## PAGE 1

SUBMIT COPIES (AS APPLICALBLE) a. General Allocation Notice B. Publication and form 910b-5 for

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

| b. Fublication and form 9100-510 |                    |               |                 |
|----------------------------------|--------------------|---------------|-----------------|
| increase ocer \$1,000 in         |                    | BUDGET ADJU   | ISTMENT REQUEST |
| Operational (non-catagorical)    |                    |               |                 |
|                                  |                    | Fiscal Year   | 2024-2025       |
| ADJUSTMENT CHANGES IN            | TENT/SCOPE OF PROG | RAM YES OR NC | No              |
| FLOWTHROUGH ONLY                 |                    |               |                 |
| BUDGET PERIOD FROM               | July 1, 2024       | TO June 30,   | 2025            |
| A. CARRYOVER                     |                    |               |                 |
| B. TOTAL CURRENT YEAR            | ALLOCATION         |               |                 |
| C. ADMINISTRATIVE POOL           | ALLOCATION         |               |                 |
| TOTAL FUNDING AVAILABLE:         |                    |               |                 |
|                                  |                    |               |                 |

| DOC. ID:      | 65-25-44                              |               |  |  |
|---------------|---------------------------------------|---------------|--|--|
| FED. TAX ID.  | :                                     | 85-6000-130   |  |  |
| Please Identi | Please Identify One:                  |               |  |  |
|               | General Fund/Capital Outlay/Debt      |               |  |  |
| х             | Direct Grant                          |               |  |  |
|               | Flowthrough                           | 26121         |  |  |
|               | (Program of Adm.)                     |               |  |  |
| Name          | Kellogg                               |               |  |  |
|               |                                       |               |  |  |
| SELECT ONE:   |                                       |               |  |  |
| SELECT ON     | Ξ:                                    |               |  |  |
| SELECT ON     | E:<br>INITIAL BUDG.                   | (Flowthrough) |  |  |
| SELECT ONI    |                                       | (Flowthrough) |  |  |
|               | INITIAL BUDG.                         | (Flowthrough) |  |  |
|               | INITIAL BUDG.                         | (Flowthrough) |  |  |
|               | INITIAL BUDG.<br>INCREASE<br>DECREASE | (Flowthrough) |  |  |

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS CONTACT: Stephany Andrews TELEPHONE (505) 324-9840

TOTAL APPROVED BUDGET (Flowthrough)

ROUND TO THE NEAREST DOLLAR

| REVENUE  | FUNCTION            | ON/OBJECT          |                   |           |              |              |       |
|--|---------------------|--------------------|-------------------|-----------|--------------|--------------|-------|
| AND FUND   | EXPE                | NDITURE            |                   | PRESENT   | AMOUNT OF    | ADJUSTED     | ADD'L |
| CODE   | FROM                | TO                 | DESCRIPTION       | BUDGET    | ADJUSTMENT   | BALANCE      | FTE   |
| 41921  |                     | 2100.51100         | Salary (1211)     |           | \$50,000.00  | \$50,000.00  |       |
| 26121  |                     | 1000.55915         | Contract Services |           | \$25,000.00  | \$25,000.00  |       |
|  |                     | 1000.56118         | Supplies          |           | \$20,000.00  | \$20,000.00  |       |
|  |                     | 2200.53330         | PD                |           | \$100,000.00 | \$100,000.00 |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
|  |                     |                    |                   |           |              | \$0.00       |       |
| ĺ  |                     |                    |                   |           |              | \$0.00       |       |
| Compliance with S  | Section 10-15-I and | 22-8-12 NMSA, 1978 | Compilation:      | SUB TOTAL | \$195,000.00 | Total FTE    |       |
| A. The requested budget/changes were authorized at a scheduled |                     | INDIRECT COST      | \$5,000.00        |           | · ·          |              |       |
| Board of Educatio  | n meeting open to   | the public on:     | 11/12/24          | TOTAL     | \$200,000.00 |              |       |

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.

| FUNCTION/OBJ                  | JUSTIFICATION                    | _    | FUNCTION/OBJ | JUSTIFICATION             |      |
|-------------------------------|----------------------------------|------|--------------|---------------------------|------|
|                               | 24-25 Jennifer Duran-Sallee Gran |      |              |                           |      |
|                               |                                  |      | _            |                           |      |
|                               |                                  |      | _            |                           |      |
|                               |                                  |      | _            |                           |      |
|                               |                                  |      | _            |                           |      |
|                               |                                  |      |              |                           |      |
|                               |                                  |      | _            |                           |      |
| SCHOOL DISTRICT CERTIFICATION |                                  |      | SDE APPROVAL |                           |      |
|                               |                                  |      |              |                           |      |
| SUPERINTENDENT                |                                  | DATE | ANALYST      | PROGRAM DIRECTOR          | DATE |
|                               | ·                                |      |              |                           | ·    |
| FISCAL OFFICER                |                                  | DATE |              | AGENCY SPPORT/SCHOOL BUD. | DATE |
|                               | SCHOOL DISTRICT CERTIFICATION    |      | ANALYST      |                           | DATE |