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

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

BUDGET ADJUSTMENT REQUEST

DOC. ID:	65-25-33
FED. TAX ID.:	85-6000-130

Please Identify One:

	General Fund/Capital Outlay/Debt	
	Direct Grant	
X	Flowthrough	24330 (Program of Adm.)

Name ARP ESSER III

SELECT ONE:

	INITIAL BUDG.	(Flowthrough)
	INCREASE	
	DECREASE	
X	MAINTENANCE	
	TRANSFERS	

Fiscal Year 2024-2025

ADJUSTMENT CHANGES INTENT/SCOPE OF PROG M YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD July 1, 2024 TO June 30, 2025

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

REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE FROM	TO	DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADD'L FTE
44504						$0.00	
24330	2100.51100		SALARY (JC 1214)	$2,015,993.93	($1,407,732.64)	$608,261.29	
		2300.53713	INDIRECT COSTS	$0.00	$47,598.51	$47,598.51	
		2100.56113	SOFTWARE	$0.00	$172,500.00	$172,500.00	
		2600.54312	MAINTENANCE & REPAIR	$3,000,000.00	$1,187,634.13	$4,187,634.13	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
				SUB TOTAL	$0.00	Total FTE	
				INDIRECT COST	$0.00		
				TOTAL	$0.00		

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: 10/8/24
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	FUNCTION/OBJ	JUSTIFICATION
	to cover End of Grant expenses		

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