

**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 YES OR NO No

FLOWTHROUGH ONLY	
BUDGET PERIOD FROM <u>July 1, 2023</u>	TO <u>June 30, 2024</u>
A. CARRYOVER	_____
B. TOTAL CURRENT YEAR ALLOCATION	_____
C. ADMINISTRATIVE POOL ALLOCATION	_____
TOTAL FUNDING AVAILABLE:	_____

DOC. ID:	65-24-55
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input type="checkbox"/>	Direct Grant
<input checked="" type="checkbox"/>	Flowthrough <u>28217</u>
	(Program of Adm.)
Name	<u>Food Security</u>
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input type="checkbox"/>	INCREASE
<input checked="" type="checkbox"/>	DECREASE
<input type="checkbox"/>	MAINTENANCE
<input type="checkbox"/>	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS  
 CONTACT: Stephany Andrews 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					
11112	3100.57331		Supply Assets >5k	\$0.00	(\$45,646.00)	(\$45,646.00)	
28217						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	(\$45,646.00)		Total FTE
				INDIRECT COST	\$0.00		
				TOTAL	(\$45,646.00)		

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: 2/13/24

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
_____	<u>FY22-23 Cash Carryover</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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