

United Independent School District AGENDA ACTION ITEM

TOPIC Approval of Request from Board Member in re: Use of Board of Trustees Discretionary
Funds for Various Projects/Campuses
SUBMITTED BY: Judd Gilpin OF: Board President
APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: November 16, 2016
RECOMMENDATION:
It is recommended that the United ISD Board of Trustees approve Request from Board Member in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses.
RATIONALE:
BUDGETARY INFORMATION:
Budget Amendment as needed.
BOARD POLICY REFERENCE AND COMPLIANCE:



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: United High School	ol .		
Campus Principal: Alberto Aleman Jr.			
Board Member: Juan R. Ramirez, Aliza Flore	s Oliveros, J	ludd Gilpin, J	avier Montemayor
Board Member:			
Description of Request: Funds needed to pay	for an addit	ional night in	San Antonio for
the United HS Band who is competing at the	UIL State m	arching conte	est . Preliminaries
are on Tuesday and the finals are	e on Wed	nesday.	
Estimated Cost of Request: \$9,000 Principal or Director Signature:	t Wen	anf	Date: 11/2/14
ASSOCIATE SUPERINTENDENT APPROVAL: Signature:	Yes	No	Date:
SUPERINTENDENT APPROVAL: Signature:	Yes	No.	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:
	0/6/0/5		

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



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: United High School	ı		
Campus Principal: Alberto Aleman Jr.			
Board Member: Juan R. Ramirez, Aliza Flore	s Oliveros, J	ludd Gilpin, Ja	avier Montemayor
Board Member:			
Description of Request: Funds needed to	pay for A	D for	
the United HS Band who is competing	at the UIL	State marc	ching contest.
Estimated Cost of Request: \$2,000 Principal or Director Signature:	llena	nf	Date: 11 2/16
ASSOCIATE SUPERINTENDENT APPROVAL: Signature:	Yes	No	Date:
SUPERINTENDENT APPROVAL: Signature:	Yes	No	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:

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

BOARD APPROVAL DATE: ____



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus:	k slom			
Campus Principal: Gaby	Tiels Pore			
Board Member: Javi				
Board Member:		ervia's or	<u> </u>	
Board Member:				
Description of Request:	ves for	teach.	ers	_
Description of Request:	leweeks	(7 tea	achers)	-
Estimated Cost of Request: \$1,260	ين (
Principal or Director Signature:		-	Date:	
ASSOCIATE SUPERINTENDENT APP		No	D	
Signature:			Date:	METERAL LEGISLA PRESENÇA VENERA PROJECTIONA
SUPERINTENDENT APPROVAL:	Yes	No		
Signature:			Date:	-
BOARD MEMBER APPROVAL:	Yes	No		
Signature:			Date:	
BOARD MEMBER APPROVAL:	Yes	No		The state of the s
Signature:			Date:	
TOTAL CHEMICAL PLANE AND MENTAL PROPERTY OF THE PROPERTY OF TH				Consequence (people and conversable on the conversable behavior

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BOARD APPROVAL DATE: _____



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Gutierrez Elementary	Servine Servin			
Campus Principal: Claudia Dovolina- Guzman				
Board Member: Javier Montemayor, Jr.				
Board Member:				
Description of Request: Incentives for Teachers every lo week) }			
Estimated Cost of Request: \$\\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	5/16			
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No				
SUPERINTENDENT APPROVAL: Yes No Date: Date:				
OARD MEMBER APPROVAL: Yes No Signature: Date:				
OARD MEMBER APPROVAL: Yes No				



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: United Midd	le schoo		
Campus Principal: Rebecca Mo			
Board Member: Javier Monten	DAMER, DY	0	
Board Member:			
Description of Request: Incentives	for tec	ichers ei	very 6 weeks
			4.0000000
Estimated Cost of Request: 4 720.00 Principal or Director Signature: 120.00	P)	Date: 10 26 16
ASSOCIATE SUPERINTENDENT APPROVAL: Signature:		No	Date:
SUPERINTENDENT APPROVAL: Signature:	Yes	No	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:
BOARD MEMBER APPROVAL: Signature:	Yes	No	Date:



