

PAGE 1

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

SUBMIT COPIES (AS APPLICABLE)

a. General Allocation Notice

B. Publication and form 910b-5 for

increase over \$1,000 in

Operational (non-categorical)

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2026-2027

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO

No

FLOWTHROUGH ONLY

BUDGET PERIOD July 1, 2026 TO June 30, 2027

A. CARRYOVER

B. TOTAL CURRENT YEAR ALLOCATION

C. ADMINISTRATIVE POOL ALLOCATION

TOTAL FUNDING AVAILABLE:

DOC. ID: 65-27-08

FED. TAX ID.: 85-6000-130

Please Identify One:

General Fund/Capital Outlay/Debt

Direct Grant

X Flowthrough 27597

(Program of Adm.)

Name FOOD BRIDGE FUND

SELECT ONE:

X INITIAL BUDG. (Flowthrough)

INCREASE

DECREASE

MAINTENANCE

TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS

CONTACT: OLIVIA WATSON

TELEPHONE: (505) 324-9840 x1517

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					
1	43202						\$0.00	
2	27597		3100.56116	FOOD	\$0.00	\$40,000.00	\$40,000.00	
3			3100.55915		\$0.00	\$15,000.00	\$15,000.00	
4							\$0.00	
5							\$0.00	
6							\$0.00	
7							\$0.00	
8							\$0.00	
9							\$0.00	
10							\$0.00	
11							\$0.00	
12							\$0.00	
13							\$0.00	
14							\$0.00	
15							\$0.00	
16							\$0.00	
17							\$0.00	
18							\$0.00	
19							\$0.00	
20							\$0.00	
21							\$0.00	

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:

8/11/26

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.

SUB TOTAL \$55,000.00

INDIRECT COST \$0.00

TOTAL \$55,000.00

Total FTE 0.00

FUNCTION/OBJ

JUSTIFICATION

FY27 FINAL AWARD

FUNCTION/OBJ

JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION

SDE APPROVAL

SUPERINTENDENT

DATE

ANALYST

PROGRAM DIRECTOR

DATE

FISCAL OFFICER

DATE

AGENCY SPPORT/SCHOOL BUD.

DATE