

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: 541-000-1819-0049-1

Fund Type: Direct Grant

Adjustment Type: Increase

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>           | Budget Period: Jul 1 2018 12:00AM | To: Jun 30 2019 12:00AM |
| A. Approved Carryover:            |                                   |                         |
| B. Total Current Year Allocation: |                                   |                         |
| D. Total Funding Available:       |                                   |                         |

Revenue 25153.0000.44301 \$2,200

| Fund   | Function  | Object                               | Program            | Job Class  | Present Budget | Adj Amt Exp | Adj Budget | ADD'L FTE |
|--|---|--------------------------------------|--------------------|--|----------------|-------------|------------|-----------|
| 25153<br>Title XIX<br>MEDICAL<br>D 3/21<br>Years | 2400 Support<br>Services-School<br>Administration | 51100 Salaries<br>Expense            | 0000 No<br>Program | 1217<br>Secretarial/Cleri<br>cal/Technical<br>Assistants | \$3,460        | \$2,062     | \$5,522    |           |
| 25153<br>Title XIX<br>MEDICAL<br>D 3/21<br>Years | 2400 Support<br>Services-School<br>Administration | 52210 FICA<br>Payments               | 0000 No<br>Program | 0000 No Job<br>Class                                     | \$220          | \$122       | \$342      |           |
| 25153<br>Title XIX<br>MEDICAL<br>D 3/21<br>Years | 2400 Support<br>Services-School<br>Administration | 52311 Health and<br>Medical Premiums | 0000 No<br>Program | 0000 No Job<br>Class                                     |                | \$16        | \$16       |           |
| Sub Total  |   |                                      |                    |  |                | \$2,200     |            |           |
| Indirect Cost                                    |   |                                      |                    |  |                |             |            |           |
| <b>DOC. TOTAL</b>                                |   |                                      |                    |  |                | \$2,200     |            |           |

**Justification:**

We have received more funding

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.