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Travtmann Middle	School		
Campus Principal: Letica Menchaca			
Board Member: Javier montenayor.			
Board Member:			
Description of Request: Incentives for tea	ichers eve	ery 6 we	eks
		J	
		,	
Estimated Cost of Request: 4 12000			And the second s
to MI		. 18	Machi
Principal or Director Signature:		Date:	125/16
A COOCHA/DE OUDEDIA/DENIDENIO A INDOVAL.	D.F.		
ASSOCIATE SUPERINTENDENT APPROVAL: Yes	No		
Signature:		Date:	MONIOCOTO TAMBASEE MANAGETTI VI
SUPERINTENDENT APPROVAL: Yes	No		
Signature:		Date:	
OARD MEMBER APPROVAL: Yes	No		
Signature:		Date:	****
OARD MEMBER APPROVAL: Yes	No		
Signature:		Date:	



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus:	Middle			
Campus Principal: Melis	sa Raj	nirez		
Board Member: Jowier	Montem	ason Jr	Памений III при в при	
Board Member:			TARAMAN TO THE TARAMA	
Description of Request:	trues for	teache	rs every	
6 weeks				
Estimated Cost of Request:				
Principal or Director Signature: Mel	inal Rus	ng	Date: 10 20	4)10
ASSOCIATE SUPERINTENDENT APPRO	VAL: Yes	No		
Signature:	no sunder un hanne excessorate durante envirance doubles es		Date:	
SUPERINTENDENT APPROVAL:	Yes	No		
Signature:	and the second s		Date:	млажаровор
BOARD MEMBER APPROVAL:	Yes	No		-
Signature:			Date:	P
BOARD MEMBER APPROVAL:	Yes	No		Street Street San Landson
Signature:	generated in graph in the state of the state		Date:	·
	The second secon			THE PERSON NAMED IN COLUMN TWO



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Nye Elementary
Campus Principal: Cynthia Caballero
Campus Principal: Cynthia Caballero Board Member: Jowier Montemayor, Jr.
Board Member:
Description of Request: Facentives for teachers
every le weeks (7 teachers)
Estimated Cost of Request: 126000 Principal or Director Signature: 4 Abs. Colobbo Date: 10-26-16
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No Signature: Date:
SUPERINTENDENT APPROVAL: Yes No
Signature: Date:
Signature: Date:
SOARD MEMBER APPROVAL: Yes No Date:

BOARD APPROVAL DATE: _____



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Traumann	Elemen	tory	makelone and the state of the s
Campus Principal: 2014a Go	nalez		
Board Member: Javier Monte			
Board Member:	100		
Description of Request: Incentives f	or Teach	ers ever	y 6 weeks
		diamentin ha	
Estimated Cost of Request: 4 1,260.00		0	* 1 2
Principal or Director Signature: Jaila	Chora	UZ .	Date: 10/26/2016
ASSOCIATE SUPERINTENDENT APPROVAL	Yes	No	
Signature:	atrinitarium de distribui	Propherococcus	Date:
SUPERINTENDENT APPROVAL:	Yes	No	
Signature:			Date:
BOARD MEMBER APPROVAL:	Yes	No	
Signature:			Date:
BOARD MEMBER APPROVAL:	Yes	No:	
Signature:	- Control of the cont		Date:
BOARD APPRO	VAL DATE:		

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



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Bounding Comment (1) and 6 langer tance	Exhibit A
Requesting Campus: Cerna Maria	
Requesting Campus: Clark Elementary Campus Principal: Dabriela n. Perez	
Board Member: Javres Brenterrayes	
Board Member:	
Board Member:	
Description of Request Chrome Borks	
Estimated cost of Request	
Principal or Director Signature: Date: 10/24/16	
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 Approval: Yes: No: Date Approved:	

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



Requesting Campus: <u>KENNEDY-ZAPATA ELEMENT</u>	TARY SCHOOL
Campus Principal: THELMA J. MARTINEZ	
Board Member: RICARDO MOLINA SR.	
Board Member:	
Description of Request: <u>LIBRARY BOOKS</u> <u>LAMINATING FILM, TONERS/DRUMS FOR CISHIRTS.</u>	
Estimated Cost of Request \$4,995.45	
Principal or Director Signature:	Date 10 27/14
Associate Superintendent Approval: Yes	0
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 Approval: Yes No Da	ate Approved:
Please return the completed form to the Superintendent	t's Office for final processing.



