



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 12.1h

**Meeting Date:** April 4, 2024

**Subject:** Approve SETA Head Start Budget Modification for 2023-2024

Information Item Only

X Approval on Consent Agenda

Conference (for discussion only)

Conference/First Reading (Action Anticipated: \_\_\_\_\_)

Conference/Action

Action

Request to move \$30,061 from T&TA to Travel.

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**LCAP Goal 1** To **6** / **T** Goal **4** **Disruptive Systems**  
**Goal 6** Implementation of MTSS/Data **Based Decision Making**  
**Goal 8** Basic Services and District **wide Operations/Supports**

**Documents Attached:**

1. Request for Program Approach Change and/or Budget Modification

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Yvonne Wright, Chief Academic Officer E'leva Hughes Gibson, Assistant Superintendent</p> <p><b>Approved by:</b> Lisa Allen, Interim Superintendent</p>
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FO G ANGE AN BUDGET O

Delegate/Partner: Sacramento City Unified School District

Funding Source:  Head Start  Early Head Start  Both

Agreement Number: Date: 2/21/2024

I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:

Please check the type of request(s):

Program Options

Budget Modification (changing the dollar amount between cost categories)

For Program Year: 2023-2024

Does this involve the purchase of a fixed asset?  Yes  No

(ACF approval required for all fixed asset purchases)

Will the project be over \$250,000?  Yes  No

[Redacted content]

Budget Carryover

From Program Year: \_\_\_\_\_ to Program Year \_\_\_\_\_

(Requires ACF approval)

REQUEST FOR PROGRAM, PROGRAM ELEMENT, AND/OR BUDGET MODIFICATION

(Continued)

11. The requested change are justified based on the following:

12. The requested change are justified based on the following:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Current Budget

Budget Modification

**N. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the \_\_\_\_\_ included in this agreement contract.**

DATE: 2 2024

(Authorized

Elmer Gibson

(Typed Name)

Assistant Superintendent

(Title)

**APPROVED BY POLICY COMMITTEE** (See instruction if required)

DATE OF MEETING 05

(Signature of Chairperson, \_\_\_\_\_ Committee)

(Typed

**APPROVED BY GOVERNING BODY** (See instructions if required):

DATE OF

(Signature of Chairperson, Board of Trustee or Board of Directors)

(Typed Name)

APPROVED BY GRANTEE:

DATE

(Karen Griffith Head Start Deputy Director)

Date Received:

(Melanie Nicolas,  
SES Program Officer (Administration))