Must submit backup for all BARs, except transfers of funds for SEG or direct grants

STATE OF NEW MEXICO

PUBLIC EDUCATION DEPARTMENT

300 Don Gaspar Santa Fe, NM 87501-2786

Budget Adjustment Request

Doc. ID: 019-000-2021-0010-T

Fund Type: General Fund / Capital Outlay / Debt Service

Adjustment Type: Transfer

Fiscal Year: 2020-2021

Adjustment Changes Intent/Scope of Program Yes or No?: No

Total Approved Budget (Flowthrough):

Entity Name: Gadsden

Contact: Ludym Martinez, CFO

Phone: 575-882-6241

Email: lumartinez@gisd.k12.nm.us

FLOWTHROUGH ONLY

Budget Period: Jul 1 2020 12:00AM **To:** Jun 30 2021 12:00AM

A. Approved Carryover:

B. Total Current Year Allocation:

D. Total Funding Available:

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Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
11000 Operational	2900 Other Support Services	58215 Restricted Expenditures	0000 No Program	0000 No Job Class	$8,240,781	($900,000)	$7,340,781	
11000 Operational	1000 Instruction	56118 General Supplies and Materials	1010 Regular Education (K-12) Programs	0000 No Job Class	$953,005	$150,000	$1,103,005	
11000 Operational	1000 Instruction	57332 Supply Assets ($5,000 or less)	1010 Regular Education (K-12) Programs	0000 No Job Class	$1,130,902	$750,000	$1,880,902	
				Sub Total		$0		
				Indirect Cost				
				DOC. TOTAL		$0		

Justification:

Transfer BAR to allocate additional funds needed to purchase personal protective equipment (PPE) and supplies (i.e. student and teacher desk barriers and gaiters). This BAR would allocate $900,000 from function 2900- Restricted Expenditures to function 10

Compliance with Sections 10-15-1 and 22-8-12, NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled Board of Education or Governance Council 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 if necessary.

ALL TRANSFER BARS MUST NET OUT TO ZERO ON THE DOC. TOTAL LINE.