



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds for Various Projects/Campuses

SUBMITTED BY: Javier Montemayor **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: **OCTOBER 22, 2015**

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 for Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

Budget Amendment as needed.

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

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

Requesting Campus: LAMAR BROWI-JERGARA M.S.

Campus Principal: CLARE FLORES

Board Member: RICARDO MOLINA

Board Member: _____

Description of Request: INCENTIVES: \$3,000 - Total
STUDENTS: \$1,500 -
STAFF: \$1,500 -

Estimated Cost of Request: \$3,000

Principal Signature: Clare Flores Date 9-18-15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date: _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date: _____

Board Member Approval: Yes No

Board Member Signature: _____ Date: _____

Board Approval: Yes No Date Approved: _____

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



Exhibit A

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

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: EIKIS/ELMOS for Library

Estimated Cost of Request \$2,286.00

Principal or Director Signature: [Signature] Date: 9/24/15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

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



Exhibit A

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

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores-Oliveros

Board Member: _____

Description of Request: Laptop Metal Cart to be utilized with
EIKI/ELMO

Estimated Cost of Request \$897.00

Principal or Director Signature: [Signature] Date 9/21/25

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: LAB Tops

Estimated Cost of Request \$1,876.26

Principal or Director Signature: _____ Date 9/21/15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

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



Exhibit A

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

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: Printer Cartridges

Estimated Cost of Request \$1,733.66

Principal or Director Signature: [Signature] Date 9/21/15

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

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



Exhibit A

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

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: Classroom Printers

Estimated Cost of Request \$4,505.15

Principal or Director Signature: [Signature] Date 9/21/08

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 Superintendent's Office for final processing.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year _____

Requesting Campus: John B. Alexander 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)

Estimated Cost of Request \$2502.00

Principal or Director Signature: [Signature] Date 9/25/15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____

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



Exhibit A

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: Aliza Flores Oliveros

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 Yes No

Board Member Signature: Date

Board Member Approval: \$2000.00/Ramiro Veliz III Yes NO

Board Member Signature: Date

Board Approval: Yes No Date Approved:

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



Exhibit A

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: 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 ea.)

Principal or Director Signature: _____ Date _____

Associate Superintendent Approval: Yes ___ No ___

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes ___ No ___

Superintendent Signature: _____ Date _____

Board Member Approval: \$500.00/Javier Montemayor Yes ___ No ___

Board Member Signature: _____ Date _____

Board Member Approval: \$500/Aliza Flores Oliveros 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 No ___

Board Member Signature: Ricardo Molina Date 10/8/15

Board Member Approval: \$500.00/Judd Gilpin Yes No ___

Board Member Signature: Judd Gilpin Date 10/7/15

Board Approval: Yes ___ No ___ Date Approved: _____

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



Exhibit A

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

Requesting Campus: United South Middle School

Campus Principal: Martha I. Alvarez

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request Monies to purchase security cameras

Estimated Cost of Request \$4,000.00

Principal or Director Signature: [Signature] 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: _____ Date _____

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: George Washington Middle School

Campus Principal: Mrs. Beth Porter

Board Member: Mr. Juan Roberto Ramirez

Board Member:

Board Member:

Description of Request Screen Printed Front and Back 100% Cotton T-Shirts

Estimated Cost of Request \$2,493.75

Principal or Director Signature: [Signature] Date 9/10/2015

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: Date

Superintendent Approval: Yes No

Superintendent Signature: Date

Board Member Approval: Yes [checked] No

Board Member Signature: Juan R Ramirez Date 9-16-2015

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: KENNEDY-ZAPATA ELEMENTARY SCHOOL

Campus Principal: THELMA J. MARTINEZ

Board Member: RICARDO MOLINA SR.

Board Member: _____

Description of Request: LIBRARY BOOKS, P.E. EQUIPMENT, OUTDOOR ENCLOSED BULLETIN BOARD, PRINTER, TONERS AND DRUMS FOR SCHOOLWIDE PRINTERS.

Estimated Cost of Request \$4,997.36

Principal or Director Signature: _____ **Date** 10/5/15

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ **Date** _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ **Date** _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ **Date** _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ **Date** _____

Board Approval: Yes _____ No _____ **Date Approved:** _____

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



Exhibit A

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

Requesting Campus: Clark Elementary

Campus Principal: Gabriela N. Perez

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: [Signature] 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: [Signature] Date 10/8/15

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 Superintendent's Office for final processing.

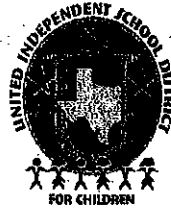


Exhibit A

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

Requesting Campus: TRAUTMANN ELEMENTARY

Campus Principal: Zaida G. Gonzalez

Board Member: Mr. Javier Montemavor

Board Member: _____

Board Member: _____

Description of Request Classroom, computer lab printers

Estimated Cost of Request \$8,942.00

Principal or Director Signature: Zaida Gonzalez Date 10/12/15

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: TRAUTMANN ELEMENTARY

Campus Principal: Zaida G. Gonzalez

Board Member: Mr. Javier Montemayor

Board Member:

Board Member:

Description of Request Classroom, computer lab printers

Estimated Cost of Request \$8,942.00

Principal or Director Signature: Zaida Gonzalez Date 10/12/15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: Date

Superintendent Approval: Yes No

Superintendent Signature: Date

Board Member Approval: Yes No

Board Member Signature: Date

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: SGMS

Campus Principal: Cecilia Gomez

Board Member: Ricardo Melina

Board Member: _____

Board Member: _____

DESCRIPTION OF REQUEST Student incentives (P.B.I.S), Custodial Supplies

Estimated Cost of Request \$,000.00 Conceded

Principal or Director Signature: Cecilia Gomez Date 9/21/15

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No _____

Board Member Signature: Ricardo Melina Date 10-7-15

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 Superintendent's Office for final processing.



Exhibit A

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

Requesting Campus: R. C. Centeno Elementary School

Campus Principal: Laura P. De los Santos

Board Member: Mr. Ricardo Molina, Jr.

Board Member: _____

Board Member: _____

Description of Request 7 Document Camera Bases

Estimated Cost of Request \$4,165.00

Principal or Director Signature: [Signature] Date 10/15/15

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

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 Superintendent's Office for final processing.