



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 0000c

**Meeting Date:** February 3, 2022

**Subject:** Approve Appointment of Bond Oversight Committee Member for Measures Q and R

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference (First Reading) (Action Anticipated)
- Conference (Action)
- Action
- Public Hearing

**Division:** Facilities Support Services

**Recommendation:** Approve Carolyn Kiesner as Bond Oversight Committee Member for Measures Q and R

**Background/Rationale:** To ensure that general obligation school bond funds are invested as the voters intended and that projects are completed wisely and efficiently, the Bond Oversight Committee (BOC) oversees the expenditure of bond funds for the construction, repair, and modernization of SCSU schools. The committee works with staff and an independent auditor to conduct research, surveys and site visits at the district and school site level. The BOC typically meets four times a year in its role to the school district trustees. During the meetings, the committee will listen to reports from staff and consultants summarize the status of projects in progress. Annually, a financial audit and a performance audit will be presented for the committee's review. The BOC is also responsible for a year-end report to the Board of Trustees.

The applicant presented for approval will fill the Community Outreach criteria slot needed on the committee.

**Financial Considerations:** NA

**LCAP Goal(s):** College, Career and Life Ready Graduates; Safe, Emotionally Healthy and Engaged Students; Family and Community Empowerment; and Operational Excellence

**Documents Attached:**

BOC Member Application

**Estimated Time of Presentation:** NA  
**Submitted by:** Rose Flores Ramos, Chief Business Officer  
**Approved by:** Corie Ann Quilar, Superintendent



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
BOND OVERSIGHT COMMITTEE  
MEMBERSHIP APPLICATION**

**NAME:**

\_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS:**

**TELEPHONE:**

\_\_\_\_\_  
(Residence)

\_\_\_\_\_  
(Cell or Residence)

\_\_\_\_\_  
(Mailing – if different)

Length of residency in the City of Sacramento: \_\_\_\_\_ Years

**EMPLOYER:** (Name) \_\_\_\_\_

\_\_\_\_\_  
(Address) (Occupation)

**ELIGIBILITY:** *(Please check the appropriate box that applies to your application)*

Member active in the local business community - Name of business: \_\_\_\_\_

Member active in a senior citizens' organization – Name of organization: \_\_\_\_\_

Member active in a bona-fide taxpayers' association – Name of association: \_\_\_\_\_

Member who is a parent/guardian of a child enrolled in the District- School: \_\_\_\_\_

Member who is a parent/guardian of a child enrolled in the District and is active in a parent/teacher organization such as the parent teacher association or a school site council  
School: \_\_\_\_\_

Member of the community at large

**Confirmation of above eligibility membership can be verified by contacting:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FACILITIES, CONSTRUCTION OR FINANCE EXPERIENCES:**

<b>Organization</b>	<b>From: (Date)</b>	<b>To: (Date)</b>	<b>Position Held</b>
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:**

<b>School</b>	<b>Course of Study</b>	<b>Graduation Date/Degree</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Pertinent Courses or Training:**

\_\_\_\_\_

\_\_\_\_\_

**Other Pertinent Skills Experience or Interests:**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FURNISH BRIEF, WRITTEN RESPONSES TO THE QUESTIONS BELOW:**

**1. What do you see as the objectives and goals of the Bond Oversight Committee?**

\_\_\_\_\_

\_\_\_\_\_

To collaborate with the committee and staff and put kids first

**2. What contributions would you bring to the Bond Oversight Committee?**

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**3. Describe in detail your involvement in the organization(s) you cite under the eligibility section of this application as qualifying you for committee membership?**

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**4. Additional information (optional):**

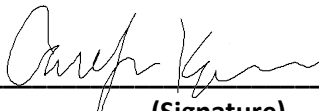
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**My signature below certifies that I am currently a resident in the Sacramento City Unified School District.**

\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature)

**PLEASE SUBMIT YOUR APPLICATION  
TO THE OPERATIONS SUPPORT SERVICES OFFICE  
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
EMAIL: ELENA-HANKARD@SCUSD.EDU**