

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

**NAME OF GOVERNMENT
ADDRESS**

San Luis Valley GIS/GPS Authority Board
6820 S. Hwy 17
Alamosa, CO 81101

For the Year Ended
12/31/23
or fiscal year ended:

**CONTACT PERSON
PHONE
EMAIL**

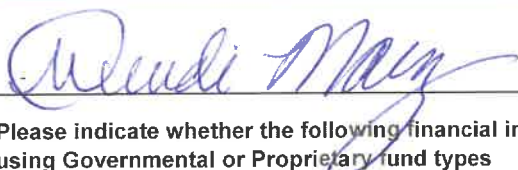
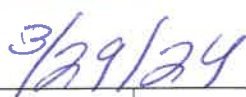
Wendi Maez
719-655-2231
wmaez@saguachecounty-co.gov

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

**NAME:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE**

Wendi Maez
Treasurer
San Luis Valley GIS/GPS Authority Board
6820 S. Hwy 17, Alamosa, CO 81101
719-587-0286

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED				
					
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> </td> <td style="width: 50%; text-align: center; padding: 2px;"> PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> </td> </tr> <tr> <td style="text-align: center; padding: 2px;"> <input checked="" type="checkbox"/> </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> </td> </tr> </table>	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				



Rec'd
4/19/24

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ -	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ 20,102	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 20,102	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ -	Please use this space to provide any necessary explanations
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ 23,002	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (specify):	\$ -	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ 23,002	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

		Yes	No	
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4-2	Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	
4-3	Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)			
	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -

****Subscription Based Information Technology Arrangements**

***Must agree to prior year-end balance**

Please answer the following questions by marking the appropriate boxes.

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt? If yes: How much? Date the debt was authorized:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-6	Does the entity intend to issue debt within the next calendar year? If yes: How much?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-7	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-8	Does the entity have any lease agreements? If yes: What is being leased? What is the original date of the lease? Number of years of lease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Is the lease subject to annual appropriation? What are the annual lease payments?	<input type="checkbox"/>	<input type="checkbox"/>
	\$ -		

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ 2,335	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 2,335
	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
		\$ -	
5-3		\$ -	
		\$ -	
	Total Investments		\$ -
	Total Cash and Investments		\$ 2,335

Please answer the following questions by marking in the appropriate boxes

		Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et seq., C.R.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, **MUST** use this space to provide any explanations:

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 6-1 Does the entity have capital assets? Yes No
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, **MUST** explain: Yes No

6-3 Complete the following capital & right-to-use assets table:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must tie to prior year ending balance

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 7-1 Does the entity have an "old hire" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' pension plan? Yes No
- If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
TOTAL	\$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ -

Part 7 - Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No N/A

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, **MUST** explain: Yes No N/A
-
- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain: Yes No N/A
-

If yes: Please indicate the amount budgeted for each fund for the year reported:

Governmental/Proprietary Fund Name	Total Appropriations By Fund
Consultants/Accountant/Management	\$ 35,000

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?
<small>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If no, **MUST** explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 10-1 Is this application for a newly formed governmental entity?
If yes: Date of formation: <input style="width: 400px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10-2 Has the entity changed its name in the past or current year?
If yes: Please list the NEW name & PRIOR name: <input style="width: 600px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes: Please list the NEW name & PRIOR name:

- | | | |
|---|--------------------------|-------------------------------------|
| 10-3 Is the entity a metropolitan district?
Please indicate what services the entity provides: <input style="width: 600px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

- | | | |
|--|--------------------------|-------------------------------------|
| 10-4 Does the entity have an agreement with another government to provide services?
If yes: List the name of the other governmental entity and the services provided: <input style="width: 600px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

- | | | |
|---|--------------------------|-------------------------------------|
| 10-5 Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during
If yes: Date Filed: <input style="width: 450px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

- | | | |
|---|--------------------------|-------------------------------------|
| 10-6 Does the entity have a certified Mill Levy?
If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

Bond Redemption mills		-
General/Other mills		-
Total mills		-

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|-------------------------------------|
| 10-7 NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please use this space to provide any additional explanations or comments not previously included:

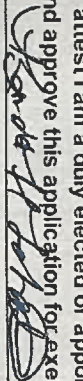
Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name SANDRA HOSTETTER	I <u>Sandra Hostetter</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Sandra Hostetter</u> Date: <u>3/28/24</u> My term Expires: _____
Board Member 2	Print Board Member's Name LINDA DEHERRERA	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 3	Print Board Member's Name RONDA LOBATO	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 4	Print Board Member's Name DIXIE DELTZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name AMBER WILSON	I <u>Amber Wilson</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Amber Wilson</u> Date: <u>3-29-24</u> My term Expires: <u>1/1/26</u>
Board Member 6	Print Board Member's Name NAOMI KEYS	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name WENDI MAEZ	I <u>Wendi Maez</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Wendi Maez</u> Date: <u>3/29/24</u> My term Expires: <u>1/1/26</u>

Print the names of ALL members of current governing body below.

A MAJORITY of the members of the governing body must sign below.

