

OSA Ref No. 13006

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

Name of Local Public Body: Acequia de Santa Cruz (Santa Cruz Ditch)Address of Local Public Body: P.O. Box 1656City: Santa Cruz State: NM Zip Code: 87567Phone #: 505-542-9989Local Public Body Contact Name: Louis TrujilloEmail Address: lptrujillo@yahoo.comLocal Public Body Head Name: Louis P Trujillo

Based on its total annual revenue and/or capital outlay awards, my local public body had the following total annual revenue for the fiscal year ended **December 31, 2024**:  
**\$35090.46**.

Total annual revenue of my local public body, calculated on a cash basis, excluding capital outlay funds, federal and private grants is: **\$35090.46**.

My local public body also:

 Did not expend 50% or the remainder of any capital outlay award as defined in 2.2.2.16(A)1 NMAC during the fiscal year **2024**; or Has not received a capital outlay award as defined in 2.2.2.16(A)1 NMAC.

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.

**AGENCY**

**Acequia de Santa Cruz (Santa Cruz Ditch)**

PRINTED NAME: Louis P Trujillo

TITLE: Treasurer

Electronically Signed on 03/26/2025 4:33:26 PM