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: U.I.S.D. South Transportation C	compound
Campus Principal: Joe Aranda	
Board Member: Mr. Ricardo Molina	
Board Member:	
Description of Request: Various upgrades and equipm	ent for the
compound's meeting/lounge area	
Estimated Cost of Request: \$3,500	
Principal or Director Signature:	Date: 10/26/16
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No Signature:	Date: 10/26/16
SUPERINTENDENT APPROVAL: Yes No Signature:	Date: 10/26/16
BOARD MEMBER APPROVAL: Signature: Recardo Molina ly Eluardo pung	Date: 10/26/16
BOARD MEMBER APPROVAL: Yes No Signature:	Date: 10/26/16

BOARD APPROVAL DATE: 11/17/16



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Bonnie L. Garcia			
Campus Principal: Patricia E. Lanas			
Board Member: Ricardo Rodriquez		1	
Board Member:		:	
Description of Request: \$1,000 00 for Sch	ool supp	lies	
			2 2
Estimated Cost of Request: \$ 1,000.			
Principal or Director Signature: Paluna & fanas		Date: 10	128/16
ASSOCIATE SUPERINTENDENT APPROVAL: Yes	No	NO DE ROS	
Signature:	w _k	Date:	
SUPERINTENDENT APPROVAL: Yes	No		
Signature:		Date:	
BOARD MEMBER APPROVAL: Yes	No		
Signature:		Date:	
BOARD MEMBER APPROVAL: Yes	No		
Signature:	g and	Date:	
			



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus:	United Sout	h High Schoo	1	
Campus Principal:	Adriana P. I	<u>Ramirez</u>	at the second	
Board Member:	Ricardo Roc	lriguez		
Board Member:		1	e in the	
Description of Request:	Score Board	for practice	field	
Estimated Cost of Reque		1		-
Principal or Director Sig	nature: Ad	riandel	tamere-	Date 10/24//
Associate Superintenden	t Approval:	Yes	No	
Associate Superintenden	t Signature:		5	Date
Superintendent Approva	ıl:	Yes	No	*
Superintendent Signatur	e:			Date
Board Member Approva	1:	Yes	No	
Board Member Signatur	e:			Date
Board Member Approva	l:	Yes	No	
Board Member Signatur	e:	9	8 	Date
Board Member Approva	l:	Yes	No	
Board Member Signatur	e:			Date
Board Approval:	Yes	No	Date A	pproved

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



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Killam Elem			
Campus Principal: Agapita Puli			
Board Member: Richardo UPick"			
	Lake.		
Description of Request: Kingle Tive De			
49.99 por Alvice			
Estimated Cost of Request: 2,249.55			
Principal or Director Signature:			Date: 19/20/16
ASSOCIATE SUPERINTENDENT APPROVAL:	Yes	No	
Signature:			Date:
SUPERINTENDENT APPROVAL:	Yes	No.	
Signature:	***************************************		Date:
BOARD MEMBER APPROVAL:	Yes	No	
Signature:			Date:
BOARD MEMBER APPROVAL:	Yes	No	
Signature:			Date:

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United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus: Dr. S. Perez Elementary					
Campus Principal: Mrs. Salud Claudia Hernandez					
Board Member: Mr. Ramiro Veliz,	111				
Board Member:					
Description of Request: To purchase instruc	ctional supp	lies and ma	terials,		
office supplies and student in					
			AND		
Estimated Cost of Request: \$6000.00					
Principal or Director Signature: Lahref	Heman	<i>f</i>	Date: 10/3///6		
ASSOCIATE SUPERINTENDENT APPROVAL:	Yes	No			
Signature:			Date:		
SUPERINTENDENT APPROVAL:	Yes	No.			
Signature:	discount in-vitralisation		Date:		
BOARD MEMBER APPROVAL:	Yes	No			
Signature:			Date:		
BOARD MEMBER APPROVAL:	Yes	No			
Signature:			Date:		



