3)	
£ 2500 00		ı
Estimated Cost of Request \$\frac{\display{2502.00}}{2}	alac	lu-
Principal or Director Signature:	Date 9/25	" >
Associate Superintendent Approval: Ye	s No	
	**	
Associate Superintendent Signature:	Date	-
Associate Superintendent Signature:Superintendent Approval:	YesNo	-
-	Yes No	_
Superintendent Approval:	Yes No	_
Superintendent Approval: Superintendent Signature:	Yes No Yes No	·-
Superintendent Approval: Superintendent Signature: Board Member Approval:	Yes No Yes No	
Superintendent Approval: Superintendent Signature: Board Member Approval: Board Member Signature:	Yes No Date No Yes No Yes No	
Superintendent Approval: Superintendent Signature: Board Member Approval: Board Member Signature: Board Member Approval: Board Member Signature:	Yes No Date No Yes No Yes No	



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

Requesting Campus: Health Services Department
Campus Principal: Irene Rosales MSN, RN Health Services Director
Board Member: <u>Aliza Flores Oliveros</u>
Board Member: Juan Roberto Ramirez
Board Member: Rick Rodriguez
Board Member: Ramiro Veliz III
Description of Request I am requesting discretionary funds for 6 nurses to attend the Texas School Nurses Organization Conference. This conference is a 3 day conference from November 13-15, 2015 which will be taking place this year, in Dallas Texas. I would like for these nurses to experience what this conference is all about and how much enrichment they can receive and provide better health care for our students. It is expensive and thus, reason for only asking to provide funding for 6 nursing staff that will be given an opportunity to experience this type of conference and to be able to network with other school nurses from across Texas. In addition, they will have to share their learning experience with the rest of the school nurses.
Estimated Cost of Request \$8000.00
Principal or Director Signature: Date
Associate Superintendent Approval: Yes No
Associate Superintendent Signature: Date
Superintendent Approval: Yes No
Superintendent Signature:Date
Board Member Approval: \$2000.00/Aliza Flores Oliveros Yes No
Board Member Signature: Date
Board Member Approval: \$2000.00/Juan Roberto Ramirez Yes No
Board Member Signature: Date
Board Member Approval: \$2000.00/Rick Rodriguez YesNo
Board Member Signature: Date
Board Member Approval: \$2000.00/Ramiro Veliz III Yes N0
Board Member Signature: Date
Board Approval: Yes No Date Approved:





Requesting Campus: Health Services Department
Campus Principal: <u>Irene Rosales MSN, RN Health Services Director</u>
Board Member: Javier Montemayor, Aliza Flores Oliveros
Board Member: Juan Roberto Ramirez, Rick Rodriguez
Board Member: Ramiro Veliz III, Ricardo Molina
Board Member: Judd Gilpin
Description of Request I am requesting discretionary funds for the consumables for the nebulizers. As per Mr. Santos all board members will donate \$500.00 for these medical supplies.
Estimated Cost of Request \$3500.00 (\$500 ca.)
Principal or Director Signature: Date
Associate Superintendent Approval: YesNo
Associate Superintendent Signature: Date
Superintendent Approval: YesNo
Superintendent Signature:Date
Board Member Approval: \$500.00/Javier Montemayor Yes No
Board Member Signature: Date
Board Member Approval: <u>\$500/Aliza Flores Oliveros</u> Yes No
Board Member Signature: Date
Board Member Approval: \$500.00/Juan Roberto Ramirez Yes No
Board Member Signature: Date
Board Member Approval: \$500.00/Rick Rodriguez Yes No
Board Member Signature: Date
Board Member Approval: \$500.00/Ramiro Veliz III Yes No
Board Member Signature:Date
Board Member Approval: \$500.00/Ricardo Molina Yes V No Board Member Signature: Recaids Malina Leg Date 10/8/15
Board Member Signature: Recaids Malina by Date 10/8/15
Board Member Approval: \$500.00/Judd Gilpin Yes Vo
Board Member Signature: Date Date
Board Approval: Yes No Date Approved:
Please return the completed form to the Superintendent's Office for final processing.



Requesting Campus: United South	Middle School	
Campus Principal: <u>Martha I. Alvare</u>		
Board Member: Ramiro Veliz, III		
Board Member:	A Property of the Control of the Con	
Board Member:		
Description of Request <u>MONIES や</u>	puchase s	ecurity cameras
Estimated Cost of Request #40	100.00	حرا خداه
Principal or Director Signature: <u>U</u>	**	Date <u>9/28/15</u>
Associate Superintendent Approval:	Yes	No
Associate Superintendent Signature: _	2 1 <u>2 1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date
Superintendent Approval:	Yes	No
Superintendent Signature:	<u> </u>	Date
Board Member Approval:	Yes	No
Board Member Signature:	the state of the s	No
	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 S	uperintendent's O	ffice for final processing.



