



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

Exhibit A

AMENDMENT REQUEST

Requesting Campus: Zaffirini Elementary

Principal/Director: Claudia Y. Benavides

Originators Email: cbenavid@uisd.net

Board Member: Rudy Gonzalez

Board Member: _____

Board Member: _____

Description of Request: We would like to use our remaining balance to purchase six chairs for our conference room. These new chairs will be replacing some chairs that are broken in our conference room.

Estimated Cost of Request: (\$ 929.94) Funds previously allocated.
* No additional funds needed.

Principal or Director Signature: Claudia Y. Benavides Date: 3/24/25

ASSOCIATE SUPERINTENDENT APPROVAL: Yes ☒ No ☐
Signature: [Signature] Date: 04/10/2025

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: _____

Please return the completed form to the Superintendent's Office for processing: boarddiscretionary@uisd.net

Revised: September 4, 2024



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

Exhibit A

PR 9-7-24

Zaffirini Elementary

Requesting Campus:

Principal/Director: Claudia Y. Benauides

Originator's Email: cbenauid@uisd.net

Board Member: Rick Rodriguez

Board Member:

Board Member:

Description of Request: Purchase of canopies to place on our outdoor front and side dismissal area. Will assist in ensuring that our staff and students are protected from the weather conditions -excessive heat and rain.

Estimated Cost of Request: \$ 3,000

Principal or Director Signature:

Claudia Y. Benauides

Date: 9/9/2024

ASSOCIATE SUPERINTENDENT APPROVAL:

Yes

No

Signature:

Date:

SUPERINTENDENT APPROVAL:

Yes

No

Signature:

Date:

09/19/2024

BOARD MEMBER APPROVAL:

Yes

No

Signature:

Date:

BOARD MEMBER APPROVAL:

Yes

No

Signature:

Date:

BOARD MEMBER APPROVAL:

Yes

No

Signature:

Date:

09/09/2024

BOARD APPROVAL DATE:

09/18/2024

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

Revised: September 4, 2024



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

Exhibit A

AMENDMENT REQUEST

Requesting Campus: Health Services Department

Principal/Director: Irene Rosales, MSN RN, Director

Originators Email: irosales@uisd.net

Board Member: Ms. Dianely Martinez

Board Member:

Board Member:

Description of Request: For the Mid Year Nurses Meeting scheduled for Dec 19

To incentivize the nursing staff and raise their morale.

* No Additional funds needed. / Funds previously allocated.

Estimated Cost of Request: \$ 500.00

Principal or Director Signature: [Signature] Date: 12/06/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes ☒ No ☐

Signature: [Signature] Date: 04/10/2025

SUPERINTENDENT APPROVAL: Yes ☒ No ☐

Signature: [Signature] Date: 12/19/24

BOARD MEMBER APPROVAL: Yes ☒ No ☐

Signature: [Signature] Date: 12/09/2024

BOARD MEMBER APPROVAL: Yes ☐ No ☐

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☐ No ☐

Signature: _____ Date: _____

BOARD APPROVAL DATE: 12/18/24

Please return the completed form to the Superintendent's Office for processing: boarddiscretionary@uisd.net



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

Exhibit A

R.H. 4-9-25

Requesting Campus: Freedom Elementary

Campus Principal/Director: Stephanie Silva-Garcia

Originators Email: ssilva3@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez, Jr.

Board Member: _____

Board Member: _____

Description of Request: We want to recognize the extraordinary commitment of our students who have achieved Perfect Attendance from the very first day of school. They are our NBA champions. (Never Been) Absent

Estimated Cost of Request: \$ 1,300.00

Principal or Director Signature: [Signature] Date: 3/19/25

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: [Signature] Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

Req. 4/9/25

Requesting Campus: Killam Elementary School

Campus Principal/Director: Agapito Palizo

Originators Email: apali04@uisd.net lluna@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$350.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

RK 4/19/25

Requesting Campus: Zaffirini Elementary School

Campus Principal/Director: Claudia Benavides

Originators Email: cbenavid79@uisd.net migarza@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$350.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

Ry. 4/9/25

Requesting Campus: Ruiz Elementary School

Campus Principal/Director: Monica Zepeda

Originators Email: monzep@uisd.net chernandez1@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$350.00

Principal or Director Signature: _____

Monica Zepeda

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *[Signature]* Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

PG 4/9/25

Requesting Campus: Freedom Elementary School

Campus Principal/Director: Stephanie Silva-Garcia

Originators Email: ssilva3@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$350.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

RA. 4/9/25

Requesting Campus: Bonnie Garcia Elementary School

Campus Principal/Director: Diana Escamilla

Originators Email: descam79@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$350.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature:  Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

RY 4/9/25

Requesting Campus: Raul Perales Middle School

Campus Principal/Director: Pamela Arredondo

Originators Email: parred73@uisd.net myrah@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$550.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

R.G. 4/9/25

Requesting Campus: United South Middle School

Campus Principal/Director: Carlos Valdez

Originators Email: carlosv@uisd.net abernal@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$550.00

Principal or Director Signature: _____

Date: 04 /10 /2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

Requesting Campus: A. Gonzalez Middle School

Campus Principal/Director: Araceli Garza

Originators Email: aracelig@uisd.net monica.segura@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$550.00

Principal or Director Signature: _____

Date: 04 /10 /2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

Requesting Campus: United South High School

Campus Principal/Director: Martha Alvarez

Originators Email: malvarez@uisd.net cmedel71@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Boys Basketball Team incentives uniforms

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: _____

Date: 04/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 04/09/25

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: boarddiscretionary@uisd.net



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

Exhibit A

Requesting Campus: United South High School

Campus Principal/Director: Martha Alvarez

Originators Email: malvarez@uisd.net kgarza@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week, faculty and staff incentives.

Estimated Cost of Request: \$1,800.00 (\$1,000.00 USHS Main / \$800.00 – USHS 9th)

Principal or Director Signature: [Signature] Date: 04 /10 /2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: [Signature] Date: 04/09/25

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: boarddiscretionary@uisd.net