PAGE 1

SUBMIT COPIES (AS APPLICALBLE) 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)	

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRA M YES OR NO

FLOWTHROUGH ONLY				
BUDGET PERIOD	July 1, 2023	TO _	June 30, 2024	
A. CARRYOVER				
B. TOTAL CURRENT YEAR AL	LOCATION			
C. ADMINISTRATIVE POOL AL	LOCATION			
TOTAL FUNDING	AVAILABLE:			

65-24-59				
FED. TAX ID.: 85-6000-130				
Please Identify One:				
General F	Fund/Capital Outlay/Debt			
X Direct Gra	ant			
Flowthrou	ıgh25153			
(Program of Adm.)				
NameTI	TLE XIX-MEDICAID			
SELECT ONE:				
NITIAL B	SUDG. (Flowthrough)			
X INCREAS	SE .			
DECREA	SE			
TRANSFE	ĒR			
MAINTEN	NANCE			
l				

JUSTIFICATION

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS Phyllis Timme TELEPHONE (505) 324-9840 TOTAL APPROVED BUDGET (Flowthrough)

			ROUND TO THE NEAREST DOLL	AR			
REVENUE	FUNCTION	ON/OBJECT					
AND FUND	EXPE	NDITURE		PRESENT	AMOUNT OF	ADJUSTED	ADD'L
CODE	FROM	TO	DESCRIPTION	BUDGET	ADJUSTMENT	BALANCE	FTE
11112		2100.51100.	Salaries: 1214	\$90,000.00	\$100,000.00	\$190,000.00	1
25153		2100.51100.	Salaries: 1215	\$400,000.00	\$285,000.00	\$685,000.00	3
		2100.51100.	Salaries: 1216	\$249,845.88	\$285,000.00	\$534,845.88	6
		2100.51100.	Salaries: 1217		\$100,000.00	\$100,000.00	2
			FICA: 1214-\$25,000 1215-\$25,000				
		2100.52210.	1216-\$25,000 1217-\$25,000		\$100,000.00	\$100,000.00	
			Medicare: 1214-\$25,000 1215-\$25,000				
		2100.52220.	1216-\$25,000 1217-\$25,000		\$100,000.00	\$100,000.00	
			Medical: 1214-\$10,000 1215-\$10,000				
		2100.52311	1216 -\$10,000 1217 -\$10,000		\$40,000.00	\$40,000.00	
			Dental : 1214-\$10,000 1215-\$10,000				
		2100.5231	1216 -\$10,000 1217 -\$10,000		\$40,000.00	\$40,000.00	
			Vision: 1214-\$5,000 1215-\$5,000 1216-				
		2100.5231	\$5,000 1217 -\$5,000		\$20,000.00	\$20,000.00	
			ERA: 1214-\$25,000 1215-\$25,000 1216-		4		
		2100.52111	\$25,000 1217-\$25,000		\$100,000.00	\$100,000.00	
			Retiree Health: 1214-\$12,500 1215-		A =0.000.00	0 50 000 00	
1		2100.52112.	\$12,500 1216-\$12,500 1217-\$12,500 Life: 1214-\$7,500 1215-\$7,500 1216-		\$50,000.00	\$50,000.00	
		0400 50040	. ,		# 00 000 00	# 00 000 00	
-		2100.52312	\$7,500 1217-\$7,500 Disability: 1214-\$5,000 1215-\$5,000		\$30,000.00	\$30,000.00	
		2100.5232			\$20.000.00	\$20.000.00	
-		2100.5232	1216-\$5,000 1217-\$5,000 Work Comp Premium: 1214-\$2,500		\$20,000.00	\$20,000.00	
		2100.52710.	1215-\$\$2,500 1216-\$2,500 1217-		\$10,000.00	\$10,000.00	
+		2100.32710.	Work Comp Fee: 1214-\$2,500 1215-		\$10,000.00	\$10,000.00	
		2100.52720.	\$\$2.500 1216 -\$2.500 1217 -\$2.500		\$10,000.00	\$10.000.00	
1		2200.53330.	Professional Develop Training		\$50,000.00	\$50,000.00	
-		2200.5330.	Other Professional/Techni		\$10,000.00	\$10.000.00	
+		2100.5581	Travel		\$44,469.05	\$44.469.05	
+		2100.55612	General Supplies		\$140,000.00	\$140.000.00	
+		2100.5612	Gerierai Supplies		\$140,000.00	\$140,000.00	
 		+					
L				OUR TOTAL	£4.504.400.05	 	40
		22-8-12 NMSA, 1978 (· ·	SUB TOTAL	\$1,534,469.05	Total FTE	12
		re authorized at a sche		INDIRECT COST	\$37,893.95		
Board of Education	meeting open to the	ne public on:	2/13/24	TOTAL	\$1,572,363.00	J	

Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary. JUSTIFICATION FY 2022-2023 CASH CARRYOVER

SCHOOL DISTRICT CERTIFICATION			SDE APPROVAL		
SUPERINTENDENT	DATE	ANALYST	PROGRAM DIRECTOR	DATE	
FISCAL OFFICER	DATE		AGENCY SPPORT/SCHOOL BUD.	DATE	