

**BOARD OF TRUSTEES
AGENDA**

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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- (A) Report Only Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

- (B) Action Item

Presenter(s): SAMUEL MIJARES, SUPERINTENDENT
ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND THE
GENERAL FUND AND CAPITAL PROJECTS FUND BUDGETS.

- (C) Funding source: Identify the source of funds if any are required.

REALIGNMENT OF FUNDS; BUDGET REVENUE ESTIMATES AND CARRY FORWARD FUNDS.

- (D) Clarification: Explain any question or issues that might be raised regarding this item.

SEE ATTACHED MEMORANDUM.



TO: Samuel Mijares, Superintendent

FROM: Ismael Mijares, Deputy Superintendent for Business & Finance

DATE: November 4, 2024

SUBJECT: *Budget Amendments*

This is the first 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.

The Budget Amendments also include carry forward funds from prior year and revenue increases in the amount of: \$2,733 for 166-State Bilingual; \$160,508 for 170-Middle Rio Grande-CCPS, and \$4,600,000 for 616-Special Projects.

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

FUND: 163

Dyslexia

PAGE 1 OF 1

DATE: 10/8/24

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
163	11	6XXX			5	X	X	XX	TRAVEL & SUBSISTENCE	+	(3,525)
163	13	6XXX			5	X	X	XX	TRAVEL & SUBSISTENCE	-	3,525
TOTAL											0

REASON FOR REQUEST: REALIGNMENT OF FUNDS

ORIGINATOR *[Signature]*

<u><i>[Signature]</i></u>	<u>10-8-24</u>		
	DATE	SUPERINTENDENT	DATE
<u><i>[Signature]</i></u>	<u>9-1-4-24</u>		
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund 165

PAGE 1 OF 1

DATE: October 10, 2024

REFERENCE NO. _____

ACCOUNT NUMBER							DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.				
165	13	6XXX			5 XXXXX	Instructional	-	4,000.00	
165	21	6XXX			5 XXXXX	Instructional Leadership	+	(4,000.00)	
TOTAL								0	

REASON FOR REQUEST: REALIGNMENT OF FUNDS

ORIGINATOR *[Signature]* 10-10-24

[Signature] 10-10-24

 SUPERINTENDENT DATE

[Signature] 11-4-24
 FINANCE DATE

 BOARD OFFICER DATE

DISAPPROVAL: _____
 NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
 NAME DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

FUND: 166

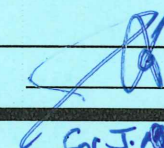
PAGE 1 OF 1

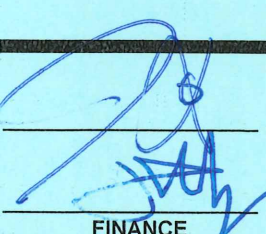
DATE: 11/4/2024

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
166	11	6XXX			5	XX	X	XX	GENERAL SUPPLIES	-	40,362
166	13	6XXX			5	XX	X	XX	CURRICULUM & INST. STAFF DEV.	-	17,500
166	21	6XXX			5	XX	X	XX	INST. LEADERSHIP	+	(34,127)
166	23	6XXX			5	XX	X	XX	SCHOOL LEADERSHIP	-	14,000
166	31	6XXX			5	XX	X	XX	GUIDANCE, COUNSELING & EVAL. SERVICES	+	(35,002)
166	00	3XXX			5	XX	X	XX	FUND DRAWING	+	2,733
									TOTAL		0

REASON FOR REQUEST: REALIGNMENT OF FUNDS AND TO APPROPRIATE CARRY-FORWARD BALANCE.

ORIGINATOR 



DATE NOV 04 2024

FINANCE DATE 11-4-24

SUPERINTENDENT

BOARD OFFICER

DATE

DATE

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 167

PAGE 1 OF 1

DATE: 9/25/2024

REFERENCE NO. _____

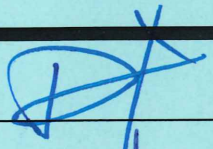

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.		DESCRIPTION				
167	11	6XXX				5	XX	INSTRUCTIONAL		-	29,170
167	13	6XXX				5	XX	C & I STAFF TRAVEL		+	(21,800)
167	21	6XXX				5	XX	INSTRUCTIONAL LEADERSHIP		+	(11,370)
167	31	6XXX				5	XX	GUIDANCE, COUNSELING & EVAL SRVS		-	2,000
167	51	6XXX				5	XX	PLANT MAINTENANCE & OPERATIONS		-	2,000
								TOTAL			0

REASON FOR REQUEST: REALIGNMENT OF FUNDS

70

ORIGINATOR

Joe Thomas Castellan

	<u>9/25/24</u>		
	DATE	SUPERINTENDENT	DATE
	<u>11-4-24</u>		
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____ 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

M E M O R A N D U M

TO: Mr. Samuel Mijares, Superintendent of Schools
FROM: Mrs. Lizzet Duran, PEP Supervisor 20
DATE: October 22, 2024
RE: CCPS Carry Forward

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 \$160,508.00.

