

State of New Mexico-Office of the State Auditor
2015 Certification Form for Tier 1 and Tier 2

Name of Local Public Body: ANTON CHICO LAND GRANT
Address of Local Public Body: P.O. BOX 130
City: ANTON CHICO State: NM Zip Code: 87711
Phone # 1-505-366-3472 Fax# _____
Local Public Body Contact Name: Roberto Mandragón
E-Mail Address: eleonbarban@aol.com
LPB Head: STONEY JARAMILLO
Certification for the fiscal year ended JUNE 30 2016.

Based on its total annual revenue and/or capital outlay expenditures, my local public body had the following total annual revenue \$ 46,244.69.

Total annual revenue of my local public body, calculated on a cash basis, excluding capital outlay funds, federal and private grants is: \$ 46,244.69.

My local public body also:

☒ Did not expend 50% or the remainder of any capital outlay award appropriated by the New Mexico Legislature during the fiscal year listed above; or

☒ Has not received a capital outlay award appropriated by the New Mexico Legislature.

Therefore, in accordance with the requirements of Section 12-6-3(B) NMSA 1978 and 2.2.2.16(C) NMAC, the local public body hereby certifies that it falls under the following tier for purposes of financial reporting to the State Auditor and it is not required to procure agreed upon procedures services pursuant to Section 12-6-3(B) NMSA 1978 and 2.2.2.16 NMAC:

☐ Tier 1 ☒ Tier 2

The information above has been calculated in accordance with Section 12-6-3(B) NMSA 1978 and 2.2.2.16 NMAC, and is true and correct to the best of my knowledge and belief. I also hereby attest that I have the authority to certify the information submitted in this certification form on behalf of the local public body.

SIGNATURE:

PRINTED NAME:

TITLE:

DATE:

Roberto Mandragón

Roberto Mandragón

TREASURER

07/31/16

RECEIVED

AUG 05 2016

STATE AUDITOR

Please return this form to:

Office of the State Auditor- 2540 Camino Edward Ortiz, Suite A, Santa Fe, NM 87507