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

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

**BUDGET ADJUSTMENT REQUEST**

| | |
|---|---|
| DOC. ID: | 65-24-124 |
| FED. TAX ID.: | 85-6000-130 |

Please Identify One:

| | | |
|---|---|---|
| | General Fund/Capital Outlay/Debt | |
| | Direct Grant | |
| X | Flowthrough | 24330 (Program of Adm.) |

Name: ARP ESSER III

Transportation (Local Board Only

SELECT ONE:

| | | |
|---|---|---|
| | INITIAL BUDG. | (Flowthrough) |
| | INCREASE | |
| | DECREASE | |
| | MAINTENANCE | |
| X | TRANSFERS | |

Fiscal Year: 2023-2024

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

FLOWTHROUGH ONLY

| | | | |
|---|---|---|---|
| BUDGET PERIOD | July 1, 2023 | TO | June 30, 2024 |
| A. CARRYOVER | | | |
| B. TOTAL CURRENT YEAR ALLOCATION | | | |
| C. ADMINISTRATIVE POOL ALLOCATION | | | |
| TOTAL FUNDING AVAILABLE: | | | |

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 FROM | TO | DESCRIPTION | PRESENT BUDGET | AMOUNT OF ADJUSTMENT | ADJUSTED BALANCE | ADD'L FTE |
|---|---|---|---|---|---|---|---|
| 44500 | | | | | | $0.00 | |
| 24330 | 2100.56119 | | SUPPLY ASSETS ($5K OR LESS) | $2,965,887.00 | ($190,000.00) | $2,775,887.00 | |
| | 1000.51100 | | SALARY (JC 1411) | $0.00 | $190,000.00 | $190,000.00 | |
| | | | | | | $0.00 | |
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| | | | | | | $0.00 | |
| | | | | SUB TOTAL | $0.00 | Total FTE | |
| | | | | 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: 6/11/24
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 | FUNCTION/OBJ | JUSTIFICATION |
|---|---|---|---|
| | COVER EOY EXPENSES | | |

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