

### United Independent School District AGENDA ACTION ITEM

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.				



# United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: Salvador Garcia Middle School	
Campus Principal: <u>Clotilde L. Gamez</u>	
Board Member: <u>Ricardo Molina</u>	
Board Member: Ricardo Molina Sy	
Description of Request: <u>Namine leur</u> Athletic Weight Room	mest for
Estimated Cost of Request \$3000.00	11/11/
Principal or Director Signature: Lilli file 190m	
Associate Superintendent Approval: Yes No	
Associate Superintendent Signature:	Date
Superintendent Approval: Yes	No
Superintendent Signature:	Date
Board Member Approval: Yes	No
Board Member Signature: Run M	Date 4-13
Board Member Approval: Yes	No
Board Member Signature:	Date
Board Approval: Yes No Date A	Approved:

GREEN CHILDREN

Exhibit A

#### United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: <u>Health Services Department</u>

Campus Principal: Irene Rosales MSN, RN

Board Member: Pat Campos - \$2000.00

Board Member: Ramiro Veliz III - \$1000.00

Description of Request: Requesting discretionary funds to send 6 nursing staff to the 46th

Annual National School Nurse Conference to be held in San Antonio.

Estimated Cost of Request \$6,200.00	81 %
Principal or Director Signature: Coole more	w Date 4/24/14
Associate Superintendent Approval: Yes No	-
Associate Superintendent Signature:	Date
Superintendent Approval: Yes N	o
Superintendent Signature: De	ate
	0
Board Member Signature: Namuis Veliz, III D	ate 4/25/14 Der telephone call o lug Dlampor
Board Member Signature: Vat lampor D	ate 4/25/14 Ly Delia Compo
Board Approval: Yes No Date App	proved:



### United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: LAM	AR BRWNI - VI	GRGAMA
Campus Principal:CLA	RE PLORES	
Board Member: <u>Ricar</u>	ido Molina	
Board Member:		
Board Member:	DENT PERFOR	MANCE
INCENTIVES	! (\$4,000-	for t-shirts
2) cololess Mic	ILO PHONE - =	1,000 -
Estimated Cost of Request \$5,000 - Principal or Director Signature: Date 4   1   14		
Principal or Director Signature:_	(Marris 16)	Date 11114
Associate Superintendent Approv	val: Yes No	
Associate Superintendent Signatu	ıre:	Date
Superintendent Approval:	Yes	No
Superintendent Signature:		Date
Board Member Approval:	Yes_	No
Board Member Signature:	nm sl	Date 4 - 8 - /
Board Member Approval:	Yes	No
Board Member Signature:		Date
Board Approval: Yes	No Date	Approved:





## United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: United South High School
Campus Principal: Jahiana Ramirez
Board Member: Ramiro Weliz
Board Member:
Los Chelladere and Julie Stepper
Estimated Cost of Request
Associate Superintendent Approval: Yes No
Associate Superintendent Signature: Date
Associate Superintendent Signature: Date  Superintendent Approval: Yes No
Superintendent Approval: Yes No
Superintendent Approval:  Superintendent Signature:  Board Member Approval:  Yes No  No
Superintendent Approval:  Superintendent Signature:  Date
Superintendent Approval:  Superintendent Signature:  Board Member Approval:  Yes   No    Date    No    Board Member Signature:   Pamis Ulli II   Date    Ly   Dampor



### United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: John B. Alexander High School	
Campus Principal:Dolores W. Barrera	_
Board Member: Ms. Pat Campos	
Board Member:	
Description of Request: Executive Chairs for head coaches	
Estimated Cost of Request \$3,210.00	
Principal or Director Signature: Dolla Care Same Date 5-1-1	4
Associate Superintendent Approval: Yes No	
Associate Superintendent Signature: Date	
uperintendent Approval:  Yes No	
uperintendent Approval:  uperintendent Signature:  oard Member Approval:  Yes No  No	
uperintendent Approval:  uperintendent Signature:  oard Member Approval:  Yes No  No	
uperintendent Approval: Yes No uperintendent Signature: Date	72
uperintendent Approval:  uperintendent Signature:  oard Member Approval:  oard Member Signature:  Date  Ves No  Date  5/8/14	7
uperintendent Approval:  uperintendent Signature:  oard Member Approval:  oard Member Signature:  Oard Member Approval:  Yes No  Date  5/8/14  Oard Member Approval:  Yes No  No  No  No  No  No  No  No  No  No	



### United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: <u>JBA, UHS, UHS 9<sup>th</sup>,TMS, TMS</u> Trautamnn, Gutierrez, Matias, Nye, Clark	6 <sup>th</sup> , United MS, Clark MS,
Campus Principal:	
Board Member: Javier Montemayor	
Description of Request:Staff Incentives	
Teacher Appreciation Incentives	
Estimated Cost of Request\$2\footnote{0.00}	,
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 Approval:  Board Member Signature:  Montenayor	Date 5/8/14
Board Member Approval: Yes	No
Board Member Signature:	Date
Board Approval: Yes No Date A	pproved:



### United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2013-2014

Requesting Campus: Lyndon B. Johnson High School
Campus Principal: Armando Salazar -
Board Member: Ramiro Veliz III
Board Member:
Description of Request: Buses for Summer Carp
Estimated Cost of Request \$\\\\\$\\\\\$\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal or Director Signatures Date 5/8/14
Associate Superintendent Approval: Yes No
Associate Superintendent Signature: Date
Superintendent Approval: Yes No
Superintendent Signature: Date
Board Member Approval: Yes No
Board Member Signature: Karpiro () eliz III Date 5/8/14  Board Member Approval: Yes No
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.