



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Requests from Board Members in re: Use of Board Trustees Discretionary Funds for Various Projects/Campuses

SUBMITTED BY: Aliza Flores-Oliveros **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: July 18, 2018

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 Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2017-2018

Requesting Campus: District 5 Schools – Javier Montemayor

Campus Principal: _____

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Campus Incentives for beginning of 2018-2018 school year

Estimated Cost of Request: \$300.00

Principal or Director Signature: _____ Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Javier Montemayor by G. Salinas Date: 6/21/18

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 2017-2018

Requesting Campus: Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Judd Gilpin

Board Member: _____

Board Member: _____

Description of Request: Provide security cameras at the tennis court pavilion and the batting cage area

Estimated Cost of Request: \$24,500 for equipment and approximately \$1,000 for electrical work – Total \$25,500

Principal or Director Signature: *Ernesto Sandoval* Date: _____
by Eduardo Quintana

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: *Eduardo Quintana* Date: 7/3/18

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

BOARD MEMBER APPROVAL: Yes No
Signature: *Judd Gilpin* Date: 7/3/18
by Eduardo Quintana

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.