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 SUBMIT COPIES (AS APPLICABLE)
 a. General Allocation Notice
 B. Publication and form 910b-5 for
 increase over \$1,000 in
 Operational (non-categorical)

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year **2024-2025**

ADJUSTMENT CHANGES INTENT/SCOPE OF PROJECT YES OR NO _____ No _____

FLOWTHROUGH ONLY

BUDGET PERIOD	July 1, 2024	TO	June 30, 2025
A. CARRYOVER			\$466,064.88
B. TOTAL CURRENT YEAR ALLOCATION			
C. ADMINISTRATIVE POOL ALLOCATION			
TOTAL FUNDING AVAILABLE:			\$466,064.88

DOC. ID:	65-25-116
FED. TAX ID	85-6000-13C
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough 25131
	(Program of Adm.)
Name	NNJOM Grant
	Transportation (Local Board Only)
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	MAINTENANCE
<input checked="" 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	3300.52220		Bus Drivers (1622)	\$21,600.00	(\$21,600.00)	\$0.00	
25131		1000.55817	Student Activities	\$224,113.80	\$21,600.00	\$245,713.80	
						\$0.00	
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						\$0.00	
				SUB TOTAL	\$0.00		Total FTE
				INDIRECT COST	\$0.00		
				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: 6/10/25
 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.

FUNCTION/OBJ	JUSTIFICATION	FUNCTION/OBJ	JUSTIFICATION
	Transfer BAR per NNJOM approval		

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