



Administrative Offices  
1163 E. Seventh Street  
Chico, CA 95928-5999

**SPECIAL MEETING with CLOSED SESSION**  
WEDNESDAY, JUNE 23, 2004 at 6:00 P.M.  
DISTRICT OFFICE

NOTICE OF SPECIAL MEETING OF THE BOARD OF EDUCATION

The Chico Unified School District Board of Education will meet in a Special Meeting with a Closed Session on Wednesday, June 23, 2004 at 6:00 p.m., at the District Office, 1163 E. 7<sup>th</sup> Street, Chico, CA. The agenda is as follows:

**A G E N D A**

1. CALL TO ORDER
2. CLOSED SESSION – 6:00 p.m. Room 8
  - 2.1 Public Employee Performance Evaluation under Government Code §54957  
Title: Superintendent
3. CONSENT CALENDAR – 7:00 p.m. Large Conference Room
  - 3.1 Expulsions  
Consider approval of the expulsions of the students identified by the following student numbers: #56565; #26135; #19617
  - 3.2 Consultant Agreement – The Resolutionary Exhibit  
Consider approval of the consultant agreement between CUSD and The Resolutionary to provide contract facilitation services commencing in July 2004. Additional sessions, if any, may be scheduled by mutual agreement of the client and the facilitator for a period of one year ending on June 30, 2005. Funding Source: Employer-Employee Relations.
  - 3.3 Consultant Agreement – County of Butte, Probation Office Exhibit  
Consider approval of the consultant agreement between CUSD and County of Butte, Probation Office to provide an on-campus probation officer who will work at various schools with delinquent and pre-delinquent youth and their families to improve school attendance and behavior. Funding Source: Title I funds. There is no impact to the General Fund.
  - 3.4 Consultant Agreement – Parent Education Network Exhibit  
Consider approval of the consultant agreement between CUSD and Parent Education Network to provide qualified, graduate level interns at the elementary and secondary schools to perform the following services: student observation and individual counseling or group counseling; parent education through home visits or group meetings at school sites; and support services for students, parents, and school staff. Funding Source: Site SBCP and Title I funds. There is no impact to the general fund.

- 3.5 [Consultant Agreement - Diverse Network Associates \(DNA\)](#) Exhibit  
 Consider approval of the consultant agreement between CUSD and DNA to design develop and implement a web-based report card system providing all necessary training and support. Assistance will be integral throughout all phases of the design, development and implementation for certificated staff. Staff development will be a crucial aspect of the project, with teachers providing practitioner input throughout the design and development of the project. Funding Source: Title II funds. There is no impact to the general fund.
  
- 3.6 [Consultant Agreement - Elizabeth George](#) Exhibit  
 Consider approval of the consultant agreement between CUSD and Elizabeth George to provide prevention and intervention services for CAL and FVHS students and families. Provide individual and small group activities, as well as Healthy Start Interventions. Funding Source: Title I, Safe & Drug Free Schools and Tobacco Use and Prevention. There is no impact to the general fund.
  
- 3.7 [Grant Application - Alternative Education Outreach Consultant Program](#) Exhibit  
 Consider approval to submit the grant application for the Alternative Education Outreach Consultant Program. This grant funding would support a Dropout Recovery Specialist which will be involved in outreach of new and "recovered" students, working with them to develop and implement Personal Learning Plans as well as work with other staff in developing and implementing increased offerings on campus of vocational/career classroom instruction and guidance services.
  
- 3.8 [Application for Funding - Agricultural Vocational Education Incentive Grant](#) Exhibit  
 Consider approval of the application for funding for the 2004-05 fiscal year for the Agricultural Vocational Education Incentive Grant.
  
