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SUBMIT COPIES (AS APPLICALBLE)

a. General Allocation Notice

B. Publication and form 910b-5 for

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

BUDGET ADJUSTMENT REQUEST

increase ocer \$1,000 in

 Operational (non-catagorical)
 Fiscal Year
 2024-2025

 DJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NI
 No

 FLOWTHROUGH ONLY
 No
 No

 BUDGET PERIOD FROM
 July 1, 2024
 TO
 June 30, 2025

 A. CARRYOVER
 B. TOTAL CURRENT YEAR ALLOCATION
 C. ADMINISTRATIVE POOL ALLOCATION

TOTAL FUNDING AVAILABLE:

DOC. ID:	65-	65-25-09					
FED. TAX I	D.:	85-6000-130					
Please Identify One:							
	General Fund/Capital Outlay/Debt						
	Direct Grant						
							
Х	Flowthrough	28190					
	(Prog	(Program of Adm.)					
Name	GRADS						
1 1441110							
ramo							
SELECT O		-					
		(Flowthrough)					
SELECT O	NE:	(Flowthrough)					
SELECT O	NE: INITIAL BUDG.	(Flowthrough)					
SELECT O	NE:INITIAL BUDGINCREASE	(Flowthrough)					
SELECT O	NE: _INITIAL BUDGINCREASE _DECREASE	(Flowthrough)					

 ENTITY NAME:
 FARMINGTON MUNICIPAL SCHOOLS

 CONTACT:
 Stephany Andrews
 TELEPHONE
 (505) 324-9840

 TOTAL APPROVED BUDGET (Flowthrough)
 TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

REVENUE	FUNCTION/OBJECT						
AND FUND	EXPEN	NDITURE		PRESENT AMOUNT OF		ADJUSTED	ADD'L
CODE	FROM	ТО	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
43203		1000.51300	Stipend (1217)	\$0.00	\$8,000.00	\$8,000.00	
28190		1000.56118	Supplies	\$0.00	\$1,000.00	\$1,000.00	
		1000.56119	Supply Assets <\$5000	\$0.00	\$1,000.00	\$1,000.00	
		2100.56118	Supplies	\$0.00	\$20,000.00	\$20,000.00	
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						\$0.00	
Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation:			SUB TOTAL	\$30,000.00	Total FTE		
A. The requested budget/changes were authorized at a scheduled			INDIRECT COST	\$0.00	1	•	
Board of Education meeting open to the public on: 8/13/24			TOTAL	\$30,000.00			

 $\textbf{B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out the transfer of the$

JUSTIFICATION

Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ

	24-25 Initial Award	_			
		_			
		_			
		_			
		_			
SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL		
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE	
	·			·	
FISCAL OFFICER	DATE		AGENCY SPPORT/SCHOOL BUD.	DATE	
		_			

FUNCTION/OBJ

JUSTIFICATION