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.

 10-24-24
Approved by Mr. Jesus Costilla, Executive Director Human Resources

Thank you,

LD/so

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund:170 -MIDDLE RIO GRANDE

PAGE 1 OF 1

DATE: 10/22/24

REFERENCE NO. _____

ACCOUNT NUMBER						DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			
170	61	63XX			5 XX XXX	SUPPLIES & MATERIALS	-	80,254
170	61	64XX			5 XX XXX	OTHER OPERATING EXPENSES	-	80,254
170	00	37XX			5 XX XXX	FUND DRAWING	+	160,508
TOTAL								0

REASON FOR REQUEST: TO APPROPRIATE CARRY-FORWARD CHILD-CARE PROVIDER SERVICES FUND

Mr Arturo Cealtes, 10/24/24 ORIGINATOR Sept D

[Signature] DATE 10-26-24 SUPERINTENDENT _____ DATE _____
 FINANCE DATE _____ BOARD OFFICER _____ DATE _____

DISAPPROVAL: _____ NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____ NAME _____ DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 172
TRS ON-BEHALF

PAGE 1 OF 1

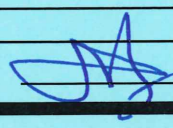
DATE: 9/4/2024


REFERENCE NO. _____

ACCOUNT NUMBER									DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.						
172	11	6XXX			5	XX	X	XX	TRS ON-BEHALF	+	(200,000)
172	41	6XXX			5	XX	X	XX	TRS ON-BEHALF	-	200,000
TOTAL											0

REASON FOR REQUEST: REALIGNMENT OF FUNDS.

ORIGINATOR

 09-04-24

 09-04-24
FINANCE DATE

SUPERINTENDENT DATE

BOARD OFFICER DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 199-5 M & O

PAGE 1 OF 1

DATE: 10/4/2024

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
199	11	6XXX			5	XX	X	XX	INSTRUCTIONAL	+	(19,517)
199	12	6XXX			5	XX	X	XX	INSTRUCTIONAL RESOURCES AND MEDIA	-	2,800
199	21	6XXX			5	XX	X	XX	INSTRUCTIONAL LEADERSHIP	-	500
199	23	6XXX			5	XX	X	XX	SCHOOL LEADERSHIP	-	4,800
199	31	6XXX			5	XX	X	XX	GUIDANCE, COUNSELING & EVALUATION SRVS	-	500
199	36	6XXX			5	XX	X	XX	CO-CURRICULAR/EXTRA CURRICULUM	-	1,000
199	51	6XXX			5	XX	X	XX	PLANT MAINTENANCE & OPERATIONS	+	(58,856)
199	52	6XXX			5	XX	X	XX	SECURITY AND MONITORING SERVICES	-	68,773
									TOTAL		0

REASON FOR REQUEST: To realign funds in the M & O Fund to continue operations for the 2024-2025 school year.

ORIGINATOR *[Signature]* 11-4-24

 FINANCE *[Signature]*
 DATE 11-4-24

 SUPERINTENDENT _____ DATE _____

 BOARD OFFICER _____ DATE _____

DISAPPROVAL: _____
 NAME _____ DATE _____

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
 NAME _____ DATE _____

Eagle Pass Independent School District

BUDGET CHANGE REQUEST

Fund: 616
CAPITAL PROJECTS FUND

PAGE 1 OF 1

DATE: 10/24/2024

REFERENCE NO. _____

ACCOUNT NUMBER										NOM.	AMOUNT INCREASE/(DECREASE)
FUND	FUNC	OBJ.	SUB- OBJ.	ORG.	PROG.			DESCRIPTION			
616	00	3XXX			5	XX	X	XX	BUDGETARY FUND DRAWING	+	4,600,000
616	81	6XXX			5	XX	X	XX	CAPITAL PROJECTS	-	4,600,000
TOTAL											0

REASON FOR REQUEST: TO APPROPRIATE SPECIAL PROJECTS FUNDS.

ORIGINATOR 10-26-24

	DATE <u>10-26-24</u>	SUPERINTENDENT	DATE
FINANCE	DATE	BOARD OFFICER	DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL: _____

PROCESSED BY ACCOUNTING: _____
NAME DATE