- 3.9 [Resolution #912-04 - Reduction of Classified School Services for the 2004-05 School Year](#) Exhibit  
 Consider adoption of Resolution #912-04 eliminating the following positions:

<b>Classification</b>	<b>FTE</b>
Instructional Assistant - Sr. Elementary Guidance	.4500
Instructional Assistant - Sr. Elementary Guidance	.3750
Instructional Assistant - Sr. Elementary Guidance	.1875
Instructional Assistant - Sr. Elementary Guidance	.1875
Instructional Assistant - Sr. Elementary Guidance	.1000
Instructional Assistant - Sr. Elementary Guidance	.1000
Targeted Case Manager	.3750

4. INFORMATION AND DISCUSSION

4.1 2004-05 CUSD Adopted Budget

Randy Meeker, Assistant Superintendent - Business Services will provide a review of the 2004 - 05 CUSD Adopted Budget. A copy of the budget may be reviewed at the District Office in the Business Office.

5. ACTION CALENDAR

5.1 2004-05 CUSD Adopted Budget

Action: Consider adoption of the 2004-05 Adopted Budget.

5.2 Campus Consolidation Committee Appointments

Action: Consider approval of the Board nominated committee members.

6. ADJOURNMENT

Steve O'Bryan, President  
Board of Education  
Chico Unified School District

Dated this 21<sup>st</sup> day of June, 2004

kh

CHICO UNIFIED SCHOOL DISTRICT  
1163 East Seventh Street  
Chico, California 95928-5999  
(530) 891-3000

**CONSULTANT AGREEMENT**

*Please read instructions on back before completing this form.*

Name of Person or Firm Furnishing the Contracted Services: the Resolutionary  
Payee (Make Check Payable to): Jan Dole  
Street/PO Box: 331 Valley Drive  
City/State/Zip: Yreka, CA 96097  
Phone: (916) 812-3517  
Payee Social Security or Taxpayer I.D. #: \_\_\_\_\_

Chico Unified School District, hereinafter called "District," and the above-named person or firm furnishing consulting services, hereinafter called "Consultant," agree that Consultant will furnish to District the following services: Contract facilitation services commencing in July 2004. Additional sessions, if any, may be scheduled by mutual agreement of the client and the facilitator for a period of one year ending on June 30, 2005.

For the above services, District will pay Consultant as follows (complete applicable areas):  
\$ 1,200 per day/~~hour~~ for \_\_\_\_\_ days/hours OR \$ \_\_\_\_\_ per activity/performance  
\$ \_\_\_\_\_ additional expenses (describe) \_\_\_\_\_

TOTAL AMOUNT NOT TO EXCEED \$ 7,000

This agreement will be in effect from July 1, 2004 to June 30, 2005

ACCOUNT(S) TO BE CHARGED 01-0000-0-0000-7100-630 (Employer-Employee Relations)

Signature of Consultant (Please read terms & conditions on back before signing.) \_\_\_\_\_ Date 6/15/04  
**RECOMMENDED** \_\_\_\_\_ Date \_\_\_\_\_

Signature of Originating Administrator \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of District Administrator

**Authorization for Payment**

- A. **ALL SERVICES ARE COMPLETED:** I authorize payment by the District in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Please issue a warrant to the Consultant.
- B. **ALL SERVICES TO BE COMPLETED:** I request to have an RCF check (not to exceed \$1,000) issued as per the attached Purchase Order in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Forward the check to me for release to the Consultant when the terms of this agreement have been fulfilled.

Signature of Originating Administrator \_\_\_\_\_ Date \_\_\_\_\_  
(Same as RECOMMENDED signature line above.)

**Routing Instructions:**  
White - Contract file  
Pink - Accounts Payable  
Yellow - Accounts Payable  
Goldenrod - Originator

CHICO UNIFIED SCHOOL DISTRICT  
1163 East Seventh Street  
Chico, California 95928-5999  
(530) 891-3000

**CONSULTANT AGREEMENT**

*Please read instructions on back before completing this form.*

Name of Person or Firm Furnishing the Contracted Services: County of Butte, Probation Office  
Payee (Make Check Payable to): County of Butte, Probation Office  
Street/PO Box: 42 County Center Drive  
City/State/Zip: Oroville, CA 95965  
Phone: 538-2053 (Rhonda Ross); FAX 538-6826  
Payee Social Security or Taxpayer I.D. #: \_\_\_\_\_

Chico Unified School District, hereinafter called "District," and the above-named person or firm furnishing consulting services, hereinafter called "Consultant," agree that Consultant will furnish to District the following services:

An on-campus probation officer will work at various schools with delinquent and pre-delinquent youth and their families to improve school attendance and behavior.

