



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

SUBMITTED BY: Javier Montemayor **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: May 20, 2015

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 for Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus: Bonnie L. Garcia Elem.

Campus Principal: Dr. C. Nava

Board Member: Mr. Rick Rodriguez

Board Member: Mr. Ramiro Veliz

Description of Request: Monies will be used to promote students' attendance, Accelerated Reading scores; Student Success Initiatives.

Estimated Cost of Request \$1,000.00

Principal or Director Signature: [Signature] Date 4/29/15

Associate Superintendent Approval: Yes ___ No ___

Associate Superintendent Signature: ___ Date ___

Superintendent Approval: Yes ___ No ___

Superintendent Signature: ___ Date ___

Board Member Approval: Yes ___ No ___

Board Member Signature: Ricardo Rodriguez Date 4/29/15

Board Member Approval: Yes ___ No ___

Board Member Signature: ___ Date ___

Board Approval: Yes ___ No ___ Date Approved: ___

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



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015**

Requesting Campus: Clark, Clark Middle, Nye, UMS, Trautmann Middle, Trautmann
Elem. UHS, UHS 9th, JBA, Gutierrez, Matias De Llano

Campus Principal: _____

Board Member: Javier Montemayor

Board Member: _____

Description of Request: Staff Incentives

Estimated Cost of Request \$275⁰⁰

Principal or Director Signature: _____ **Date** _____

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ **Date** _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ **Date** _____

Board Member Approval: Yes _____ No _____

Board Member Signature: Javier Montemayor _____ **Date** _____

By: Delia C Campos

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ **Date** _____

Board Approval: Yes _____ No _____ **Date Approved:** _____

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



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus: Cuellar, Newman, Gutierrez, Nye, Col. Santos, Zaffirini, Clark Elem.,

GMS, UMS, CMS, JBA, USHS

Campus Principal:

Board Member: Aliza Flores Oliveros

Board Member:

Board Member:

Description of Request: Teacher Appreciation - Staff Incentives

Estimated Cost of Request \$300.00

Principal or Director Signature: Date

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: Date

Superintendent Approval: Yes No

Superintendent Signature: Date

Board Member Approval: Yes No

Board Member Signature: Date

Board Member Approval: Yes No

Board Member Signature: Date

Board Member Approval: Yes No

Board Member Signature: Date

Board Approval: Yes No Date Approved:

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