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

SUBMIT COPIES (AS APPLICALBLE)
a. General Allocation Notice
B. Publication and form 910b-5 for
increase ocer $1,000 in
Operational (non-catagorical)

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2025-2026

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO: No

FLOWTHROUGH ONLY

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

DOC. ID: 65-26-111
FED. TAX ID.: 85-6000-130

Please Identify One:

	General Fund/Capital Outlay/Debt
X	Direct Grant
	Flowthrough 26107 (Program of Adm.)

Name: REGION IX

SELECT ONE:

	INITIAL BUDG. (Flowthrough)
X	INCREASE
	DECREASE
	MAINTENANCE
	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
CONTACT: **OLIVIA WATSON** TELEPHONE: **(505) 324-9840 x1517**
TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

	REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE FROM	FUNCTION/OBJECT EXPENDITURE TO	DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
1	43214						$0.00	
2	26107		1000.51300	ADD PAY SPECIAL PROGRAMS (1412)	$0.00	$92,500.00	$92,500.00	
3				PROGRAM 2000			$0.00	
4							$0.00	
5							$0.00	
6							$0.00	
7							$0.00	
8							$0.00	
9							$0.00	
10							$0.00	
11							$0.00	
12							$0.00	
13							$0.00	
14							$0.00	
15							$0.00	
16							$0.00	
17							$0.00	
18							$0.00	
19							$0.00	
20							$0.00	
21							$0.00	
					SUB TOTAL	$92,500.00		Total FTE 0.00
					INDIRECT COST	$0.00		
					TOTAL	$92,500.00		

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: 06/092026

B. Justification for the tranfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ	JUSTIFICATION
	MOU #26998000484

FUNCTION/OBJ	JUSTIFICATION

SCHOOL DISTRICT CERTIFICATION

SUPERINTENDENT DATE

FISCAL OFFICER DATE

ANALYST

SDE APPROVAL

PROGRAM DIRECTOR DATE

AGENCY SPPORT/SCHOOL BUD. DATE