For the above services, District will pay Consultant as follows (complete applicable areas):

\$ \_\_\_\_\_ per day/hour for \_\_\_\_\_ days/hours OR \$ \_\_\_\_\_ per activity/performance  
\$ \_\_\_\_\_ additional expenses (describe) \_\_\_\_\_

TOTAL AMOUNT NOT TO EXCEED \$ 29,000.00

This agreement will be in effect from June 24, 2004 to June 30, 2005

ACCOUNT(S) TO BE CHARGED 01-3010-0-1110-1000-670 District's Title I

Signature of Consultant (Please read terms & conditions on back before signing.)

Date

*Janet K. Brinson*

6/10/04

RECOMMENDED:

Date

Signature of Originating Administrator

*M. K. [Signature]*

6-11-04

APPROVED:

Date

Signature of District Administrator

**Authorization for Payment**

- A. ALL SERVICES ARE COMPLETED: I authorize payment by the District in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Please issue a warrant to the Consultant.
- B. ALL SERVICES TO BE COMPLETED: I request to have an RCF check (not to exceed \$1,000) issued as per the attached Purchase Order in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Forward the check to me for release to the Consultant when the terms of this agreement have been fulfilled.

Signature of Originating Administrator  
(Same as RECOMMENDED signature line above.)

Date

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- Yellow - Accounts Payable
- Goldenrod - Originator

CHICO UNIFIED SCHOOL DISTRICT  
 1163 East Seventh Street  
 Chico, California 95928-5999  
 (530) 891-3000

**CONSULTANT AGREEMENT**

*Please read instructions on back before completing this form.*

Name of Person or Firm Furnishing the

Contracted Services: Parent Education Network

Payee (Make Check Payable to): Parent Education Network

Street/PO Box: 2070 Talbert Drive

City/State/Zip: Chico, CA 95928

Phone: 893-0391

Payee Social Security or Taxpayer I.D. #: \_\_\_\_\_

Chico Unified School District, hereinafter called "District," and the above-named person or firm furnishing consulting services, hereinafter called "Consultant," agree that Consultant will furnish to District the following services:

PEN will provide qualified, graduate level interns at the elementary and secondary schools to perform the following services: (1) student observation and individual counseling or group counseling; (2) parent education through home visits or group meetings at school sites; and (3) support services for students, parents, and school staff.

For the above services, District will pay Consultant as follows (complete applicable areas):

\$ 20.00 per ~~hour~~ hour for 5147 days/hours OR \$ \_\_\_\_\_ per activity/performance

\$ \_\_\_\_\_ additional expenses (describe) \_\_\_\_\_

TOTAL AMOUNT NOT TO EXCEED \$ 102,940.00

This agreement will be in effect from July 1, 2004 to June 30, 2005

ACCOUNT(S) TO BE CHARGED sites SBCP and Title I

Dana Campbell  
 Signature of Consultant (Please read terms & conditions on back before signing.)

6/2/04  
 Date

Carret Brinson  
 RECOMMENDED:  
 Signature of Originating Administrator

6/2/04  
 Date

Scott Jones for RMA  
 APPROVED:  
 Signature of District Administrator

6/02/04  
 Date

**Authorization for Payment**

- A. **ALL SERVICES ARE COMPLETED:** I authorize payment by the District in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Please issue a warrant to the Consultant.
- B. **ALL SERVICES TO BE COMPLETED:** I request to have an RCF check (not to exceed \$1,000) issued as per the attached Purchase Order in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Forward the check to me for release to the Consultant when the terms of this agreement have been fulfilled.

\_\_\_\_\_  
 Signature of Originating Administrator  
 (Same as RECOMMENDED signature line above.)

