

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:** 019-000-1819-0027-I  
**Fund Type:** Direct Grant  
**Adjustment Type:** Increase

**Fiscal Year:** 2018-2019

**Entity Name:** Gadsden

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

**Contact:** Ludym Martinez, CFO

**Total Approved Budget (Flowthrough):**

**Phone:** 575-882-6241

**Email:** lumartinez@gisd.k12.nm.us

<b>FLOWTHROUGH ONLY</b>	
<b>Budget Period:</b> Jul 1 2018 12:00AM <b>A. Approved Carryover:</b> <b>B. Total Current Year Allocation:</b> <b>D. Total Funding Available:</b>	<b>To:</b> Jun 30 2019 12:00AM

Revenue 25153.0000.11112 \$468,254

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	51100 Salaries Expense	0000 No Program	1215 Registered Nurses	\$585,000	\$54,460	\$639,460	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52111 Educational Retirement	0000 No Program	0000 No Job Class	\$120,000	\$7,506	\$127,506	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52112 ERA - Retiree Health	0000 No Program	0000 No Job Class	\$20,000	\$1,080	\$21,080	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52210 FICA Payments	0000 No Program	0000 No Job Class	\$55,000	\$3,350	\$58,350	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52220 Medicare Payments	0000 No Program	0000 No Job Class	\$15,000	\$785	\$15,785	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52311 Health and Medical Premiums	0000 No Program	0000 No Job Class	\$125,000	\$6,100	\$131,100	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52312 Life	0000 No Program	0000 No Job Class	\$2,000	\$82	\$2,082	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52313 Dental	0000 No Program	0000 No Job Class	\$7,000	\$335	\$7,335	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52315 Disability	0000 No Program	0000 No Job Class	\$1,000	\$320	\$1,320	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52500 Unemployment Compensation	0000 No Program	0000 No Job Class	\$500	\$87	\$587	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52710 Workers Compensation Premium	0000 No Program	0000 No Job Class	\$20,000	\$1,142	\$21,142	

25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	52720 Workers Compensation Employer's Fee	0000 No Program	0000 No Job Class	\$300	\$7	\$307	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	55813 Employee Travel - Non- Teachers	0000 No Program	0000 No Job Class	\$10,000	\$100,000	\$110,000	
25153 Title XIX MEDICAID D 3/21 Years	2100 Support Services-Students	56118 General Supplies and Materials	0000 No Program	0000 No Job Class	\$10,000	\$133,000	\$143,000	
25153 Title XIX MEDICAID D 3/21 Years	2200 Support Services-Instruction	53330 Professional Development	0000 No Program	0000 No Job Class	\$70,000	\$80,000	\$150,000	
25153 Title XIX MEDICAID D 3/21 Years	2200 Support Services-Instruction	55813 Employee Travel - Non- Teachers	0000 No Program	0000 No Job Class	\$21,500	\$80,000	\$101,500	
					Sub Total	\$468,254		
					Indirect Cost			
					DOC. TOTAL	\$468,254		

**Justification:**

Increase BAR to reflect final cash balance available for budgeting for FY 2018-19 for Fund 25153 Medicaid Fund. Final Audited Cash Balance available for budgeting is \$3,759,075 requiring an increase BAR for \$486,254.

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.