

STATE OF NEW MEXICO
DEPARTMENT OF EDUCATION
300 DON GASPAR
SANTA FE, NM 87501-2786

DOC. ID: 65-26-116
FED. TAX ID.: 85-6000-130

SUBMIT COPIES (AS APPLICABLE)
a. General Allocation Notice
B. Publication and form 910b-5 for
increase over \$1,000 in
Operational (non-categorical)

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2025-2026

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD July 1, 2025 TO June 30, 2026

A. CARRYOVER _____
B. TOTAL CURRENT YEAR ALLOCATION _____
C. ADMINISTRATIVE POOL ALLOCATION _____
TOTAL FUNDING AVAILABLE: _____

Please Identify One:
_____ General Fund/Capital Outlay/Debt

_____ Direct Grant

Flowthrough 24189
(Program of Adm.)

Name TITLE IV ESO

SELECT ONE:
_____ INITIAL BUDG. (Flowthrough)
_____ INCREASE
 DECREASE
_____ MAINTENANCE
_____ TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
CONTACT: OLIVIA WATSON TELEPHONE: (505) 324-9840 x1517
TOTAL APPROVED BUDGET (Flowthrough) _____

ROUND TO THE NEAREST DOLLAR.

	REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE		DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE	
		FROM	TO						
1	44500						\$0.00		
2	24189	1000.56118		GENERAL SUPPLIES	\$280,749.74	(\$59,737.28)	\$221,012.46		
3							\$0.00		
4							\$0.00		
5							\$0.00		
6							\$0.00		
7							\$0.00		
8							\$0.00		
9							\$0.00		
10							\$0.00		
11							\$0.00		
12							\$0.00		
13							\$0.00		
14							\$0.00		
15							\$0.00		
16							\$0.00		
17							\$0.00		
18							\$0.00		
19							\$0.00		
20							\$0.00		
21							\$0.00		
					SUB TOTAL	(\$59,737.28)		Total FTE	0.00
					INDIRECT COST	\$0.00			
					TOTAL	(\$59,737.28)			

Compliance with Section 10-15-1 and 22-8-12 NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled

Board of Education meeting open to the public on: 6/9/26

B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out

Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ	JUSTIFICATION
	CARRYOVER AND FINAL AWARD FY25-26

FUNCTION/OBJ	JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT _____ DATE _____

FISCAL OFFICER _____ DATE _____

SDE APPROVAL

PROGRAM DIRECTOR _____ DATE _____

AGENCY SPPORT/SCHOOL BUD. _____ DATE _____