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SUBMIT COPIES (AS APPLICALBLE)

B. TOTAL CURRENT YEAR ALLOCATION C. ADMINISTRATIVE POOL ALLOCATION

TOTAL FUNDING AVAILABLE:

a. General Allocation Notice

Operational (non-catagorical)

B. Publication and form 910b-5 for

increase ocer \$1,000 in

FLOWTHROUGH ONLY **BUDGET PERIOD** 

A. CARRYOVER

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

**BUDGET ADJUSTMENT REQUEST** Fiscal Year 2025-2026 ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO \_ No ТО June 30, 2026

FED. TAX ID.:		85-6000-130		
Please Id	dentify One:			
General Fund/Capital Outlay/De				
	Direct Grant			
XX	Flowthroug_	26121		
(Program of Adm.)				
Name	<u>Kellogg</u>			
Transportation (Local Board Only				
SELECT	ONE:			
Х	INITIAL BUDG	<ol><li>Flowthro</li></ol>	ugh	
	_ INCREASE			
	DECREASE			
	IRANSFERS			

DOC. ID:

ENTITY NAME: \_ **FARMINGTON MUNICIPAL SCHOOLS** CONTACT: Colton McClanahan
TOTAL APPROVED BUDGET (Flowthrough) TELEPHOI (505) 324-9840

July 1, 2025

DOLIND TO THE NEADEST BOLLAD

			ROUND TO THE N	IEAREST DOLLAR			
REVENUE					_		
AND FUND				PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
11112	11112					\$0.00	
						\$0.00	
26121		1000.56118	General Supplies	\$0.00	\$7,248.93	\$7,248.93	
		2000.51300	Additional Comp	\$0.00	\$6,000.00	\$6,000.00	
		1000.55813	Mileage	\$0.00	\$400.00	\$400.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$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	\$13,648.93	Total FT	E		
A. The requested budget/changes were authorized at a scheduled		INDIRECT COST	\$8,090.00				
Board of Ed	lucation meeting	g open to the pub	lic on: 8/12/2025	TOTAL	\$21,738.93		
B. Justificati	ion for the tranfe	er: Explanation su	ch as "underbudgeted". "insu	fficient budget", or "nee	ded to close out	-	

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	FUNCTION/OBJ	JUSTIFICATION	

SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL	
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE
FISCAL OFFICER	DATE		AGENCY SPPORT/SCHOOL BUD.	DATE