

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

BUDGET ADJUSTMENT REQUEST

SUBMIT COPIES (AS APPLICABLE)

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

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

FLOWTHROUGH ONLY

BUDGET PERIOD	<u>July 1, 2023</u>	TO	<u>June 30, 2024</u>
A. CARRYOVER _____			
B. TOTAL CURRENT YEAR ALLOCATION _____			
C. ADMINISTRATIVE POOL ALLOCATION _____			
TOTAL FUNDING AVAILABLE: _____			

DOC. ID:	<u>65-24-96</u>
FED. TAX ID.:	<u>85-6000-130</u>
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
_____	Flowthrough <u>24174</u> (Program of Adm.)
Name	<u>Carl Perkins- Current</u>
Transportation (Local Board Only)	
SELECT ONE:	
_____	INITIAL BUDG. (Flowthrough)
_____	INCREASE
_____	DECREASE
<input checked="" type="checkbox"/>	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	1000.53330		Professional Development	\$18,080.00	(\$18,080.00)	\$0.00	
24174	1000.55915		Other Contract Services	\$23,070.00	(\$2,000.00)	\$21,070.00	
		2200.53330	Professional Development		\$20,080.00	\$20,080.00	
						\$0.00	
						\$0.00	
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						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$0.00		
				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: 5/7/24
 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>Per PED Guidance moving PD to 2200</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

SDE APPROVAL	
PROGRAM DIRECTOR	DATE
AGENCY SPPORT/SCHOOL BUD.	DATE