Exhibit A



United Independent School District Board of Trustees Discretionary Funds Request Form

Fiscal Year 2024-2025

Requesting Campus	s: Zaffirini Elementary	AM	ENDMENT REQUEST
Principal/Director:	Claudia Y. Benavides		
Originators Email:	cbenavid@uisd.net		
Board Member:	Rudy Gonzalez		
Board Member:	1	= "	- 1
Board Member:			
room. These new ch	airs will be replacing some chair	s that are broke	
Estimated Cost of R	Request: \$ 929.94 Funds	previously additional	ly allocated. al funds needed.
Principal or Directo	or Signature: <u>(Jaudia</u>	ppe.	Date: 3/24/25
ASSOCIATE SUPE	CRINTENDENT APPROVAL:	Yes	No
Signature:	1/15		Date: 04/10/2025
SUPERINTENDEN	T 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:
	ROARD APPROVAL	DATE.	

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

Revised: September 4, 2024



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் கூற்றின் Requesting Campus:	Zaffirini Elementa	ıry			1	
Principal/Director:	Claudia Y. Benavides					
Originators Email:	cbenavid@uisd.net					
Board Member:	Rick Rodriguez					1
Board Member:						
Board Member:				a delde	diemissal ar	ea Will
Description of Reque assist in ensur	st: Purchase of canopie	s to place on c dents are prot	ected from the	weather co	nditions -ex	cessive
heat and rain.					1	
Estimated Cost of Re	11/2 1	n 13 Bu	enm	Date:	9/9/2024	•
	RINTENDENT APPROVAL					
SUPERINTENDEN Signature:	6/	Yes	Date:	09/19	12024	
BOARD MEMBER	APPROVAL:	Yes	N	0		
Signature:			Date:			LIET
BOARD MEMBER	APPROVAL:	Yes	N	о		
Signature:			Date:			_
BOARD MEMBER	APPROVAL:	Yes	N	[0		
Signature:	1		Date: _	0910	29/2024	
	BOARD APPRO	VAL DATE:	09/18/	2024		

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



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

Exhibit A

Requesting Campus:	Health Service	es Departmen	t	2
Principal/Director:	Irene Rosales	, MSN RN, Di	rector	
Originators Email:	irosales@uis	d.net		
Board Member:	Ms. Dianely Martin	nez		
Board Member:				
Board Member:				
Description of Reques	t: For the Mid	Year Nurses	Meeting	scheduled for Dec 19
To ince	ntivize the nursing	staff and	raise t	heir morale.
* No	Additional fund:	s needed.	/Fund	s previously allocated
Estimated Cost of Rec		Zul	on from Da	ite: 12/06/2024
ASSOCIATE SUPER Signature:	INTENDENT APPROVAL	: Yes	_ Pate: _	04/10/2025
SUPERINTENDENT	APPROYAL:	Yes		No
Signature:	(perals		Date: _	12/19/24
BOARD MEMBER A	APPROVAL:	Yes	l	12/09/2024
BOARD MEMBER A	APPROVAL:	Yes		No
Signature: _			Date: _	
BOARD MEMBER A	APPROVAL:	Yes		No
Signature: _			Date: _	
	BOARD APPROV	AL DATE:	12/18	124



Exhibit	A
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FOR CHILDREN	١.			D.
Requesting Campus: + (Q)	edon El	ementa	NY	P
Campus Principal/Director:	<u>Stephanie</u>	Silva-	-Garcia	
Originators Email: 5	silva3@	uisd.n.	et	
Board Member: Rode	ito "Ande	4" Gonz	alez, Jr.	
Board Member:				SALES STATES OF THE SALES OF TH
Board Member:				
Description of Request: We we	ant to recogn	nize the t	extraordinar	y commitmen
of our students who				
very first day of sch	rool. They are			
Estimated Cost of Request: \$\s\	300.00			, , , ,
		,	Date: 3/10	125
ASSOCIATE SUPERINTENDENT	APPROVAL: Y	es	No	
Signature:		_ Date	e:	1
SUPERINTENDENT APPROVAL	: Ye	es	No	Manufacture and the second sec
Signature:		Date	e:	
BOARD MEMBER APPROVAL:	L / Ye	es	No	The second second
Signature:	M	Date	e: 04/09	/25
BOARD MEMBER APPROVAL:	Ye	es	No	
Signature:		_ Date	e:	
BOARD MEMBER APPROVAL:	Ye	es	No	
Signature:		_ Date	e:	
BOA	ARD APPROVAL DA	ATE:		104-01-04-04-04-04-04-04-04-04-04-04-04-04-04-



Exhibit A

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eek, faculty and	d staff inc	centives.
1		
		Date: 04/10/2025
Yes	_	No
	Date:	
Yes	_	No
	Date:	
Yes	_	No
)——	Date:	04/09/25
Yes	_	No
	Date:	-
Yes	_	No
	Date:	
L DATE:		
	YesYesYes	eek, faculty and staff ince Yes Date: Yes Date: Yes Date: Yes Date: Yes Date:



