

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2023-2024
ADJUSTMENT CHANGES INTENT/SCOPE OF PROC M YES OR NO No

SUBMIT COPIES (AS APPLICABLE)

- a. General Allocation Notice
- B. Publication and form 910b-5 for increase over \$1,000 in Operational (non-categorical)

ADJUSTMENT CHANGES INTENT/SCOPE OF PROC M YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD July 1, 2024 TO June 30, 2025

A. CARRYOVER _____

B. TOTAL CURRENT YEAR ALLOCATION _____

C. ADMINISTRATIVE POOL ALLOCATION _____

TOTAL FUNDING AVAILABLE: _____

DOC. ID: 65-25-70
 FED. TAX ID.: 85-6000-130
 Please Identify One:
 _____ General Fund/Capital Outlay/Debt
 _____ Direct Grant
 24174 Flowthrough _____
 (Program of Adm.)
 Name Carl Perkins Secondary
 Transportation (Local Board Only)
 SELECT ONE:
 _____ INITIAL BUDG. (Flowthrough)
 INCREASE
 _____ DECREASE
 _____ TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
 CONTACT: Colton McClanahan 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					
44500						\$0.00	
24174		1000.57331	Fixed Assets More than \$5000.00	\$143,323.00	\$8,043.00	\$151,366.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$8,043.00		
				INDIRECT COST	\$0.00		
				TOTAL	\$0.00		Total FTE

Compliance with Section 10-15-1 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: 2/11/25
 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>1000.57331</u>	<u>FY24-25 Final Award</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT _____	DATE _____
FISCAL OFFICER _____	DATE _____

SDE APPROVAL

PROGRAM DIRECTOR _____	DATE _____
AGENCY SPPORT/SCHOOL BUD. _____	DATE _____

ANALYST