

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	2026
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAS OI M YES OR NO	No

BUDGET PERIOD	July 1, 2025	June 30, 2026
A. CARRYOVER		
B. TOTAL CURRENT YEAR ALLOCATION		\$1,500,000.00
C. ADMINISTRATIVE POOL ALLOCATION		
TOTAL FUNDING AVAILABLE:		

DOC. ID:	65-26-16
FED. TAX ID:	85-6000-130
Please Identify One:	
<input checked="" type="checkbox"/> _____	General Fund/Capital Outlay/Debt
<input type="checkbox"/> _____	Direct Grant
<input type="checkbox"/> _____	Flowthrough
	21100
Name	(Program of Adm.)
SB4 MEAL REIMBURSEMENTS	
Transportation (Local Board Only)	
SELECT ONE:	
<input type="checkbox"/> _____	INITIAL BUDG.
<input type="checkbox"/> _____	INCREASE
<input checked="" type="checkbox"/> _____	DECREASE
<input type="checkbox"/> _____	TRANSFERS

ROUND TO THE NEAREST DOLLAR

[illegible]

Compliance with Section 10-15-I 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:

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
	Initial Budget
3100.56116	SY2025-2026 Initial Award
	SB MEAL REIMBURSEMENTS

FUNCTION/OBJ	JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

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