



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

Exhibit A

Requesting Campus: Bonnie Garcia Elementary

Campus Principal/Director: Diana Escamilla Flores

Originators Email: descam79@uisd.net

Board Member: Ramiro Veliz, III - \$2,000.00

Board Member: Rodolfo "Rudy" Gonzalez, Jr. - \$2,000.00

Board Member: Aliza F. Oliveros - \$2,000.00

Description of Request: Incentives for students PBIS (no referrals) for 2nd – 5th and K-1st

Estimated Cost of Request: \$6,000.00 (split evenly between Veliz, Gonzalez & Oliveros)

Principal or Director Signature: *[Signature]* Date: 11/15/25

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

SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No
Signature: *[Signature]* Date: 01/15/2025

BOARD MEMBER APPROVAL: Yes No
Signature: *[Signature]* Date: 01/15/2025

BOARD MEMBER APPROVAL: Yes No
Signature: *[Signature]* Date: 01/15/2025

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: cmedel71@uisd.net

Board Member: Ramiro Veliz, III - \$3,215.00

Board Member: Aliza Oliveros - \$5,000.00

Board Member: _____

Description of Request: Basketball-shooting machine

(Original request was \$9215.00 but \$1,000.00 were previously awarded from board member Montemayor)

Estimated Cost of Request: \$8,215.00 (Veliz - \$3,215.00 / Oliveros - \$5,000.00)

Principal or Director Signature: Martha Alvarez Date: 01/16/2025

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Aliza Oliveros Date: 01/15/2025

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ramiro Veliz Date: 01/15/2025

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 2024-2025**

Exhibit A

Requesting Campus: Dr. Henry Cuellar Elementary

Principal/Director: Andrea Sanchez

Originators Email: andrea.sanchez@uisd.net

Board Member: Aliza Flores Oliveros

Board Member: _____

Board Member: _____

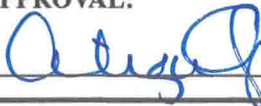
Description of Request: Teacher Appreciation Week Incentives

Estimated Cost of Request: \$800

Principal or Director Signature:  **Date:** 1/16/2024

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature:  **Date:** 01/16/2025

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 2024-2025

Exhibit A

Requesting Campus: Guidance and Counseling Department

Principal/Director: Melissa C. Ramirez

Originators Email: melissacr@uisd.net

Board Member: Rodolfo "Rudy" Gonzalez, Jr.

Board Member: _____

Board Member: _____

Description of Request: Study Abroad related expenses for 11th Grade Students attending the University of Salamanca in Spain.

Estimated Cost of Request: \$2,000.00

Principal or Director Signature: *Melissa C. Ramirez* Date: 01/10/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes 0 No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ✓ No _____

Signature: *Rudy* Date: 01/08/2025

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 Request Form
Fiscal Year 2024-2025

Exhibit A

Requesting Campus: Guidance and Counseling Department

Principal/Director: Melissa C. Ramirez

Originators Email: melissacr@uisd.net

Board Member: Dianelle "Dianely" Martinez

Board Member: _____

Board Member: _____

Description of Request: Study Abroad related expenses for 11th Grade Students attending the University of Salamanca in Spain.

Estimated Cost of Request: \$ 2,000.00

Principal or Director Signature: Melissa C. Ramirez Date: January 16, 2025

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: [Handwritten Signature] Date: 01/16/2025

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

Requesting Campus: San Isidro Elementary School

Campus Principal: Adamina Peña-Meza

Originators Email: apmeza@uisd.net

Board Member: Dianelle Martinez

Board Member: _____

Board Member: _____

Description of Request: Library Books, Headphones, Wireless Mouse to be used for student Reading Intervention Program and STAAR Assessments.

Estimated Cost of Request: \$3,604.00

Principal or Director Signature: *Adamina Peña-Meza* Date: 1/13/2025

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: *[Signature]* Date: 01/13/2025

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