

**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 2009-2010  
ADJUSTMENT CHANGES INTENT/SCOPE OF PROGRAM YEAR YES OR NO No

**FLOWTHROUGH ONLY**

BUDGET PERIOD	<u>July 1, 2009</u>	TO	<u>June 30, 2010</u>
A. CARRYOVER	_____		
B. TOTAL CURRENT YEAR ALLOCATION	_____		
C. ADMINISTRATIVE POOL ALLOCATION	_____		
TOTAL FUNDING AVAILABLE:	_____		

DOC. ID:	65-10-79
FED. TAX ID.:	85-6000-130
Please Identify One:	
General Fund/Capital Outlay/Debt	
<input checked="" type="checkbox"/> Direct Grant	
<input type="checkbox"/> Flowthrough	<u>25145</u>
(Program of Adm.)	
Name	<u>Impact Aid Spec Ed</u>
Transportation (Local Board Only)	
SELECT ONE:	
<input type="checkbox"/> INITIAL BUDG.	(Flowthrough)
<input checked="" type="checkbox"/> INCREASE	
<input type="checkbox"/> DECREASE	
<input type="checkbox"/> 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	ADJUSTED BALANCE	ADD'L FTE
	FROM	TO					
25145		2100.51100	SALARY 1215		\$43,790.00	\$43,790.00	
		2100.51300	ADD PAY 1215		\$20.00	\$20.00	
		2100.52111	ERA 1215		\$5,050.00	\$5,050.00	
		2100.52112	RETIREE HEALTH 1215		\$1,565.00	\$1,565.00	
		2100.52210	FICA 1215		\$2,580.00	\$2,580.00	
		2100.52313	DENTAL 1215		\$455.00	\$455.00	
				SUB TOTAL	\$53,460.00		Total FTE
				INDIRECT COST	\$0.00		
				TOTAL	\$53,460.00		

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: 2/25/10  
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
	AWARD LETTER 09-10		

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