

**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 YEAS M YES OR NO No

FLOWTHROUGH ONLY

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

DOC. ID:	65-24-95
FED. TAX ID.:	85-6000-130
Please Identify One:	
_____	General Fund/Capital Outlay/Debt
_____	Direct Grant
<input checked="" type="checkbox"/> XX	Flowthrough <u>24106</u>
(Program of Adm.)	
Name	Entitlement IDEA-B
SELECT ONE:	
_____	INITIAL BUDG. (Flowthrough)
_____	INCREASE
_____	DECREASE
<input checked="" type="checkbox"/> X	TRANSFER
_____	MAINTENANCE

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
 CONTACT: COLTON MCCLANAHAN 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					
44500	2100.53212		CONTRACT SPEECH	\$366,074.76	(\$140,000.00)	\$226,074.76	
24106		1000.51100.1712	SALARIES	\$50,379.66	\$140,000.00	\$190,379.66	2.8
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
				SUB TOTAL	\$0.00		
				INDIRECT COST	\$0.00		
				TOTAL	\$0.00		
						Total FTE	

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: 5/7/24

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
_____	END OF YEAR EXPENSE
_____	_____

FUNCTION/OBJ	JUSTIFICATION
_____	_____

SCHOOL DISTRICT CERTIFICATION	
_____ SUPERINTENDENT	_____ DATE
_____ FISCAL OFFICER	_____ DATE

ANALYST

SDE APPROVAL	
Christa Kulidge PROGRAM DIRECTOR	_____ DATE
_____ AGENCY SPPORT/SCHOOL BUD.	_____ DATE