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

STATE OF NEW MEXICO

PUBLIC EDUCATION DEPARTMENT

To:

Doc. ID: 019-000-0809-0014-IB **Fund Type:** Direct Grant

Adjustment Type: Initial Budget

300 Don Gaspar Santa Fe, NM 87501-2786 Budget Adjustment Request

Fiscal Year: 2008-2009 Adjustment Changes Intent/Scope of Program Yes or No?: No Total Approved Budget (Flowthrough):

Entity Name: Gadsden Contact: Erica Villarreal Phone: (505) 882-6707 Email: evillarreal@gisd.k12.nm.us

FLOWTHROUGH ONLY

Budget Period: Jul 1 2008 12:00AM

Jun 30 2009 12:00AM

A. Approved Carryover: B. Total Current Year Allocation:

D. Total Funding Available:

Revenue 29130.0000.43203 \$100,000

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
29130 School Based Health Center	4000 Capital Outlay	54500 Construction Services	0000 No Program	0000 No Job Class		\$100,000	\$100,000	
					Sub Total	\$100,000		
					Indirect Cost			
					DOC. TOTAL	\$100,000		

Justification:

School Based Health Center for Gadsden High School.

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.