\_\_\_\_\_  
 Date

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 Goldenrod - Originator

**2004-2005 SBCP/TITLE I  
FOR PEN COUNSELORS**

5/25/04

School	Weeks	Hours/ Week	Total Hours	\$ Per Hour	% SBCP	% Title I	SBCP Cost	Title I Cost	TOTAL COST
Chapman*	36	30	1080	20.00	0.00	1.00	0	21600	21600
Citrus	32	15	480	20.00	0.00	1.00	0	9600	9600
Jay Partridge	35	12	420	20.00	0.00	1.00	0	8400	8400
John McManus	36	20	720	20.00	0.00	1.00	0	14400	14400
Nord*	1	125	125	20.00	0.00	1.00	0	2500	2500
Emma Wilson*	28	12	336	20.00	1.00	0.00	6720	0	6720
Rosedale*	34	25	850	20.00	0.00	1.00	0	17000	17000
Sierra View	28	12	336	20.00	1.00	0.00	6720	0	6720
<b>FOCUS Grant</b>	<b>40</b>	<b>20</b>	<b>800</b>	<b>20.00</b>	<b>0.00</b>	<b>1.00</b>	<b>0</b>	<b>16000</b>	<b>16000</b>
<b>TOTALS</b>			<b>5147</b>				<b>13440</b>	<b>89500</b>	<b>102940</b>

\* YRE schools

**NOTE: Jay Partridge requests their position be a counselor/liaison.  
McManus wishes to continue with Trish Vichi.**

Total Cost for Traditional Schools:	39120
Total Cost for YRE Schools:	63820
<b>TOTAL COST ALL SCHOOLS:</b>	<b>102940</b>

Change in hours/dollars from 2003-2004:

Citrus	60				
Forest Ranch	-114				
Jay Partridge	-300				
Nord	-27				
Emma Wilson	-204				
Rosedale	-102				
<b>TOTAL</b>	<b>-687</b>	<b>fewer hours</b>	<b>x</b>	<b>20.00</b>	<b>= \$13740 fewer dollars</b>

CHICO UNIFIED SCHOOL DISTRICT  
1163 East Seventh Street  
Chico, California 95928-5999  
(530) 891-3000

**CONSULTANT AGREEMENT**

*Please read instructions on back before completing this form.*

Name of Person or Firm Furnishing the

Contracted Services: Diverse Network Associates

Payee (Make Check Payable to): Same

Street/PO Box: 1967 Humboldt Rd.

City/State/Zip: Chico, CA 95928

Phone: (530) 566-0446

Payee Social Security or Taxpayer I.D. #:

Chico Unified School District, hereinafter called "District," and the above-named person or firm furnishing consulting services, hereinafter called "Consultant," agree that Consultant will furnish to District the following services: Design, develop and implement a web-based report card system providing all necessary training and support. Assistance will be integral throughout all phases of the design, development and implementation for certificated staff. Staff development will be a crucial aspect of the project, with teachers providing practitioner input throughout the design and development of the project. No cost to the General Fund.  
For the above services, District will pay Consultant as follows (complete applicable areas):

\$ \_\_\_\_\_ per day/hour for \_\_\_\_\_ days/hours OR \$ 45,000 per activity/performance  
\$ \_\_\_\_\_ additional expenses (describe) \_\_\_\_\_

TOTAL AMOUNT NOT TO EXCEED \$ 45,000

This agreement will be in effect from June 24, 2004 to September 30, 2004

ACCOUNT(S) TO BE CHARGED 01-4035-0-1110-1000-670 (Title II) B

[Signature]  
Signature of Consultant (Please read terms & conditions on back before signing.)

June 3, 2004  
Date

[Signature]  
RECOMMENDED:  
Signature of Originating Administrator

6-21-04  
Date

[Signature]  
APPROVED:  
Signature of District Administrator

6-21-04  
Date

**Authorization for Payment**

- A. **ALL SERVICES ARE COMPLETED:** I authorize payment by the District in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Please issue a warrant to the Consultant.
- B. **ALL SERVICES TO BE COMPLETED:** I request to have an RCF check (not to exceed \$1,000) issued as per the attached Purchase Order in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Forward the check to me for release to the Consultant when the terms of this agreement have been fulfilled.

\_\_\_\_\_  
Signature of Originating Administrator  
(Same as RECOMMENDED signature line above.)