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Requesting Campus:	Zaffirini Elementary School			B.
Campus Principal/Dir	ector: Claudia Benavides			
Originators Email:	cbenavid79@uisd.net migarz	a@uisd.net		
Board Member: Ro	odolfo "Rudy" Gonzalez			
Board Member:				
Board Member:				
Description of Reques	t: Teacher Appreciation We	ek, faculty and	staff in	centives.
		,	ž	
Estimated Cost of Req	uest: \$350.00			
Principal or Director	Signature:			Date: 04/10/2025
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes	-	No
Signature:			Date:	
SUPERINTENDENT	APPROVAL:	Yes	_	No
Signature:		<u> </u>	Date:	
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:	1905		Date:	04/09/25
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:			Date:	
	BOARD APPROVAL	DATE		



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Requesting Campus:	Ruiz Elementary School			£1
Campus Principal/Dir	ector: Monica Zepeda			
Originators Email:	monzep@uisd.net chernand	ez1@uisd.net		
Board Member: Ro	odolfo "Rudy" Gonzalez			
Board Member:				
Board Member:				
Description of Reques	t: Teacher Appreciation W	eek, faculty and	staff in	centives.
				,
Estimated Cost of Req	uest: \$350.00			
Principal or Director S	Signature: Mayur	Dyrea		Date: 04/10/2025
ASSOCIATE SUPERI	INTENDENT APPROVAL:	Yes	_	No
Signature:			Date:	
SUPERINTENDENT	APPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Nes_	_	No
Signature:		<i>/</i> →	Date:	04/09/25
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes		No
Signature:			Date:	
	ROARD APPROVA	L DATE:		



	Exhibit A	
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Requesting Campus: Freedom Elementary School	Ψ
Campus Principal/Director: Stephanie Silva-Garcia	
Originators Email: <u>ssilva3@uisd.net</u>	
Board Member: Rodolfo "Rudy" Gonzalez	
Board Member:	
Board Member:	
Description of Request: Teacher Appreciation Week, fac	ulty and staff incentives.
Estimated Cost of Request: \$350.00	
0 0	
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 _	
Signature:	Date: 04/09/25
BOARD MEMBER APPROVAL: Yes _	No
Signature:	Date:
BOARD MEMBER APPROVAL: Yes _	No
Signature:	Date:
ROARD APPROVAL DATE	7.



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4/25

Requesting Campus:	Bonnie Garcia Elementary S	School		\$3
Campus Principal/Dire	ector: Diana Escamilla			
Originators Email:	descam79@uisd.net			
Board Member: Ro	dolfo "Rudy" Gonzalez			
Board Member:				
Board Member:				
Description of Request	: Teacher Appreciation W	eek, faculty and	staff in	centives.
Estimated Cost of Req	uest: \$350.00			
Principal or Director S	Signature:	3-		Date: 04/10/2025
ASSOCIATE SUPERI	NTENDENT APPROVAL:	Yes	_	No
Signature:			Date:	
SUPERINTENDENT A	APPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL; /	Yes		No
Signature:	Myns		Date:	1.1.1-
BOARD MEMBER A	PPROVAL:	Yes		No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:			Date:	
	ROADD ADDDOVAL	DATE.		



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Requesting Campus: Raul Perales Middle School	φ
Campus Principal/Director: Pamela Arredondo	
Originators Email: <u>parred73@uisd.net</u> <u>myrah@uisd.net</u>	
Board Member: Rodolfo "Rudy" Gonzalez	
Board Member:	
Board Member:	
Description of Request: Teacher Appreciation Week, faculty and staff incentive	S.
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: No_	
Signature: Date: O	4/09/25
BOARD MEMBER APPROVAL: Yes No	
Signature: Date:	
BOARD MEMBER APPROVAL: Yes No	
Signature: Date:	
BOARD APPROVAL DATE:	



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/eek, faculty a	and staff in	centives.
		Date: 04 /10 /2025
Yes		No
	Date:	
Yes		No
	Date:	·
Yes		No
	Date:	04/09/25
Yes		No
	Date:	
Yes		No
	YesYesYes	Yes





FOR CHILDREN		
Requesting Campus:	A. Gonzalez Middle School	
Campus Principal/Dir	ector: Araceli Garza	

Originators Email: aracelig@uisd.net monica.segura@uisd.net Rodolfo "Rudy" Gonzalez **Board Member: Board Member: Board Member:** Description of Request: Teacher Appreciation Week, faculty and staff incentives. Estimated Cost of Request: \$550.00 Date: 04 /10 /2025 Principal or Director Signature: No ASSOCIATE SUPERINTENDENT APPROVAL: Signature: Date: _____ No SUPERINTENDENT APPROVAL: Signature: **BOARD MEMBER APPROVAL:** No Date: 04/09/25 Signature: **BOARD MEMBER APPROVAL:** Yes No_ Signature: Date: _____ No **BOARD MEMBER APPROVAL:** Date: _____ Signature:

BOARD APPROVAL DATE:





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

Exhibit A



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

Requesting Campus: United South High School	
Campus Principal/Director: Martha Alvarez	
Originators Email: <u>malvarez@uisd.net</u> <u>kgarza@uisd.net</u>	
Board Member: Rodolfo "Rudy" Gonzalez	
Board Member:	
Board Member:	
Description of Request: Teacher Appreciation Week, facult	ty and staff incentives.
Estimated Cost of Request: \$1,800.00 (\$1,000.00 USHS Mai	n / \$800.00 – USHS 9th)
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:
DOADD ADDDOVAL DATE.	