PAGE 1

SUBMIT COPIES (AS APPLICALBLE)

a. General Allocation Notice

B. Publication and form 910b-5 for

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

B. Publication and form 910b-5 for BUDGET ADJUSTMENT REQUEST increase ocer \$1,000 in Fiscal Year 2024-2025 DJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No FLOWTHROUGH ONLY BUDGET PERIOD FROM July 1, 2024 June 30, 2025 TO A. CARRYOVER B. TOTAL CURRENT YEAR ALLOCATION C. ADMINISTRATIVE POOL ALLOCATION TOTAL FUNDING AVAILABLE:

DOC. ID:	65-25-60					
FED. TAX ID).:	85-6000-130				
Please Ident	ify One:					
	General Fund/Capital Outlay/Debt					
Х	Direct Grant					
	Flowthrough	26222				
	(Program of Adm.)					
Name	EMERGENY CONNECTIVITY					
SELECT ONE:						
	INITIAL BUDG	3. (Flowthrough)				
Х	INCREASE					
	DECREASE					
	MAINTENAN	CE				
1						
	TRANSFERS					

 ENTITY NAME:
 FARMINGTON MUNICIPAL SCHOOLS

 CONTACT:
 Stephany Andrews
 TELEPHONE
 (505) 324-9840

 TOTAL APPROVED BUDGET (Flowthrough)
 TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

REVENUE	FUNCTIO	N/OBJECT					
AND FUND	EXPEN	NDITURE		PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
11112		1000.56119	SUPPLY ASSETS \$<5K	\$21,824.46	\$742,523.00	\$764,347.46	
26222						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:			SUB TOTAL	\$742,523.00	Total FTE		
A. The requested budget/changes were authorized at a scheduled			INDIRECT COST	\$0.00			
Board of Education meeting open to the public on: 2/11/25			TOTAL	\$742,523.00			

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

JUSTIFICATION

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

FUNCTION/OBJ

FY 2	3-24 CASH CARRYOVER	-			
		-			
		7			
SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL		
		ļ			
SUPERINTENDENT	DATE	ANALYST	YST PROGRAM DIRECTOR DATE		
FISCAL OFFICER	DATE		AGENCY SPPORT/SCHOOL BUD. DATE		

FUNCTION/OBJ

JUSTIFICATION