

BOARD OF TRUSTEES
AGENDA

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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(A) Report Only Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

[Empty box for description]

(B) Action Item

Presenter(s): GILBERTO GONZALEZ, SUPERINTENDENT
ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS AND FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND THE CAPITAL PROJECTS FUND BUDGET.

(C) Funding source: Identify the source of funds if any are required.

[Empty box for funding source]

(D) Clarification: Explain any question or issues that might be raised regarding this item.

SEE ATTACHED INFORMATION.



EAGLE PASS INDEPENDENT SCHOOL DISTRICT

To: Gilberto Gonzalez, Superintendent
From: Ismael Mijares, Deputy Superintendent for Business & Finance
Date: August 8, 2018
Subject: *Budget Amendment for District-Wide Walkways due to Lowest Bid*

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The attached budget amendment is for the following special projects.

Projects	Current Budget	Increase/(Reduction)	Balance
1. EPHS-New Band Hall Addition	\$1,841,384	(\$716,500)	\$1,124,884
2. District-Wide Walkways	\$203,500	\$716,500	\$920,000

This is to appropriate the lowest bid amount for the District-Wide Walkways of \$920,000. As indicated above the budget amendment is to reduce the amount budgeted for the Eagle Pass High School Band Hall Addition Project by \$716,500 and increase the District-Wide Walkways Project by \$716,500.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

BUDGET CHANGE REQUEST

CAPITAL PROJECTS
FUND 616-8

DATE: 08/08/18

REFERENCE NO. _____

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB-OBJ.	ORG.	PROG.	DESCRIPTION	NOM.	AMOUNT INCREASE/(DECREASE)
616	81	6XXX			899001	EPHS BAND HALL ADDITION	+	(716,500)
616	81	6XXX			8XX	DISTRICT-WIDE WALKWAYS	-	716,500
TOTAL								0

REASON FOR REQUEST REALIGNMENT OF FUNDS.

ORIGINATOR _____

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FINANCE **DATE**

SUPERINTENDENT

BOARD OFFICER

DATE

DATE

DISAPPROVAL: _____
NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME

DATE