

**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 2024-2025

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD FROM	<u>July 1, 2024</u>	TO	<u>June 30, 2025</u>
A. CARRYOVER	_____		
B. TOTAL CURRENT YEAR ALLOCATION	_____		
C. ADMINISTRATIVE POOL ALLOCATION	_____		
TOTAL FUNDING AVAILABLE:	_____		

DOC. ID:	<u>65-25-84</u>
FED. TAX ID.:	<u>85-6000-130</u>
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>26121</u>
	(Program of Adm.)
Name	<u>W.K. Kellogg Foundation</u>
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input checked="" type="checkbox"/>	MAINTENANCE
<input type="checkbox"/>	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS

CONTACT: Stephany Andrews 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					
26121	2100.51100		Salaries		(\$75,212.00)	(\$75,212.00)	
41921	2100.52220		Medicare		(\$366.00)	(\$366.00)	
	2100.52111		ERA		(\$4,664.00)	(\$4,664.00)	
	2100.52112		Retiree Health		(\$605.00)	(\$605.00)	
	2100.52311		Health		(\$11,774.00)	(\$11,774.00)	
	2100.52312		Life		(\$756.00)	(\$756.00)	
	2100.52313		Dental		(\$3,353.00)	(\$3,353.00)	
	2100.52314		Vision		(\$1,036.00)	(\$1,036.00)	
	2100.52315		Disability		(\$252.00)	(\$252.00)	
	2100.52720		W/C Fee		(\$9.00)	(\$9.00)	
	2100.52710		W/C Premium		(\$396.00)	(\$396.00)	
	2100.52500		Unemployment		(\$14.00)	(\$14.00)	
	2100.52210		FICA		(\$1,563.00)	(\$1,563.00)	
		2200.51100	Salaries		\$75,212.00	\$75,212.00	
		2200.52220	Medicare		\$366.00	\$366.00	
		2200.52111	ERA		\$4,664.00	\$4,664.00	
		2200.52112	Retiree Health		\$605.00	\$605.00	
		2200.52311	Health		\$11,774.00	\$11,774.00	
		2200.52312	Life		\$756.00	\$756.00	
		2200.52313	Dental		\$3,353.00	\$3,353.00	
		2200.52314	Vision		\$1,036.00	\$1,036.00	
		2200.52315	Disability		\$252.00	\$252.00	
		2200.52720	W/C Fee		\$9.00	\$9.00	
		2200.52710	W/C Premium		\$396.00	\$396.00	
		2200.52500	Unemployment		\$14.00	\$14.00	
		2200.52210	FICA		\$1,563.00	\$1,563.00	
			SUB TOTAL		\$0.00		Total FTE
			INDIRECT COST				
			TOTAL		\$0.00		

Compliance with Section 10-15-1 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:

3/11/25

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.

<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">FUNCTION/OBJ</th> <th style="text-align: left;">JUSTIFICATION</th> </tr> <tr> <td>_____</td> <td>SALARY Maintenance BAR</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	FUNCTION/OBJ	JUSTIFICATION	_____	SALARY Maintenance BAR	_____	_____	_____	_____	_____	_____	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">FUNCTION/OBJ</th> <th style="text-align: left;">JUSTIFICATION</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	FUNCTION/OBJ	JUSTIFICATION	_____	_____	_____	_____	_____	_____	_____	_____
FUNCTION/OBJ	JUSTIFICATION																				
_____	SALARY Maintenance BAR																				
_____	_____																				
_____	_____																				
_____	_____																				
FUNCTION/OBJ	JUSTIFICATION																				
_____	_____																				
_____	_____																				
_____	_____																				
_____	_____																				

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