



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:



Exhibit A

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

Requesting Campus: United High School

Campus Principal: Alberto Aleman Jr.

Board Member: Juan R. Ramirez, Aliza Flores Oliveros, Judd Gilpin, Javier Montemayor

Board Member:

Description of Request: Funds needed to pay for an additional night in San Antonio for the United HS Band who is competing at the UIL State marching contest. Preliminaries are on Tuesday and the finals are on Wednesday.

Estimated Cost of Request: \$9,000

Principal or Director Signature: [Handwritten Signature] Date: 11/2/16

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:

BOARD APPROVAL DATE:

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 2016-2017

Requesting Campus: United High School

Campus Principal: Alberto Aleman Jr.

Board Member: Juan R. Ramirez, Aliza Flores Oliveros, Judd Gilpin, Javier Montemayor

Board Member:

Description of Request: Funds needed to pay for AD for the United HS Band who is competing at the UIL State marching contest .

Estimated Cost of Request: \$2,000

Principal or Director Signature: [Handwritten Signature] Date: 11/2/16

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:

BOARD APPROVAL DATE:

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 2016-2017

Requesting Campus: Clark Elem

Campus Principal: Gabriela Perez

Board Member: Javier Montemayor Jr.

Board Member:

Description of Request: Incentives for teachers
every 6 weeks (7 teachers)

Estimated Cost of Request: \$1,260.00

Principal or Director Signature: Date:

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:

BOARD APPROVAL DATE:

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 2016-2017

Requesting Campus: Gutierrez Elementary

Campus Principal: Claudia Dovolina-Guzman

Board Member: Javier Montemayor, Jr.

Board Member: _____

Description of Request: Incentives for Teachers every 6 weeks

Estimated Cost of Request: \$ 1,260.00

Principal or Director Signature: Claudia C. Dovolina-Guzman Date: 10/26/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017

Requesting Campus: United Middle School

Campus Principal: Rebecca Morales

Board Member: Javier Montemayer, Jr.

Board Member: _____

Description of Request: Incentives for teachers every 6 weeks

Estimated Cost of Request: \$ 720.⁰⁰

Principal or Director Signature: Rebecca Morales

Date: 10/20/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017

Requesting Campus: Trautmann Middle School

Campus Principal: Leticia Menchaca

Board Member: Javier Montemayor, Jr.

Board Member: _____

Description of Request: Incentives for teachers every 6 weeks

Estimated Cost of Request: \$720.00

Principal or Director Signature: [Signature]

Date: 10/25/16

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: _____

BOARD APPROVAL DATE: _____

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

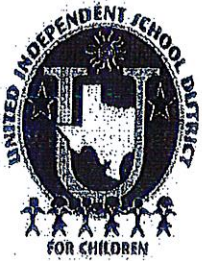


Exhibit A

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

Requesting Campus: Clark Middle

Campus Principal: Melissa Ramirez

Board Member: Javier Montemayor, Jr

Board Member: _____

Description of Request: Incentives for teachers every
6 weeks (4 per campus)

Estimated Cost of Request: 720⁰⁰

Principal or Director Signature: Ornelisa C. Ramirez Date: 10/26/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017

Requesting Campus: Nye elementary

Campus Principal: Cynthia Caballero

Board Member: Javier Montemayor, Jr.

Board Member: _____

Description of Request: Incentives for teachers
every 6 weeks (7 teachers)

Estimated Cost of Request: 1,260⁰⁰

Principal or Director Signature: Cynthia Caballero

Date: 10-26-16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017

Requesting Campus: Trautmann Elementary

Campus Principal: Zaida Gonzalez

Board Member: Javier Montemayor, Jr.

Board Member: _____

Description of Request: Incentives for Teachers every 6 weeks

Estimated Cost of Request: \$ 1,260.00

Principal or Director Signature: Zaida Gonzalez

Date: 10/26/2016

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: _____

BOARD APPROVAL 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

Exhibit A

Requesting Campus: Clark Elementary

Campus Principal: Gabriela N. Perez

Board Member: Javier Montenegro

Board Member: _____

Board Member: _____

Description of Request Chrome Books

Estimated cost of Request \$1,900.00

Principal or Director Signature: [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.



