PAGE 1

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

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

B. Publication and form 910b-5 for			
increase ocer \$1,000 in		BUDGET A	DJUSTMENT REQUEST
Operational (non-catagorical)			
		Fiscal Year	2023-2024
ADJUSTMENT CHANGES IN	TENT/SCOPE OF PROGR	RAM YES OR NO	No
FLOWTHROUGH ONLY			
BUDGET PERIOD FROM	July 1, 2023	TO June	30, 2024
A. CARRYOVER			
B. TOTAL CURRENT YEAR A	ALLOCATION		
C. ADMINISTRATIVE POOL A	ALLOCATION		
TOTAL FUNDIN	IG AVAILABLE:		

DOC. ID:	65-24-57			
FED. TAX ID	(ID.: 85-6000-130			
Please Identi	itify One:			
	General Fund/Capital Outlay/Debt			
	Direct Grant			
Х	Flowthrough	26107		
	(Program of Adm.)			
Name	Educator Fellows			
	•			
SELECT ONE:				
	INITIAL BUD	G. (Flowthrough)		
Х	INCREASE			
	DECREASE			
	MAINTENAN	CE		
	TRANSFERS	3		

 ENTITY NAME:
 FARMINGTON MUNICIPAL SCHOOLS

 CONTACT:
 Stephany Andrews
 TELEPHONE
 (505) 324-9840

 TOTAL APPROVED BUDGET (Flowthrough)
 TOTAL APPROVED BUDGET (Flowthrough)
 TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

REVENUE	FUNCTIO	N/OBJECT	ROUND TO THE NEARE				
AND FUND		IDITURE		PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
11112		1000.51100	Salaries (1711)	\$0.00	\$16,546.95	\$16,546.95	
26107			,			\$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	
					\$0.00		
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:		SUB TOTAL	\$16,546.95	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: 2/13/24		TOTAL	\$16,546.95				

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 FY22-23 Cash Carryover		-	FUNCTION/OBJ	JUSTIFICATION	
			_ _			
			_			
			_			
SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL			
SUPERINTENDENT		DATE	ANALYST	PROGRAM DIRECTOR	DATE	
FISCAL OFFICER		DATE		AGENCY SPPORT/SCHOOL BUD.	DATE	