Requesting Campus: _	George Wash	ington Middle	e School	
Campus Principal: _	Mrs. Beth Po	rter		
Board Member:	Mr. Juan Rol	berto Ramirez	<u>: </u>	
Board Member <u>:</u>				
Board Member:			·	
Description of Request_	Screen Printe	ed Front and B	Back 100% Cotton T-Shirts	-
Estimated Cost of Requ			Date 9/10/2015	-
Principal or Director Si	ignature:	y will	Date 111010013	
Associate Superintende	nt Approval:	Yes	No	
Associate Superintende	nt Signature:	 	Date	
Superintendent Approv	/al:	Yes	No	
Superintendent Signatu	ıre:		Date	
Board Member Approv		Yes	No	
Board Member Signatu	ire: <u>/ Vev</u>	Yes	No	C
Board Member Signatu	ıre:		Date	
Board Member Approv	al:	Yes	No	
Board Member Signatu	ıre:		Date	
Board Approval:	Yes	No	Date Approved:	



Requesting Campus: <u>KENNEDY-ZAPA</u>	TA ELEME	NTARY SCHOOL
Campus Principal: <u>THELMA J. MART</u>	INEZ	
Board Member: <u>RICARDO MOLINA S</u>	<u>SR.</u>	•
Board Member:		
Description of Request: LIBRARY BO BULLETIN BOARD, PRINTER, TPRINTERS.	OKS, P.E. EC	QUIPMENT, OUTDOOR ENCLOSEIND DRUMS FOR SCHOOLWIDE
Estimated Cost of Request \$4,997.36		- 11-
Principal or Director Signature:	ges	Date 10 5 15
Associate Superintendent Approval: Y		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 Approval: Yes	Ño	Date Approved:
Please return the completed form to th	e Superintend	dent's Office for final processing.



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

Requesting Campus: Clark Elementary	
Campus Principal: <u>Gabriela N. Perez</u>	
Board Member: Javier Montemayor, Jr.	
Board Member:	
Board Member:	
Description of Request Accelerated Reader Program & Accelerated Reader student incentives	_
Estimated Cost of Request \$3,510.74	-
Principal or Director Signature: MPUL Date 9/28/	15
Associate Superintendent Approval: Yes No	
Associate Superintendent Signature: Date	
Superintendent Approval: Yes No	
Superintendent Signature:Date	_
Board Member Approval: Yes No	/
Board Member Signature: Yes No Date 10/8/	(s/
Board Member Signature: Date	
Board Member Approval: Yes No	
Board Member Signature: Date	
Board Approval: Yes No Date Approved:	



Requesting Campus:	<u>TRAUTMA</u>	<u>NN ELEMEN</u>	TARY	
Campus Principal:	Zalda G. Go	onzalez		<u> </u>
Board Member:	Mr. Javier N	Montemayor	1 :	
Board Member:			·	
Board Member:				
Description of Request	Classroom	, computer la	b printers	
Estimated Cost of Requ	est <u>\$8.9</u>	242.00		<u> </u>
Principal or Director Si	gnature:	ada Ofon	gelez-	Date 10/12/15.
Associate Superintende	nt Approval:	Yes	No	<u> </u>
Associate Superintende	nt Signature:			_ Date
Superintendent Approv	al:	Yes	No	_
Superintendent Signatu	re:		·.	Date
Board Member Approv	al:	Yes	No	 -
Board Member Signatu	re:			_ Date
		Yes	No	·
Board Member Signatu	re:			
Board Member Approv	al:	Yes	No	
Board Member Signatu	re:			Date
Board Approval:	Yes	No	Date A	pproved:
Diagram action the committee		C	- OCC C C	•



Requesting Campus:	TRAUTMA	<u>ann elemen'</u>	<u> </u>	·
Campus Principal:	Zaida G. G	onzalez		
Board Member:	Mr. Javier	Montemayor		· .
Board Member:				
Board Member:				···· _{···}
Description of Request_	Classroon	n, computer la	b printers	
Estimated Cost of Requ	est\$8,	942.00		· .
Principal or Director Si	gnature:	aide Jon.	plez	Date 10/10/15.
Associate Superintender		// 0	No	
Associate Superintender	nt Signature:	***		Date
Superintendent Approv	al:	Yes	No	
Superintendent Signatu	re:	· 		Date
Board Member Approv	al:	Yes	No	
Board Member Signatu	re:			Date
		Yes	No	_
Board Member Signatu	re:	· · · · · · · · · · · · · · · · · · ·	· · · ·	_ Date
Board Member Approv	al:	Yes	No	
Board Member Signatur	re:	· ».	<u> </u>	_ Date
Board Approval:	3 7	N.	***	pproved:



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

Requesting Campus: 56 M 5
Campus Principal: Lottfell Home
Board Member: Luciolo Melica
Board Member:
Board Member:
DESCRIPTION OF REQUEST Student concentred (PBIS), Custodial
Estimated Cost of Request 5,000. OC Con Soil tank
Principal or Director Signature: Whylele / Down Date 9/2///
Associate Superintendent Approval: Yes No
Associate Superintendent Signature: Date
Superintendent Approval: Yes No
Superintendent Signature:Date
Board Member Approval: Yes No No
Board Member Signature: Run Muss Date 15 - 15
Board Member Signature: Date
Board Member Approval: Yes No
Board Member Signature: Date
Board Approval: Yes No Date Approved:



Requesting Campus:	R. C. Centeno E	lementary Schoo	ol	
Campus Principal:	Laura P. De los	Santos	-	
Board Member:	Mr. Ricardo Mol	ina, Jr.		
Board Member:				
Board Member:	<u> </u>			
Description of Request_	7 Document C	amera Bases		. <u>. </u>
Estimated Cost of Reque				
Principal or Director Sig	gnature:	lost		Date 10/15/15
Associate Superintenden	nt Approval:	Yes	No	
Associate Superintender	nt Signature:			Date
Superintendent Approva	al:	Yes	No	
Superintendent Signatur	re:)	Date
Board Member Approve	al:	Yes	No	_
Board Member Signatur	re:	Yes	Ma	_ Date
				
Board Member Signatur	re:			Date
Board Member Approve	nt:	Yes	No	_
Board Member Signatur	re:			Date
Board Approval:	Yes	No	Date A	pproved:
Blanco return the complete	ad form to the Sun	erintendent's Offi	ce for fin	al processing.