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

DOC. ID:

FED. TAX ID.: 85-6000-130

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

Please Identify One:
_____ General Fund/Capital Outlay/Debt
_____ Direct Grant
X Flowthrough 24174 (Program of Adm.)

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2026-2027

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO: No

FLOWTHROUGH ONLY

Name CARL D PERKINS SECONDARY

BUDGET PERIOD July 1, 2026 TO June 30, 2027

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

SELECT ONE:
_____ INITIAL BUDG. (Flowthrough)
_____ INCREASE
_____ DECREASE
X 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 FROM	TO	DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
1	44500			REVENUE			$0.00	
2	24174	2200.56113		SOFTWARE	$16,000.00	($24.76)	$15,975.24	
3		2200.53414		OTHER CONTRACT SERVICES	$5,000.00	($5,000.00)	$0.00	
4			2300.53713	INDIRECT COST	$3,934.78	$1,256.78	$5,191.56	
5			2200.53330	PROFESSIONAL DEVELOPMENT	$21,521.22	$3,767.98	$25,289.20	
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	
					SUB TOTAL	$0.00		Total FTE 0.00
					INDIRECT COST	$0.00		
					TOTAL	$0.00		

Compliance with Section 10-15-I 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: 9/8/26

B. Justification for the tranfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ	JUSTIFICATION
	COVER INDIRECT COST RATE INCREASE

FUNCTION/OBJ	JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT DATE

FISCAL OFFICER DATE

ANALYST

SDE APPROVAL

PROGRAM DIRECTOR DATE

AGENCY SPPORT/SCHOOL BUD. DATE