

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

DOC. ID:	65-24-105
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input type="checkbox"/>	Direct Grant
<input checked="" type="checkbox"/>	Flowthrough <u>27502</u>
(Program of Adm.)	
Name	<u>NextGen Grant</u>
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input checked="" type="checkbox"/>	MAINTENANCE
<input type="checkbox"/>	TRANSFERS

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 2023-2024

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD FROM <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: _____

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS

CONTACT: Stephany Andrews 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					
43202						\$0.00	
27502	1000.53330		Professional Development	\$24,500.00	(\$19,000.00)	\$5,500.00	
		1000.55817	Student Travel		\$19,000.00	\$19,000.00	
						\$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 <u>Moving funds to cover Student travel</u> _____ _____ _____	FUNCTION/OBJ _____	JUSTIFICATION _____ _____ _____
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SCHOOL DISTRICT CERTIFICATION				SDE APPROVAL			
SUPERINTENDENT		DATE		ANALYST		PROGRAM DIRECTOR	
FISCAL OFFICER		DATE		AGENCY SPPORT/SCHOOL BUD.		DATE	