

**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 2025-2026  
AM YES OR NO No

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM FLOWTHROUGH ONLY

BUDGET PERIOD	July 1, 2025	TO	June 30, 2026
A. CARRY OVER			
B. TOTAL CURRENT YEAR ALLOCATION			\$36,450.00
C. ADMINISTRATIVE POOL ALLOCATION			\$ -
<b>TOTAL FUNDING AVAILABLE:</b>			<b>\$ 36,450.00</b>

DOC. ID:	65-26-77
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>25145</u> (Program of Adm.)
Name	<u>IMPACT AID-SPECIAL ECD</u>
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input checked="" type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS  
CONTACT: Phyllis Timme 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					
44301							
25145		2100.56118	SUPPLIES	\$ 134,474.98	\$ 17,614.46	\$ 152,089.44	
		2200.53330	Professional Development	\$ 62,666.89	\$ 17,614.46	\$ 80,281.35	
				<b>SUB TOTAL</b>	<b>\$ 35,228.92</b>		Total FTE
				INDIRECT COST 3.35%	\$ 1,221.08		
				<b>TOTAL</b>	<b>\$ 36,450.00</b>		

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: 3/10/26

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 FY26 CWD Initial Voucher	FUNCTION/OBJ _____	JUSTIFICATION _____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL DISTRICT CERTIFICATION		SDE APPROVAL	
Cody Diehl	DATE:	Korth Ellsworth	DATE:
SUPERINTENDENT		PROGRAM DIRECTOR	
FISCAL OFFICER	DATE:	AGENCY SPPORT/SCHOOL BUD.	DATE