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2016-2017

Requesting Campus:	United Sout	h High Schoo	<u>ol</u>	
Campus Principal:	Adriana P.	<u>Ramirez</u>		
Board Member:	Ramiro Vel	<u>iz</u>		
Board Member:	On the Many September of the Control	No. V. oboveni e anno anno anno		
Description of Request:	Score Board	for practice	field	TO SECURE OF THE
Estimated Cost of Reque	est \$ 2,000.00			
Principal or Director Sig	nature: <u>Abbr</u>	iaux fam	w	Date 10/07//
Associate Superintenden	t Approval:	Yes	No_	***************************************
Associate Superintenden	t Signature:			Date
Superintendent Approva	l:	Yes	No	
Superintendent Signature	e:	The open and the second and the seco	-	Date
Board Member Approval	l:	Yes	No	
Board Member Signature	2:			Date
Board Member Approval	:	Yes	No	
Board Member Signature	:			Date
Board Member Approval	:	Yes	No	
Board Member Signature	:	unia		Date
Board Approval:	Yes	No	I	Date Approved

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



Requesting Campus:	Centeno Elementary		THE RESIDENCE AND ADDRESS OF THE PERSON OF T
Campus Principal:	Laura P. De Los S	antos	
Board Member:	Ramiro Veliz, Jr		
Board Member:			
Description of Request: PURCHASE INCENTIVES FOR	R FACULTY AND STA	AFF.	
	\$1,500		
Estimated Cost of Request	CONTROL OF		
Principal or Director Signature:	Apled	Date_[C	2100116
Associate Superintendent Appro	val: Yes	No	
Associate Superintendent Signatu	uré:	Date	
Superintendent Approval:	Yes	No	
Superintendent Signature:		Date	
Board Member Approval:	Yes	No	
Board Member Signature:	1	Date	
	Yes	No	
Board Member Signature:		Date	-
Board Member Approval:	Yes	No	
Board Member Signature:		Date	Direction (COOM)
Board Approval: Yes	No	Date Approved: _	**************************************
Please return the completed form to	the Superintendent's Of	fice for final processing	ng.



Requesting Campus: Centeno Elementary					
Campus Principal:	Campus Principal: Laura P. De Los Santos				
Board Member:	Ramiro Veliz,	Jr.			
Board Member:					
Description of Request: <u>Purchase Chromebooks for 5th Grade/</u>	Sp. Ed. Student	class sets and iPAD cases.			
Estimated Cost of Request	\$5,000				
Principal or Director Signature:		Date			
Associate Superintendent Approval:	Yes	No			
Associate Superintendent Signature: _	A A Marian Day of the Marian	Date			
Superintendent Approval:	Yes	No			
Superintendent Signature:		Date			
Board Member Approval:	Yes	No			
Board Member Signature:	Yes	Date			
Board Member Signature:	,				
Board Member Approval:	Yes	No			
Board Member Signature:		Date			
Board Approval: Yes	No	Date Approved:			
Please return the completed form to the Su	perintendent's O	ffice for final processing.			



Requesting Campus	UNIT	ED HIGH SCH	OOL	
Campus Principal:	Alb	erto Aleman	W	
Board Member:	Mr. Ran	niro Veliz III	District 4	4
Board Member:				
Description of Requ per Coach Saldivar			nd upgrad	les for the 2016-2017 school year as
Estimated Cost of R Principal or Director Associate Superinte	r Signature	: Laday (Webuc No	Date 10/4/2016
				Date
Superintendent App				No
Superintendent Sign	nature:			Date
Board Member App	oroval:	Y	'es	No
Board Member Sign	nature:			Date
Board Member App	roval:	Y	'es	No
Board Member Sign	nature:			Date
Board Approval:	Yes	No	Dat	e Approved:
Please return the co	mpleted for	m to the Superi	ntendent'	s Office for final processing.