

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:** 541-000-1819-0010-IB  
**Fund Type:** Direct Grant  
**Adjustment Type:** Initial Budget

**Fiscal Year:** 2018-2019

**Entity Name:** Coral Community Charter

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

**Contact:** Angela Lerner, Business Manager

**Total Approved Budget (Flowthrough):**

**Phone:** 505-459-1895

**Email:** alerner@coralcharter.com

<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 25153.0000.44301      \$2,500

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
25153 Title XIX MEDICAID 3/21 Years	2100 Support Services-Students	55915 Other Contract Services	2000 Special Programs	0000 No Job Class		\$2,500	\$2,500	
Sub Total						\$2,500		
Indirect Cost								
<b>DOC. TOTAL</b>						\$2,500		

**Justification:**

Starting the Medicaid reimbursement process

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.