

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:** 019-000-1819-0054-IB  
**Fund Type:** Flowthrough  
**Adjustment Type:** Initial Budget

**Fiscal Year:** 2018-2019

**Entity Name:** Gadsden

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

**Contact:** Erica Villarreal

**Total Approved Budget (Flowthrough):**

**Phone:** 575-882-6244

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

<b>FLOWTHROUGH ONLY</b>	
<b>Budget Period:</b> 07/01/2018	<b>To:</b> 06/30/2019
<b>A. Approved Carryover:</b>	
<b>B. Total Current Year Allocation:</b>	
<b>D. Total Funding Available:</b>	

Revenue 24108.0000.44500 \$7,352

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
24108 New Mexico Autism Project	1000 Instruction	56118 General Supplies and Materials	2000 Special Programs	0000 No Job Class		\$4,500	\$4,500	
24108 New Mexico Autism Project	2100 Support Services-Students	53330 Professional Development	2000 Special Programs	0000 No Job Class		\$1,500	\$1,500	
24108 New Mexico Autism Project	2100 Support Services-Students	56118 General Supplies and Materials	2000 Special Programs	0000 No Job Class		\$1,352	\$1,352	
					Sub Total	\$7,352		
					Indirect Cost			
					DOC. TOTAL	\$7,352		

**Justification:**

Initial BAR for NM Autism Award.

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.