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

### STATE OF NEW MEXICO

#### PUBLIC EDUCATION DEPARTMENT

Fund Type: Direct Grant

300 Don Gaspar Santa Fe, NM 87501-2786

To:

# **Budget Adjustment Request**

Fiscal Year: 2012-2013 Adjustment Changes Intent/Scope of Program Yes or No?: No **Total Approved Budget (Flowthrough):** 

Entity Name: Gadsden Contact: Erica Villarreal Phone: 575-882-6244 Email: evillarreal@gisd.k12.nm.us

## FLOWTHROUGH ONLY

Budget Period: Jul 1 2012 12:00AM

Jun 30 2013 12:00AM

**B. Total Current Year Allocation:** 

A. Approved Carryover:

D. Total Funding Available:

Revenue 29130.0000.11112 \$6,999

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
29130 School Based Health Center	2100 Support Services-Students	56118 General Supplies and Materials	0000 No Program	0000 No Job Class		\$6,999	\$6,999	
			-		Sub Total	\$6,999		
				Indirect Cost				
					DOC. TOTAL	\$6,999		

#### Justification:

Initial BAR for School Based Health Center to provide integrated primary and behaviorial health care for adolescents through a school based health center.

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.

Adjustment Type: Initial Budget