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

BUDGET ADJUSTMENT REQUEST

Fiscal Year2025-2026
M YES OR NONo

DOC. ID:65-26-19
FED. TAX ID.:85-6000-130
Please Identify One:
General Fund/Capital Outlay/Debt
X Direct Grant
Flowthrough24153
(Program of Adm.)
NameEnglish Language Acquisition
Transportation (Local Board Only)
SELECT ONE:
INITIAL BUDG. (Flowthrough)
INCREASE
DECREASE
XX Maintenance
TRANSFERS

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

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAS OR NO
FLOWTHROUGH ONLY
BUDGET PERIODJuly 1, 2025TO June 30, 2026
A. CARRYOVER
B. TOTAL CURRENT YEAR ALLOCATION
C. ADMINISTRATIVE POOL ALLOCATION
TOTAL FUNDING AVAILABLE:

ENTITY NAME:FARMINGTON MUNICIPAL SCHOOLS
CONTACT:Colton McClanahanTELEPHONE:(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 | | | | | | | |
| 24153 | | | | | | | |
| | 2200.53330 | | Professional Development | | (\$13,000.00) | | |
| | | 2100.51100218 | Salary/Payroll | | \$7,252.80 | | |
| | | 2100.52210 | FICA | | \$347.00 | | |
| | | 2100.52220 | Medicare | | \$81.00 | | |
| | | 2100.52111 | Era | | \$1,036.00 | | |
| | | 2100.52112 | Retiree Health | | \$134.00 | | |
| | | 2100.52311 | Health | | \$2,615.00 | | |
| | | 2100.52312 | Life | | \$168.00 | | |
| | | 2100.52313 | Dental | | \$969.00 | | |
| | | 2100.52314 | Vision | | \$230.00 | | |
| | | 2100.52315 | Disability | | \$56.00 | | |
| | | 2100.52720 | W/C Fee | | \$9.20 | | |
| | | 2100.52710 | W/C Premium | | \$88.00 | | |
| | | 2100.52500 | Unemployment | | \$14.00 | | |
| | | | | | \$0.00 | | |
| | | | | SUB TOTAL | \$0.00 | | Total FTE |
| | | | | INDIRECT COST | \$0.00 | | |
| | | | | TOTAL | \$0.00 | | |

Compliance with Section 10-154 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:9/8/25
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.

FUNCTION/OBJJUSTIFICATIONFunds will be used to pay for part time parent liaison

FUNCTION/OBJJUSTIFICATION

SCHOOL DISTRICT CERTIFICATION
SUPERINTENDENTDATEANALYST
FISCAL OFFICERDATE

SDE APPROVAL
PROGRAM DIRECTORDiane ArringtonDATE
AGENCY SPPORT/SCHOOL BUD.DATE