

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: 001-706-2324-0038-I

Fund Type: Direct Grant

Adjustment Type: Increase

Fiscal Year: 2023-2024

Entity Name: Coral Community Charter

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

Contact: Katy Sanchez, Business Manager

Total Approved Budget (Flowthrough):

Phone: (505) 908-1420

Email: ksanchez@coralcharter.com

<b>FLOWTHROUGH ONLY</b>	<b>Budget Period:</b> 2023-07-01	<b>To:</b> 2024-06-30
<b>A. Approved Carryover:</b>		
<b>B. Total Current Year Allocation:</b>		
<b>D. Total Funding Available:</b>		

Revenue 25153.0000.11112 \$15,008

Fund	Function	Object	Program	Location	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
25153 Title XIX MEDICAL D 3/21 Years	2400 Support Services-School Administration	51100 Salaries Expense	0000 No Program	001706 Coral Community Charter	1217 Secretarial/Cler ical/Technical Assistants	\$3,000	\$15,008	\$18,008	
Sub Total							\$15,008		
Indirect Cost									
<b>DOC. TOTAL</b>							\$15,008		

**Justification:**

FY23 Audit BAR Adjustment

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: 3/12/2024

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.

<b>Approvals by Digital Signature</b>		
<u>Name</u>	<u>Role</u>	<u>Date</u>
Katy Sanchez	Business Manager	3/12/2024 7:30:40 PM
Lori Bachman	Superintendent	3/13/2024 8:08:39 AM
Desiree Martinez	Budget Analyst	3/13/2024 4:11:16 PM
Vince Vigil	Budget Supervisor	3/19/2024 10:11:04 AM