PAGE 1		STATE OF NEW MEXICO DEPARTMENT OF EDUCATION		
SUBMIT COPIES (AS APPLICALBLE)		300 DON GASPAR		
a. General Allocation Notice		SANTA FE, NM 87501-2786		
B. Publication and form 910b-5 for				
increase ocer \$1,000 in		BUDGET ADJUSTMENT REQUEST		
Operational (non-catagorical)				
		Fiscal Yea	ır	2023-2024
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRA		RAM M YES OF	RNO	No
FLOWTHROUGH ONLY				
BUDGET PERIOD	July 1, 2023	то	une 30, 2024	
A. CARRYOVER				
B. TOTAL CURRENT YEAR AL	LOCATION			
C. ADMINISTRATIVE POOL ALLOCATION				
TOTAL FUNDIN	G AVAILABLE:			

DOC. ID:		65-24-28		
FED. TAX ID.:	85-6000-130			
Please Identify	One:			
General Fund/Capital Outlay/Debt				
	Direct Grant			
х	Flowthrough	24330		
	(Program of Adm.)			
Name	ARP ESSER III			
Transportation	(Local Board Only			
SELECT ONE	:			
	INITIAL BUDG.	(Flowthrough)		
	INCREASE			
Х	DECREASE			
	TRANSFERS			

ENTITY NAME:	FARMINGTON MUN	FARMINGTON MUNICIPAL SCHOOLS			
CONTACT:	Phyllis Timme	TELEPHONE: (505) 324-9840	_		
TOTAL APPROVED E	BUDGET (Flowthrough)		_		

	1		ROUND TO THE NEAREST D	OOLLAR			
REVENUE	FUNCTION/OBJECT						
AND FUND	EXPEND	ITURE		PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	то	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
11112	2100.56119		Supply Assets \$5K or less	\$4,221,380.00	(\$1,255,493.00)	\$2,965,887.00	
24330						\$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	
	1 1					\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
ompliance with Se	ction 10-15-1 and 22-8-	12 NMSA, 1978 Co	mpilation:	SUB TOTAL	(\$1,255,493.00)	Total FTE	
	udget/changes were au			INDIRECT COST	\$0.00	L	•
	meeting open to the pu		2/13/24	TOTAL	(\$1,255,493.00)		

FISCAL OFFICER

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 FY22-23 Carryover		FUNCTION/OBJ	JUSTIFICATION
SCHOOL DISTRICT CERTIFICATION		]		SDE APPROVAL
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE

AGENCY SPPORT/SCHOOL BUD.

DATE

DATE