Exhibit A

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

Requesting Campus: KENNEDY-ZAPATA ELEMENTARY SCHOOL

Campus Principal: THELMA J. MARTINEZ

Board Member: RICARDO MOLINA SR.

Board Member: _____

Description of Request: LIBRARY BOOKS FOR A.R., P.E. EQUIPMENT, LAMINATING FILM, TONERS/DRUMS FOR CLASSROOM PRINTERS, STAAR SHIRTS.

Estimated Cost of Request \$4,995.45

Principal or Director Signature: [Signature] Date 10/27/14

Associate Superintendent Approval: Yes ___ No ___

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes ___ No ___

Superintendent Signature: _____ Date _____

Board Member Approval: Yes ___ No ___

Board Member Signature: _____ 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.



Exhibit A

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

Requesting Campus: U.I.S.D. South Transportation Compound

Campus Principal: Joe Aranda

Board Member: Mr. Ricardo Molina

Board Member: _____

Description of Request: Various upgrades and equipment 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: *Eduardo Quintana* Date: 10/26/16

SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: 10/26/16

BOARD MEMBER APPROVAL: Yes No
Signature: *Ricardo Molina*
by Eduardo Quintana Date: 10/26/16

BOARD MEMBER APPROVAL: Yes No
Signature: _____ Date: 10/26/16

BOARD APPROVAL DATE: 11/17/16

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 2016-2017

Requesting Campus: Bonnie L. Garcia

Campus Principal: Patricia E. Lañas

Board Member: Ricardo Rodriguez

Board Member: _____

Description of Request: \$1,000⁰⁰ for school supplies

Estimated Cost of Request: \$1,000.⁰⁰

Principal or Director Signature: Patricia E. Lañas

Date: 10/28/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017**

Requesting Campus: United South High School

Campus Principal: Adriana P. Ramirez

Board Member: Ricardo Rodriguez

Board Member: _____

Description of Request: Score Board for practice field

Estimated Cost of Request \$ 2,500.00

Principal or Director Signature: Adriana P. Ramirez 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 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 2016-2017

Requesting Campus: Killam Elem

Campus Principal: Agapito Palzo

Board Member: Ricardo "Rick" Rodriguez

Board Member: Amazon

Description of Request: Kindergarten Fire Devices 45 students @
49.99 per device

Estimated Cost of Request: 2,249.55

Principal or Director Signature: [Signature]

Date: 10/24/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017

Requesting Campus: Dr. S. Perez Elementary

Campus Principal: Mrs. Salud Claudia Hernandez

Board Member: Mr. Ramiro Veliz, III

Board Member: _____

Description of Request: To purchase instructional supplies and materials,
office supplies and student incentives.

Estimated Cost of Request: \$6000.00

Principal or Director Signature: *Salud C Hernandez*

Date: 10/31/16

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: _____

BOARD APPROVAL DATE: _____

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 2016-2017**

Requesting Campus: United South High School

Campus Principal: Adriana P. Ramirez

Board Member: Ramiro Veliz

Board Member: _____

Description of Request: Score Board for practice field

Estimated Cost of Request \$ 2,000.00

Principal or Director Signature: Adriana Ramirez Date 10/27/16

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 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 2016-2017

Requesting Campus: Centeno Elementary
Campus Principal: Laura P. De Los Santos
Board Member: Ramiro Veliz, Jr.
Board Member: _____

Description of Request:
PURCHASE INCENTIVES FOR FACULTY AND STAFF.

Estimated Cost of Request \$1,500

Principal or Director Signature: [Signature] Date 10/20/16

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 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.



Exhibit A

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

Requesting Campus: Centeno Elementary

Campus Principal: Laura P. De Los Santos

Board Member: Ramiro Veliz, Jr.

Board Member: _____

Description of Request:
Purchase Chromebooks for 5th Grade/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: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____
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.



Exhibit A

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

Requesting Campus UNITED HIGH SCHOOL

Campus Principal: Alberto Aleman

Board Member: Mr. Ramiro Veliz III District 4

Board Member: _____

Description of Request: Baseball Equipment and upgrades for the 2016-2017 school year as per Coach Saldivar.

Estimated Cost of Request \$2,500.00

Principal or Director Signature: [Signature] Date 10/4/2016

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.