PAGE 1

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

FUNCTION/OBJ

SUPERINTENDENT

FISCAL OFFICER

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

BUDGET ADJUSTMENT REQUEST

| | | Fiscal Year | 2023-2024 |
|----------------------|--------------------------|---------------|------------|
| ADJUSTMENT CHANGES | _ | No | |
| FLOWTHROUGH ONLY | | | |
| BUDGET PERIOD | July 1, 2023 | June 30, 2024 | |
| A. CARRYOVER | | | |
| B. TOTAL CURRENT YE | \$ | 799,286.00 | |
| C. ADMINISTRATIVE PO | OOL ALLOCATION | | · |
| | TOTAL FUNDING AVAILABLE: | \$ | 799,286.00 |

| DOC. ID: | 65-24- | 93 | |
|---------------|-----------------------------------|---------------|--|
| FED. TAX ID.: | | | |
| | Please Identify One | | |
| | General Fund/Capital | Outlay/Debt | |
| | | | |
| XX | Direct Grant | | |
| | | | |
| | Flowthrough | 25184 | |
| | (Program of Adm.) | | |
| NAME: | Indian Ed Title VI | | |
| | Transportation (Local Board Only) | | |
| SELECT ONE | | | |
| | INITIAL BUDG. | (Flowthrough) | |
| | INCREASE | | |
| | DECREASE | | |
| YY | TRANSFERS | | |

MAINTENANCE

| ENTITY NAME: | | FARMINGTO | ON MUNICIPAL SCHOOLS | | |
|-------------------------------------|---------------|-----------|------------------------------|----------------|--|
| CONTACT: | Phyllis Timme | | TELEPHONE: | (505) 324-9840 | |
| TOTAL APPROVED BUDGET (Flowthrough) | | | · | | |
| | | _ | POLIND TO THE NEADEST DOLLAR | | |

| | | ROVED BUDGE | | ROUND TO THE NEAREST D | OOLLAR | | | |
|----|--|-----------------------|--------------------------|---------------------------------|-------------------|-------------------------|---------------------|--------------|
| | REVENUE AND FUND CODE | | N/OBJECT DITURE TO | DESCRIPTION | PRESENT BUDGET | AMOUNT OF ADJUSTMENT | ADJUSTED BALANCE | ADD'L FTE |
| 1 | 25184 | 1000.55817 | 10 | Student Travel | | (33,380.00) | | |
| 2 | | | 2100.51300211 | Teacher Additional Compensation | | 26,000.00 | | |
| 3 | | | 2100.52111211 | | | 2,500.00 | | |
| 4 | | | 2100.52112211 | | | 2,500.00 | - | |
| 5 | | | 2100.52210211 | | | 1,200.00 | - | |
| 6 | | | | Medicare | | 1,100.00 | - | |
| 7 | | | | Workmen's Compensation Fee | | 80.00 | | |
| 8 | | | | · | | | | |
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| 27 | | | | | + | | | + |
| 28 | | | | | + | | | + |
| 29 | Compliance with | n Section 10-15-I and | d 22-8-12 NMSA, 197 | '8 Compilation: | SUB TOTAL | - | Total FTE | +- |
| | A. The requested budget/changes were authorized at a scheduled | | | INDIRECT COST | | | | |
| | Board of Education meeting open to the public on: 4/9/24 | | | TOTAL | - | | | |
| | Project" ARE N | NOT ACCEPTABLE | E. Attach additional | sheets of necessary. | | | | |

DATE

DATE

JUSTIFICATION 2023/2024 Title VI Grant Award - Transfer

SCHOOL DISTRICT CERTIFICATION

SDE APPROVAL ANALYST PROGRAM DIRECTOR DATE AGENCY SPPORT/SCHOOL BUD.

JUSTIFICATION

FUNCTION/OBJ