

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

BUDGET ADJUSTMENT REQUEST

Fiscal Year 2012-2013

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

FLOWTHROUGH ONLY

| | | | |
|-----------------------------------|---------------------|----|----------------------|
| BUDGET PERIOD | <u>July 1, 2012</u> | TO | <u>June 30, 2013</u> |
| A. CARRYOVER | | | |
| B. TOTAL CURRENT YEAR ALLOCATION | | | |
| C. ADMINISTRATIVE POOL ALLOCATION | | | |
| TOTAL FUNDING AVAILABLE: | | | |

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
CONTACT: Bobbi Newland 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 | | | | | |
| | | | | | | \$0.00 | |
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| | | | | 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: _____

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 |
|--------------|---------------|--------------|---------------|
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| SCHOOL DISTRICT CERTIFICATION | |
|-------------------------------|------|
| SUPERINTENDENT | DATE |
| FISCAL OFFICER | DATE |

ANALYST

| SDE APPROVAL | |
|---------------------------|------|
| PROGRAM DIRECTOR | DATE |
| AGENCY SPPORT/SCHOOL BUD. | DATE |

| | |
|-------------------------------------|--|
| DOC. ID: | |
| FED. TAX ID.: | 85-6000-130 |
| Please Identify One: | |
| _____ | General Fund/Capital Outlay/Debt |
| _____ | Direct Grant |
| <input checked="" type="checkbox"/> | Flowthrough _____ (Program of Adm.) |
| Name _____ | |
| Transportation (Local Board Only) | |
| SELECT ONE: | |
| _____ | INITIAL BUDG. _____ (Flowthrough) |
| _____ | INCREASE |
| _____ | DECREASE |
| _____ | TRANSFERS |

**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 2012-2013

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YES OR NO No

FLOWTHROUGH ONLY

| | | | |
|-----------------------------------|--------------|----|---------------|
| BUDGET PERIOD | July 1, 2012 | TO | June 30, 2013 |
| A. CARRYOVER | _____ | | |
| B. TOTAL CURRENT YEAR ALLOCATION | _____ | | |
| C. ADMINISTRATIVE POOL ALLOCATION | _____ | | |
| TOTAL FUNDING AVAILABLE: | _____ | | |

| | |
|---|-----------------------------------|
| DOC. ID: | _____ |
| FED. TAX ID.: | _____ |
| Please Identify One: | |
| _____ | General Fund |
| _____ | Direct Grant |
| <input checked="" type="checkbox"/> _____ | Flowthrough |
| Name | _____ |
| | Transportation (Local Board Only) |
| SELECT ONE: | |
| _____ | INITIAL BUDGET |
| _____ | INCREASE |
| _____ | DECREASE |
| _____ | TRANSFERS |

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
 CONTACT: Bobbi Newland 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 |
|--|-----------------------------|----|-------------|----------------------|----------------------|
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| Compliance with Section 10-15-1 and 22-8-12 NMSA, 1978 Compilation: | | | | SUB TOTAL | \$0.00 |
| A. The requested budget/changes were authorized at a scheduled Board of Education meeting open to the public on: _____ | | | | INDIRECT COST | \$0.00 |
| 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. | | | | TOTAL | \$0.00 |

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| 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: _____ 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. | SUB TOTAL | \$0.00 |
| | INDIRECT COST | \$0.00 |
| | TOTAL | \$0.00 |

| FUNCTION/OBJ | JUSTIFICATION | FUNCTION/OBJ |
|--------------|---------------|--------------|
| _____ | _____ | _____ |
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| SCHOOL DISTRICT CERTIFICATION | | SDE AP | |
| SUPERINTENDENT _____ | DATE _____ | ANALYST _____ | PROGRAM DIRECTOR _____ |
| FISCAL OFFICER _____ | DATE _____ | AGENCY SPPORT/SCHOOL BUD. _____ | |

PAGE 3

SUBMIT COPIES (AS APPLICABLE)
 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

