

**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 2023-2024

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

BUDGET PERIOD FROM <u>July 1, 2023</u> TO <u>June 30, 2024</u>
A. CARRYOVER _____
B. TOTAL CURRENT YEAR ALLOCATION _____
C. ADMINISTRATIVE POOL ALLOCATION _____
TOTAL FUNDING AVAILABLE: _____

DOC. ID: <u>65-24-89</u>
FED. TAX ID.: <u>85-6000-130</u>
Please Identify One: <input checked="" type="checkbox"/> General Fund/Capital Outlay/Debt <input type="checkbox"/> Direct Grant <input type="checkbox"/> Flowthrough <u>21000</u> <small>(Program of Adm.)</small>
Name <u>Student Nutrition</u>
SELECT ONE: <input type="checkbox"/> INITIAL BUDG. <small>(Flowthrough)</small> <input checked="" type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE <input 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					
43215 21000		3100.55913	Inter-Agency REC	\$0.00	\$15,000.00	\$15,000.00	
						\$0.00	
						\$0.00	
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						\$0.00	
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						\$0.00	
						\$0.00	
				SUB TOTAL	\$15,000.00		Total FTE
				INDIRECT COST	\$0.00		
				TOTAL	\$15,000.00		

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: 4/9/24
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
	FY23/24 REC AWARD		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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