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: 019-000-2223-0023-IB

Fund Type: Flowthrough

Adjustment Type: Initial Budget

Fiscal Year: 2022-2023 Entity Name: Gadsden Independent Schools

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

FLOWTHROUGH ONLY

Budget Period: 07/01/2022

**To:** 06/30/2023

A. Approved Carryover:
B. Total Current Year Allocation:
D. Total Funding Available:

Revenue 27414.0000.43202

\$1,612

Fund	Function	Object	Program	Location	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
27414 2022 SB TBD Pediatric Autism/Sp ecial Needs Classroo m Equipmen t		56119 Supply Assets (\$5,000 or less).	0000 No Program	019000 GADSDEN DIST OFFICE	0000 No Job Class		\$1,612	\$1,612	
						Sub Total	\$1,612		
						Indirect Cost			
						DOC. TOTAL	\$1,612		

## Justification:

Pediatric Autism/Special Needs 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.