

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

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 2023-2024

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM 'M YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD	<u>July 1, 2022</u>	TO	<u>June 30, 2023</u>
A. CARRYOVER	<u>FY 21 - 22</u>		
B. TOTAL CURRENT YEAR ALLOCATION	_____		
C. ADMINISTRATIVE POOL ALLOCATION	_____		
TOTAL FUNDING AVAILABLE:	_____		

DOC. ID:	65-24-12
FED. TAX ID.:	85-6000-130
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
<input checked="" type="checkbox"/> XX	Flowthrough <u>24109</u>
(Program of Adm.)	
Name	<u>Preschool IDEA-B</u>
SELECT ONE:	
_____	INITIAL BUDG. (Flowthrough)
_____	INCREASE
<input checked="" type="checkbox"/> X	DECREASE
_____	TRANSFER
_____	MAINTENANCE

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS

CONTACT: Phyllis Timme TELEPHONE (505) 324-9840

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					
44500		#####	Salary - Ed. Assist 1712		(\$10,698.00)	(\$10,698.00)	
24109						\$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	
				SUB TOTAL	(\$10,698.00)		
				INDIRECT COST	\$0.00		
				TOTAL	(\$10,698.00)		
						Total FTE	

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: _____

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
_____	<u>Final Award FY22-23 with Carryover FY21-22</u>
_____	_____
_____	_____

FUNCTION/OBJ	JUSTIFICATION
_____	_____
_____	_____
_____	_____

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

SDE APPROVAL	
Christa Kulidge	25-Sep-23
PROGRAM DIRECTOR	DATE
AGENCY SPPORT/SCHOOL BUD.	DATE