\_\_\_\_\_  
Date

Routing Instructions:	
White	- Contract file
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Yellow	- Accounts Payable
Goldenrod	- Originator



CHICO UNIFIED SCHOOL DISTRICT  
1163 East Seventh Street  
Chico, California 95928-5999  
(530) 891-3000

**CONSULTANT AGREEMENT**

*Please read instructions on back before completing this form.*

Name of Person or Firm Furnishing the  
Contracted Services: Elizabeth George  
Payee (Make Check Payable to): Elizabeth George  
Street/PO Box: 770 Filbert Avenue  
City/State/Zip: Chico, CA 95926  
Phone: 891-XXXX 4326  
Payee Social Security or Taxpayer I.D. #: \_\_\_\_\_

Chico Unified School District, hereinafter called "District," and the above-named person or firm furnishing consulting services, hereinafter called "Consultant," agree that Consultant will furnish to District the following services:

Provide prevention and intervention services for CAL and FVHS students and families.  
Provide individual and small group activities, as well as Healthy Start interventions.

For the above services, District will pay Consultant as follows (complete applicable areas):

\$ 35.00 per day/hour for 185 days/hours OR \$ \_\_\_\_\_ per activity/performance  
\$ \_\_\_\_\_ additional expenses (describe) \_\_\_\_\_

TOTAL AMOUNT NOT TO EXCEED \$ 51,800.00

This agreement will be in effect from June 17, 2004 to June 30, 2005

ACCOUNT(S) TO BE CHARGED  
40%: 01-3010-0-3200-1000-030 Fair View's Title I  
20%: 01-3010-0-3100-1000-100 CAL's Title I  
20%: 01-3710-0-1110-3110-740 Safe and Drug Free Schools  
20%: 01-6670-4-1110-3110-740 Tobacco Use and Prevention

Elizabeth George  
Signature of Consultant (Please read terms & conditions on back before signing.)

6/7/04  
Date

**RECOMMENDED:**  
Signature of Originating Administrator

6/3/04  
Date

Janet L. Brinson  
**APPROVED:**  
Signature of District Administrator

6/7/04  
Date

**Authorization for Payment**

- A. **ALL SERVICES ARE COMPLETED:** I authorize payment by the District in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Please issue a warrant to the Consultant.
- B. **ALL SERVICES TO BE COMPLETED:** I request to have an RCF check (not to exceed \$1,000) issued as per the attached Purchase Order in the amount of \$ \_\_\_\_\_ as full payment for the above authorized services. Forward the check to me for release to the Consultant when the terms of this agreement have been fulfilled.

\_\_\_\_\_  
Signature of Originating Administrator  
(Same as RECOMMENDED signature line above.)

\_\_\_\_\_  
Date

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Administrative Offices  
1163 E. Seventh Street  
Chico, CA 95928-5999

530/898-3000  
fax 891-3220  
[www.cusd.chico.k12.ca.us](http://www.cusd.chico.k12.ca.us)

June 9, 2004

*Healthy Start*

**Safe & Drug-Free Schools**

Fair View High School  
Center for Alternative Learning  
102 West Eleventh Street  
Chico, California 95928  
Phone: 530.891.3277  
Facsimile: 530.895-4186

Attached is a copy of our grant application for the **Alternative Education Outreach Consultant Program**. CAL/Fair View is seeking funds to address more thoroughly one of the legislative intents of continuation schools as per Ed. Code. 48430 to be "a program of instruction, which emphasizes occupational orientation or a work-study schedule and offers intensive guidance services to meet the special needs of pupils."

This funding would support a Dropout Recovery Specialist which will be involved in outreach of new and "recovered" students, working with them to develop and implement Personal Learning Plans as well as work with other staff in developing and implementing increased offerings on campus of vocational/career classroom instruction and guidance services.

If this plan is approved by the school board, the Board president or designee's signature is needed on page 2.

Please return this document to Liz George in care of Kathie Walter at the District Office.

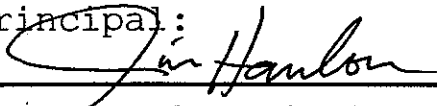

Thank you.

A handwritten signature in cursive script that reads "Liz George".

Liz George, MFT  
Prevention/Intervention  
Specialist

CALIFORNIA DEPARTMENT OF EDUCATION NOTE: Please print or type all information.

