| PAGE 1   |                                       |                                  | STATE OF NEW M   | STATE OF NEW MEXICO     |                           | 65-26-32   |       |
|--|---------------------------------------|----------------------------------|--|-------------------------|---------------------------|--|-------|
|  |                                       |                                  | DEPARTMENT OF ED   |                         | DOC. ID:<br>FED. TAX ID.: | 85-6000-130  |       |
| SUBMIT COPIES (AS APPLICALBLE)                                 |                                       |                                  | 300 DON GASP   | 300 DON GASPAR          |                           |  |       |
| a. General Allocation Notice                                   |                                       |                                  | SANTA FE, NM 875   | SANTA FE, NM 87501-2786 |                           | Please Identify One:General Fund/Capital Outlay/Debt |       |
| B. Publication and fo  |                                       |                                  |  |                         |                           |  |       |
| increase ocer \$1,000  | ) in                                  |                                  | BUDGET ADJUSTMENT  | T REQUEST               | XDirect Grant             |  |       |
| Operational (non-cat   | agorical)                             |                                  |  |                         |                           |  |       |
|  |                                       |                                  | Fiscal Year  | 2025-2026               | Flowthrough               | 26121  | _     |
| ADJUSTMEN  | NT CHANGES INTENT/S                   | COPE OF PROGRAM                  | YEAS OR I M YES OR NO  | No                      |                           | (Program of Adm.)                                    |       |
| FLOWTHRO   | OUGH ONLY                             |                                  |  |                         | Name                      | Kellogg  | _     |
| BUDGET PERIOD July 1, 2025                                     |                                       |                                  | 25 TO June 30, 2026  |                         |                           |  |       |
| A. CARRYO  | VER                                   |                                  |  |                         | SELECT ONE:               |  |       |
| B. TOTAL C   | URRENT YEAR ALLOCA                    | TION                             |  |                         | INITIAL BUD               | OG. (Flowthrough)                                    |       |
| C. ADMINIS   | TRATIVE POOL ALLOCA                   | ATION                            |  |                         | X INCREASE                |  |       |
|  | TOTAL FUNDING AVAIL                   | LABLE:                           | -  |                         | DECREASE                  |  |       |
|  |                                       |                                  |  |                         | TRANSFER                  |  |       |
|  |                                       |                                  |  | <u></u>                 | MAINTENAN                 | NCE  |       |
|  |                                       |                                  |  |                         |                           |  |       |
| ENTITY NAM   | ME:                                   | FARMINGTON MUN                   | IICIPAL SCHOOLS  |                         |                           |  |       |
| CONTACT:   |                                       | Phyllis Timme                    | TELEPHONE (505) 324-98   | 340                     |                           |  |       |
| TOTAL APP  | ROVED BUDGET (Flowth                  | hrough)                          |  |                         |                           |  |       |
|  |                                       |                                  | ROUND TO THE NEAREST   | DOLLAR                  |                           |  |       |
| REVENUE  | FUNCTION/0                            | OBJECT                           |  |                         |                           |  |       |
| AND FUND   | EXPENDI                               | TURE                             |  | PRESENT                 | AMOUNT OF                 | ADJUSTED   | ADD'L |
| CODE   | FROM                                  | TO                               | DESCRIPTION  | BUDGET                  | ADJUSTMENT                | BALANCE  | FTE   |
| 41921  |                                       |                                  |  |                         |                           | \$0.00   |       |
| 26121  |                                       | 1000.56118                       | General Supplies & Materials                                       | \$3,000.00              | \$6,750.00                | \$9,750.00   |       |
|  |                                       |                                  |  |                         |                           | \$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 S  | Section 10-15-I and 22-8-12 NMSA,     | , 1978 Compilation:              |  | SUB TOTAL               | \$6,750.00                | Total FTE  |       |
| A. The requested budget/changes were authorized at a scheduled |                                       |                                  |  | INDIRECT COST           | \$0.00                    | 1  |       |
|  | on meeting open to the public on:     |                                  | 9/9/25   | TOTAL                   | \$6,750.00                | 1  |       |
|  | r the tranfer: Explanation such as "u | nderbudgeted", "insufficient bud |  |                         |                           | -  |       |
|  | T ACCEPTABLE. Attach additional       |                                  | -  |                         |                           |  |       |
|  | FUNCTION/OBJ                          |                                  | JUSTIFICATION<br>2 of the registration fee paid for<br>PowerSchool | FUNCTION/OBJ            |                           | JUSTIFICATION  |       |
|  |                                       |                                  | University   |                         |                           |  |       |
|  |                                       |                                  | Oniversity   |                         |                           |  |       |

DATE

DATE

ANALYST

PROGRAM DIRECTOR

AGENCY SPPORT/SCHOOL BUD.

SDE APPROVAL

DATE

DATE

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT

FISCAL OFFICER