



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Requests from Board Members in re: Use of Board of Trustees Discretionary Funds
for Various Campuses and Departments

SUBMITTED BY: Mike Garza **OF:** Administrator-In-Charge

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: August 21, 2024

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees discuss and take possible action regarding Requests from Board Members in re: Use of Board of Trustees Discretionary Funds Various Campuses and Departments.



United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2023-2024

Exhibit A

Requesting Campus: Malakoff Elementary

Campus Principal: Anna R. Martinez

Originators Email: atorres@uisd.net


Board Member: Mr. Frank Castillo

Board Member: _____

Board Member: _____

Description of Request: Monies to purchase meal for staff incentive/appreciation.

Estimated Cost of Request: \$ 500.00

Principal or Director Signature:  Date: 7/17/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature:  Date: 7.17.24

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

8/2/24

Requesting Campus: UNITED HIGH SCHOOL

Campus Principal: JESSICA C. SALAZAR

Originator Email: JCSALAZAR@UISD.NET

Board Member: Francisco Castillo Board Member District 7

Board Member: _____

Board Member: _____

Description of Request: Light snacks for faculty and staff Incentive

Estimated Cost of Request: \$ 450.00

Principal or Director Signature: *J. Salazar* Date: 8/2/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 08/09/24

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 2023-2024

Exhibit A

BE 7/25/24

Requesting Campus: Colonel Santos Benavides School

Campus Principal: Dr. Adriana Vela

Originators Email: avela70@uisd.net

Board Member: Mr. Francisco Castillo

Board Member: _____

Board Member: _____

Description of Request: Requesting \$500.00 for teacher incentives.

Estimated Cost of Request: \$ 500.00

Principal or Director Signature: *AVela* Date: 7-25-24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ Date: 07/25/24

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024**

Exhibit A

7/24/24

Requesting Campus: Charles Borchers Elementary

Campus Principal: Rosenda K. Ruiz

Originators Email: rruiz@uisd.net

Board Member: Francisco Castillo

Board Member: _____

Board Member: _____

Description of Request: Purchase items to create a Wellness Room for faculty & staff. (Teacher Incentive)

Estimated Cost of Request: \$400.00

Principal or Director Signature: *[Signature]* **Date:** 7/20/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ **Date:** _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: _____ **Date:** 07/24/24

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 2024-2025

Exhibit A

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: ARMANDO SALAZAR

Originators Email: asalazar1@uisd.net

Board Member: GILBERT AGUILAR JR.

Board Member: _____

Board Member: _____

Description of Request: _____

MONEY WILL BE USED FOR ATHLETIC EQUIPMENT

Estimated Cost of Request: \$ 2,487.45

Principal or Director Signature: *Armando Salazar* Date: 7/30/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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United Independent School District
Board of Trustees Discretionary Funds
Fiscal Year 2024-2025

Exhibit A

BRM

Requesting Campus: United South High School

Campus Principal: Martha Alvarez

Originators Email: cmedel71@uisd.net

Board Member: Ricardo Rodriguez

Board Member: Ramiro Veliz, III

Board Member: _____

Description of Request: Faculty and Staff Incentives

Estimated Cost of Request: \$5,000.00 (\$2,500.00/ea)

Principal or Director Signature: Martha Alvarez Date: 07/25/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2023-2024

Exhibit A

PR

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Originator's Email: esandoval@uisd.net

Board Member: Mr. Francisco "Frank" Castillo

Board Member:

Board Member:

Description of Request: Alexander High School Magnet for Health and Sciences incentives for students faculty and staff helping with Blood Drive

Estimated Cost of Request: \$500.00

Principal or Director Signature: [Signature] Date: August 16, 2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 08/15/2024

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.