APPLICATION FOR FUNDING  
CDE-100 (Revised May 14, 2004)

Return to:	To be completed by agency							
	County Code				District Code			
Jeanette Sturzen, Consultant California Dept. of Education 311 Nicholas C. Schouten Lane Chico, CA 95928 Telephone: 530 342-7541 FAX: 530 342-7542	Funds Requested:							
	Part I - \$ 6305							
	Part II - \$12000 _____							
	Part III - \$ _____							
Total - \$18305								
Program: AGRICULTURAL VOCATIONAL EDUCATION INCENTIVE GRANT				Date: 6/10/04				
Dates of project duration: July 1, 2004 to June 30, 2005				Date of approval of local agency board:				
Applicant: Chico Unified School District								
Address: 1163 E 7 <sup>th</sup> Street		City: Chico		County: Butte		Zip: 95928		
Contact person: David Wemp				Title: Ag Dept Chair		Telephone: 530 891 3026 ext 382		
Certification: I hereby certify that all applicable state and federal rules and regulations will be observed; that to the best of my knowledge, the information contained in this application is correct and complete; and that the attached assurances are accepted as the basic conditions in the operations in this project/program for local participation and assistance.								
Signature of authorized agent: Janet Brinson				Title: Director, Educational Services		Date:		
School site for which funds are requested: Chico High School								
Signature of Principal: 								
Signature of vocational agriculture teacher responsible for the program: 								

## STATE DEPARTMENT OF EDUCATION USE ONLY

Review and recommended for  
approval by:

Date:

Funds authorized:  
\$

## PART I - DEPARTMENTAL ALLOCATION

Number of different vocational agriculture teachers  
at this site:

A. QUALITY CRITERIA	WILL MEET CRITERIA	VARIANCE REQUESTED
1. Curriculum and Instruction	YES	
2. Leadership and Citizenship Development	YES	
3. Practical Application of Occupational Skills	YES	
4. Qualified and Competent Personnel	YES	
5. Facilities, Equipment, and Materials	YES	
6. Community, Business, and Industry Involvement	YES	
7. Career Guidance	YES	
8. Program Promotion	YES	
9. Program Accountability and Planning	YES	
10. Student Teacher Ratio (Optional)	NO	
11. Year Round Employment (Optional)	YES	

\* EXPLAIN REASON FOR VARIANCE REQUEST ON BACK OF THIS PAGE. VARIANCE REQUESTS MUST ALSO INCLUDE A PLAN FOR BRINGING THE PROGRAM INTO COMPLIANCE IN THE FUTURE

Departmental Allocation: Meeting the criteria listed makes the program eligible for the following amounts based on the number of teachers in the program.

B. TOTAL NUMBER OF TEACHERS	AMOUNT REQUESTED (PART I-B)
One teacher or less      \$4,000	
Two teachers              \$4,500	
Three teachers or more    \$5,000	5000
C. TOTAL NUMBER OF STUDENTS 261 BASED ON 2003-2004 R-2 REPORT	261 X \$5.00 = \$1305

(TRANSFER THIS AMOUNT TO COVER  
PAGE - FUNDS REQUESTED PART I)

TOTAL B + C = \$6305

page 2

## PART II - AGRICULTURE TEACHER ALLOCATION

Schools which qualify for a Departmental Allocation may apply for additional amounts for each specific Quality Criteria (10 and 11) met.

- ◆ Amounts requested in Quality Criteria #10 will be the indicated amount for that standard, multiplied by the FTE.
- ◆ Amounts requested in Quality Criteria #11A will be the indicated amount for each teacher which was compensated a minimum of \$1600 for Year Round employment.
- ◆ Amounts requested in Quality Criteria #11B will be the indicated amount for each teacher which is provided a Project Supervision Period.

	YES	NO	NUMBER MEETING STANDARD	AMOUNT REQUESTED
10. *Student Teacher Ratio \$2000/FTE		NO		
11. Full Year Employment				
(1) Year Round Employment \$2000/Teacher	YES		3	6000
(2) Project Supervision Period \$2000/Teacher	YES		3	6000

(TRANSFER THIS AMOUNT TO THE COVER PAGE - FUNDS REQUESTED PART II) TOTAL AMOUNT REQUESTED \$12000

Number of FTE Vocational Agriculture Teachers at this site:

\*Class Size Ration - All classes must not exceed the maximum class size criteria.

