

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC _____ Approval of Requests from Pat Campos for Use of Board of Trustees _____

Discretionary Funds for STEP Academy and Clark Middle School for \$13,834 _____

SUBMITTED BY: _____ Pat Campos _____ **OF:** _____ Board Member _____

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: _____ March 24, 2010 _____

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve the use of Board of Trustees Discretionary Funds for STEP Academy and Clark Middle School for \$13,834.

RATIONALE:

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:

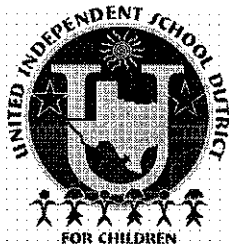


Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2009-2010**

Requesting Campus: STEP ACADEMY

Campus Principal: Eduardo J. Garza

Board Member: Ms. Pat Campos

Board Member: _____

Description of Request: The laminating machine we have now does not work properly. It was a donation to STEP 10 years ago and was used when it was recieved at STEP Academy.

Covering for Portable 3 is needed to provide a shaded and covered area for students and staff.

Estimated Cost of Request Laminating machine - \$1,549.00
Covering in front of Portable 3 - \$7,360.00

Principal Signature: [Signature] Date 2-10-10

Board Member Approval: Yes ☒ No ☐

Board Member Signature: [Signature] Date 2/10/10

Board Member Signature: _____ Date _____

Superintendent 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 2009-2010**

Requesting Campus: CLARK MIDDLE SCHOOL

Campus Principal: RENE RODRIGUEZ

Board Member: PAT CAMPOS

Board Member: _____

Description of Request: SOUND SYSTEM FOR CMS MARIACHI GROUP

Estimated Cost of Request \$4925

Principal Signature: _____ **Date** 3/2/10

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ **Date** _____

Board Member Signature: _____ **Date** _____

Superintendent Signature: _____ **Date** _____

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

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