PAGE 1

SUBMIT COPIES (AS APPLICALBLE) B. Publication and form 910b-5 for

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

BUDGET ADJUSTMENT REQUEST increase ocer \$1,000 in Fiscal Year 2024-2025 DJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR N No FLOWTHROUGH ONLY BUDGET PERIOD FROM July 1, 2024 TO June 30, 2025 A. CARRYOVER B. TOTAL CURRENT YEAR ALLOCATION C. ADMINISTRATIVE POOL ALLOCATION TOTAL FUNDING AVAILABLE:

DOC. ID:	65-25-43				
FED. TAX ID	l.:	85-6000-130			
Please Identify One:					
	General Fund	neral Fund/Capital Outlay/Debt			
	Direct Grant				
Х	Flowthrough	27407			
	-	(Program of Adm.)			
	Family Income Index				
Name	Fami	ly Income Index			
Name	Fami	ly Income Index			
Name SELECT ON		y Income Index			
	E:				
	E: INITIAL BUDO				
	E: INITIAL BUDO INCREASE	G. (Flowthrough)			
	E: INITIAL BUDO INCREASE DECREASE	G. (Flowthrough)			

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS CONTACT: Stephany Andrews TELEPHONE (505) 324-9840 TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

REVENUE	FUNCTION/OBJECT						
AND FUND	EXPENDITURE			PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
27407	2200.53330		Professional Development	\$100,000.00	(\$15,000.00)	\$85,000.00	
43202		1000.56118	Supplies	\$67,082.00	\$15,000.00	\$82,082.00	
						\$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	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:			SUB TOTAL	\$0.00	Total FTE		
A. The requested budget/changes were authorized at a scheduled			INDIRECT COST	\$0.00			
Board of Education meeting open to the public on: 11/12/24		TOTAL	\$0.00				

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 Budget Transfer for purchase of Cal I	Ripken STEM Lab		FUNCTION/OBJ	JUSTIFICATION
	_				
	_				
	SCHOOL DISTRICT CERTIFICATION				SDE APPROVAL
SUPERINTENDENT		DATE	ANALYST	PROGRAM DIRECTOR	DATE
FISCAL OFFICER	·	DATE		AGENCY SPPORT/SCHOOL BUD.	DATE