\*Supervision Criteria - Total program enrollment divided by the number of teachers with assigned supervision responsibilities must not exceed 75 students per teacher. Enrollment in introductory type courses will count as .5 for purposes of the 75 to 1 ratio only.

LIST THE NAMES OF THE AGRICULTURE TEACHERS:

David M. Wemp	
Quinn Mendez	
Kevin Payne	

PART III - CERTIFIED PROGRAMS

A program that has met Standard 12 is eligible for an additional \$3,000 allotment.

(TRANSFER THIS AMOUNT TO THE COVER PAGE - FUNDS REQUESTED  
PART III)

\$

page 3

APPLICATION FOR FUNDING -- FINANCIAL SCHEDULE-A

CDE-101-A

Program:		Recipient: (District and School)						
AGRICULTURAL VOCATIONAL EDUCATION INCENTIVE GRANT								
OBJECTS OF EXPENDITURE (Enter dollar amounts only)								
Line No.	Acct. No.	Classification	Incentive Grant (A)	Perkins II-C (B)	District ©	ROC/P (D)	Other (E)	Total Match (F) [B+C+D+E]
1	4000	Books & Supplies	10305		2500		7805	10305
2	5000	Services & Other Operating Expenses	4500				4500	4500
3	6000	Capital Outlay	3500				3500	3500
4	*****	TOTAL DIRECT COSTS	18305	*****	*****	*****	*****	18305
COMPLETE ONLY IF REQUESTING A WAIVER (A LETTER FROM THE SUPERINTENDENT MUST BE ATTACHED)								
5	1000	Cost of Teacher Summer Employment	*****					
6	1000	Cost of Project Supervision Periods	*****					
7	3000	Benefits Based on Above (1000)	*****					
8	*****	TOTAL WAIVER	*****					

Total of column F, line 4, objects of expenditure and column F, line 8, request for waiver must be equal to or exceed column A, line 4

## BEFORE THE BOARD OF TRUSTEES OF THE

## CHICO UNIFIED SCHOOL DISTRICT

## BUTTE COUNTY, CALIFORNIA

In the matter of Reduction of )  
 Classified School Services for ) RESOLUTION NO. 912-04  
 the 2004 - 2005 School Year )

WHEREAS, due to lack of work and/or lack of funds, this Board hereby finds that it is the best interest of the Chico Unified School District that, as of the 30th day of August, 2004, certain services now being provided by said School District be reduced or discontinued by the following extent:

Elimination of the following position(s):

Classification	Full-Time Equivalent
Instructional Assistant-Sr. Elementary Guidance	.4500
Instructional Assistant-Sr. Elementary Guidance	.3750
Instructional Assistant-Sr. Elementary Guidance	.1875
Instructional Assistant-Sr. Elementary Guidance	.1875
Instructional Assistant-Sr. Elementary Guidance	.1000
Instructional Assistant-Sr. Elementary Guidance	.1000
Targeted Case Manager	.3750

NOW, THEREFORE, BE IT RESOLVED that as of the 30th day of August, 2004, six classified positions of the CHICO UNIFIED SCHOOL DISTRICT be reduced or discontinued to the extent hereinabove set forth.

BE IT FURTHER RESOLVED that the Superintendent of this School District be and hereby is authorized and directed to give notice of termination of employment to affected classified employee(s) of this School District pursuant to District rules and regulations and applicable provisions of the Education Code of the State of California not less than 45 days prior to the effective date of layoff as set forth above.

The foregoing RESOLUTION was passed and adopted at a meeting of the Board of Trustees of the CHICO UNIFIED SCHOOL DISTRICT on the 23rd day of June 2004, by the following vote to wit:

AYES:

NOES:

ABSENT:

DATED this 23rd day of June, 2004.

\_\_\_\_\_  
 Clerk of the Governing Board  
 of the Chico Unified School District