

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

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
No

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO
FLOWTHROUGH ONLY

BUDGET PERIOD	<u>July 1, 2023</u>	<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: Phyllis Timme TELEPHONE: (505) 324-9840
TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

DOC. ID:	<u>65-24-87</u>
FED. TAX ID.:	<u>85-6000-130</u>
Please Identify One: General Fund/Capital Outlay/Debt	
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>25147</u>
(Program of Adm.)	
NAME:	<u>Indian Ed Impact Aid</u>
Transportation (Local Board Only)	
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input checked="" type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	TRANSFERS
<input type="checkbox"/>	MAINTENANCE

REVENUE AND FUND	FUNCTION/OBJECT EXPENDITURE		DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
	FROM	TO					
1	25147	1000.56118	Supplies/Materials		144,472.33		
2		1000.52312411	Life Insurance		1.98		
3		1000.52313411	Dental		12.44		
4		1000.52314411	Vision		2.06		
5		1000.52315411	Disability		8.19		
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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: 4/9/24

SUB TOTAL	\$144,497.00	Total FTE	
INDIRECT COST	\$3,568.00		
TOTAL	\$148,065.00		

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

FUNCTION/OBJ	JUSTIFICATION
	2024 Impact Aid Voucher
	Application number 20503

FUNCTION/OBJ	JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION	
SUPERINTENDENT	DATE
FISCAL OFFICER	DATE

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