



# 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 [Signature]

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 9<sup>th</sup>, JBA, Gutierrez, Matias De Llano

Campus Principal: \_\_\_\_\_

Board Member: Javier Montemayor

Board Member: \_\_\_\_\_

Description of Request: Staff Incentives

Estimated Cost of Request \$275<sup>00</sup>

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: Della 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.

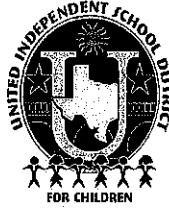


Exhibit A

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

Requesting Campus: LBJ High School

Campus Principal: Armando Salazar

Board Member: Juan Roberto Ramirez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: 1500.00

Estimated Cost of Request Visit the IRS Building - School Field Trip San Antonio

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: Juan Roberto Ramirez Date 5/22/15  
by Blompor

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: South Transportation Dept

Campus Principal: David Hernandez

Board Member: Juan Roberto Ramirez

Board Member: \_\_\_\_\_

Description of Request: Staff lounge equipment

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request \$ 1611.85

Principal or Director Signature: José E. Strosby Date 5-12-2015  
Transportation Director

Associate Superintendent Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Associate Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Member Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Board Member Signature: Juan Roberto Ramirez Date 5/12/15  
Jay Ocampo

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.