Fiscal Year 2012-2013
 ADJUSTMENT CHANGES INTENT/SCOPE OF PROC M YES OR NO No

| | |
|---|-------|
| FLOWTHROUGH ONLY | |
| BUDGET PERIOD <u>July 1, 2012</u> TO <u>June 30, 2013</u> | |
| A. CARRYOVER | _____ |
| B. TOTAL CURRENT YEAR ALLOCATION | _____ |
| C. ADMINISTRATIVE POOL ALLOCATION | _____ |

| | |
|-------------------------------------|----------------|
| DOC. ID: | _____ |
| FED. TAX ID.: | _____ |
| Please Identify One: | |
| _____ | General Fund |
| _____ | Direct Grant |
| <input checked="" type="checkbox"/> | Flowthrough |
| Name _____ | |
| Transportation (Local Board Only) | |
| SELECT ONE: | |
| _____ | INITIAL BUDGET |
| _____ | INCREASE |

TOTAL FUNDING AVAILABLE: _____

_____ DECREASE
 _____ TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS
 CONTACT: Bobbi Newland 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 |
|---|--------------------------------|----|-------------|----------------------|-------------------------|
| | FROM | TO | | | |
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| Compliance with Section 10-15-I and 22-8-12 NMSA, 1978 Compilation: | | | | SUB TOTAL | \$0.00 |
| A. The requested budget/changes were authorized at a scheduled Board of Education meeting open to the public on: _____ | | | | INDIRECT COST | \$0.00 |
| 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. | | | | TOTAL | \$0.00 |

| FUNCTION/OBJ | JUSTIFICATION | FUNCTION/OBJ |
|--------------|---------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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|-------------------------------|------|----------------------------|
| SCHOOL DISTRICT CERTIFICATION | | SDE AP |
| SUPERINTENDENT | DATE | ANALYST PROGRAM DIRECTOR |
| FISCAL OFFICER | DATE | AGENCY SPपोर्ट/SCHOOL BUD. |

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| |
| 85-6000-130 |
| /Capital Outlay/Debt |
| (Program of Adm.) |
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| G. (Flowthrough) |
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| ADJUSTED BALANCE | ADD'L FTE |
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JUSTIFICATION

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| 85-6000-130 |
| /Capital Outlay/Debt |
| |
| (Program of Adm.) |
| ly |
| G. (Flowthrough) |

**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 <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>65-24-41</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>31200</u> (Program of Adm.) |
| Name <u>PUBLIC SCH CAPITAL OUTLAY</u> |
| Transportation (Local Board Only) |
| SELECT ONE: <input type="checkbox"/> INITIAL BUDGET (Flowthrough) <input checked="" type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE <input 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 | | | | | |
| 11112 | | | | | | \$0.00 | |
| 31200 | | 4000.54500 | Construction Services | \$2,228,019.00 | \$2,142,496.00 | \$4,370,515.00 | |
| | | | | | | \$0.00 | |
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| | | | | SUB TOTAL | \$2,142,496.00 | | |
| | | | | INDIRECT COST | \$0.00 | | |
| | | | | TOTAL | \$2,142,496.00 | | 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: 2/13/24

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 |
|--------------|----------------------------------|
| _____ | Cash Carry-Over for 2022-2023 SY |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| FUNCTION/OBJ | JUSTIFICATION |
|--------------|---------------|
| _____ | _____ |
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| SCHOOL DISTRICT CERTIFICATION | |
|-------------------------------|------------|
| | |
| SUPERINTENDENT _____ | DATE _____ |
| FISCAL OFFICER _____ | DATE _____ |

| SDE APPROVAL | |
|--|-------------------------|
| | |
| PROGRAM DIRECTOR -TED LASIEWICZ, CHIEF OF OPERATIONS _____ | DATE: <u>09/30/2021</u> |
| AGENCY SPPORT/SCHOOL BUD. _____ | DATE _____ |