

BUDGET CRITERIA FORM and ATTESTATION

BUDGET ITEM: TITLE	
CRITERIA	RESPONSE
<p>1. Does the expenditure supporting meeting an OCR Agreement objective?</p>	
<p>2. Does the expenditure support a specific USP provision? <i>Provide the USP reference(s).</i></p>	
<p>3. Does the expenditure support a USP-related activity as described by a Court Order? <i>Provide the Court Order reference(s), and an explanation of the demonstrated or likely efficacy of the action or activity to be implemented. Example: the Court Order on School Closings mandated that the District provide additional resources to D- and C- receiving schools. To comply with that Order, the District allocated over \$500,000 to D- and C-receiving schools.</i></p>	
<p>4. If the purpose of the funding is not directly related to a specific provision of an OCR Agreement, the USP, or a Court Order, is the funding targeted on African American and/or Latino students who have special needs or are underachieving, or targeted on reducing or eliminating equity gaps? <i>Example: Funds are allocated to exceptionally effective racially concentrated school so that the schools can serve as models and provide support for improvement in other racially concentrated schools.</i></p>	
<p>5. Does the expenditure support a new dual-language program?</p>	
<p>6. Is the expenditure related to provisions of approved transition plans for magnet schools and programs that lost their magnet status? <i>Provide an explanation of the demonstrated or likely efficacy of the action or activity to be implemented. Cite evidence from District studies or relevant research. If such evidence is not available, say, "NA".</i></p>	
<p>7. Is the funding being used in compliance with the Budgeting Principles for 910(G) Cross Program Funding approved by the Court? <i>Describe.</i></p>	
<p>8. Is the funding being used to supplement (not supplant) other funding that would be expended in the absence of the related USP provision? <i>This can be determined by assessing whether the cost of services provided exceed the expenditures that would have been made in accordance with Governing Board approved staffing formulas.</i></p>	

BUDGET CRITERIA FORM and ATTESTATION

ATTACH ANY SYSTEMATIC EVALUATION OF NEW OR EXPANDED PROGRAMS

NEW OR EXPANDED PROGRAM ATTESTATION

I, _____, in my role as _____
(Print name) *(Principal/Director)*

have reviewed this form and hereby attest to the effectiveness, or anticipated effectiveness, of the proposed or expanded program.

Signature

Date

I, _____, in my role as _____
(Print name) *(Assistant Superintendent)*

have reviewed this form and hereby attest to the effectiveness, or anticipated effectiveness, of the proposed or expanded program.

Signature

Date