

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: 001-027-1516-0032-M

Fund Type: Flowthrough

Adjustment Type: Maintenance

Fiscal Year: 2015-2016

Entity Name: Twenty-First Century Charter

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

Contact: Rita Hirschy, Business Specialist

Total Approved Budget (Flowthrough):

Phone: 505-314-4811

Email: rhirschy@21stcenturypa.com

<b>FLOWTHROUGH ONLY</b>
Budget Period: 07/01/2015 To: 06/30/2016
A. Approved Carryover:
B. Total Current Year Allocation:
D. Total Funding Available:

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
24106 Entitlement IDEA-B	2100 Support Services-Students	51100 Salaries Expense	0000 No Program	1214 Guidance Counselors/Social Workers	\$40,000	(\$1,345)	\$38,655	
24106 Entitlement IDEA-B	2100 Support Services-Students	52312 Life	0000 No Program	0000 No Job Class	\$100	(\$45)	\$55	
24106 Entitlement IDEA-B	2100 Support Services-Students	52314 Vision	0000 No Program	0000 No Job Class	\$120	(\$22)	\$98	
24106 Entitlement IDEA-B	2100 Support Services-Students	52210 FICA Payments	0000 No Program	0000 No Job Class	\$1,164	\$1	\$1,165	
24106 Entitlement IDEA-B	2100 Support Services-Students	52311 Health and Medical Premiums	0000 No Program	0000 No Job Class	\$6,073	\$1,410	\$7,483	
24106 Entitlement IDEA-B	2100 Support Services-Students	52313 Dental	0000 No Program	0000 No Job Class	\$562	\$1	\$563	
Sub Total						\$0		
Indirect Cost								
<b>DOC. TOTAL</b>						\$0		

**Justification:**

Align budget with program needs.

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: 4/21/2016

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.

**Approvals by Digital Signature**

Name	Role	Date
Rita Hirschy	Business Manager	5/4/2016 10:10:41 AM
Mary Tarango	Superintendent	6/7/2016 2:35:51 PM
Rita Hirschy	Local / Governance Board	6/7/2016 2:36:17 PM