Board Member 1	Print Board Member's Name SANDRA HOSTETTER	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____
Board Member 2	Print Board Member's Name LINDA DEHERRERA	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____
Board Member 3	Print Board Member's Name RONDA LOBATO	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____
Board Member 4	Print Board Member's Name DIXIE DELTZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____
Board Member 5	Print Board Member's Name AMBER WILSON	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____
Board Member 6	Print Board Member's Name NAOMI KEYS	I <u>NAOMI KEYS</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Naomi Keys</u>
Board Member 7	Print Board Member's Name WENDI MAEZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____

Print the names of ALL members of current governing body below		A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name SANDRA HOSTETTER	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 2	Print Board Member's Name LINDA DEHERRERA	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 3	Print Board Member's Name RONDA LOBATO	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 4	Print Board Member's Name DIXIE DELTZ	I <u>Dixie Deltz</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Dixie Deltz</u> Date: <u>3-28-04</u> My term Expires: _____
Board Member 5	Print Board Member's Name AMBER WILSON	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name NAOMI KEYS	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name WENDI MAEZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

Board Member 1	Print Board Member's Name SANDRA HOSTETTER	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 2	Print Board Member's Name LINDA DEHERRERA	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 3	Print Board Member's Name RONDA LOBATO	I, Ronda M. Lobato, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from a Signed <u>Ronda M. Lobato</u>  Date: <u>3/29/24</u> My term Expires: <u>1/1/2026</u>
Board Member 4	Print Board Member's Name DIXIE DELTZ	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name AMBER WILSON	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name NAOMI KEYS	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name WENDI MAEZ	_____, attest I am a duly elected or appointed member, and that I have personally reviewed and approve this application for from audit. Signed _____ Date: _____ My term Expires: _____

Print the names of ALL members of current governing body below.

A MAJORITY of the members of the governing body must sign below.

Board Member 1	Print Board Member's Name SANDRA HOSTETTER	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 2	Print Board Member's Name LINDA DEHERRERA	I <u>Linda DeHerrera</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Linda L DeHerrera</u> Date: <u>03-28-2024</u> My term Expires: <u>12/31/24</u>
Board Member 3	Print Board Member's Name RONDA LOBATO	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 4	Print Board Member's Name DIXIE DILTZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name AMBER WILSON	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name NAOMI KEYS	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name WENDI MAEZ	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

**RESOLUTION FOR EXEMPTION FROM AUDIT
PURSUANT TO CRS SECTION 29-1-604**

**A RESOLUTION APPROVING AN EXEPTION FROM AUDIT FOR FISCAL YEAR 2023 FOR THE SAN
LUIS VALLEY GIS/GPS AUTHORITY BOARD, STATE OF COLORADO.**

WHEREAS the San Luis Valley GIS/GPS Authority Board wishes to claim exemption from the audit requirements of CRS Section 29-1-603, and

WHEREAS CRS Section 29-1-604 states that any local government where neither revenue nor expenditures exceed seven hundred and fifty thousand dollars, may with the approval of the State Auditor be exempt from the provision of CRS Section 29-1-603, and

WHEREAS, neither revenue nor expenditures for San Luis Valley GIS/GPS Authority Board did not exceed \$100,000 for Fiscal Year 2023, and

WHEREAS an application for exemption for audit for San Luis Valley GIS/GPS Authority Board has been prepared by Virginia West, a person skilled in government accounting, and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW, THEREFORE, be it resolved by the San Luis Valley GIS/GPS Authority Board that the application for exemption from audit for San Luis Valley GIS/GPS Authority Board for the Fiscal Year ended December 31, 2023 has been personally reviewed and is hereby approved by a majority of the San Luis Valley GIS/GPS Authority Board: that those members of the San Luis Valley GIS/GPS Authority Board have signed their approval by signing below; and that this resolution shall be attached to, and shall become part of the application for exemption from audit of the State of Colorado for fiscal year ended December 31, 2023.

Adopted this 21st day of March, AD, 2024.

Sandra Hostettler, Chairman

Linda Dehererra, Secretary


Board Members

Naomi Keys, Conejos County

Ronda Lobato, Costilla County

Lucas Casias, Costilla County

JJ Mondragon, Rio Grande County



Dixie Diltz, Rio Grande County

Amber Torrez, Saguache County

**RESOLUTION FOR EXEMPTION FROM AUDIT
PURSUANT TO CRS SECTION 29-1-604**

**A RESOLUTION APPROVING AN EXEPTION FROM AUDIT FOR FISCAL YEAR 2023 FOR THE SAN
LUIS VALLEY GIS/GPS AUTHORITY BOARD, STATE OF COLORADO.**

WHEREAS the San Luis Valley GIS/GPS Authority Board wishes to claim exemption from the audit requirements of CRS Section 29-1-603, and

WHEREAS CRS Section 29-1-604 states that any local government where neither revenue nor expenditures exceed seven hundred and fifty thousand dollars, may with the approval of the State Auditor be exempt from the provision of CRS Section 29-1-603, and

WHEREAS, neither revenue nor expenditures for San Luis Valley GIS/GPS Authority Board did not exceed \$100,000 for Fiscal Year 2023, and

WHEREAS an application for exemption for audit for San Luis Valley GIS/GPS Authority Board has been prepared by Virginia West, a person skilled in government accounting, and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW, THEREFORE, be it resolved by the San Luis Valley GIS/GPS Authority Board that the application for exemption from audit for San Luis Valley GIS/GPS Authority Board for the Fiscal Year ended December 31, 2023 has been personally reviewed and is hereby approved by a majority of the San Luis Valley GIS/GPS Authority Board: that those members of the San Luis Valley GIS/GPS Authority Board have signed their approval by signing below; and that this resolution shall be attached to, and shall become part of the application for exemption from audit of the State of Colorado for fiscal year ended December 31, 2023.


Adopted this 21st day of March, AD, 2024.

Sandra Hostettler, Chairman

Linda Dehererra, Secretary

Board Members

Naomi Keys, Conejos County


Ronda Lobato, Costilla County

Lucas Casias, Costilla County

JJ Mondragon, Rio Grande County

Dixie Diltz, Rio Grande County

Amber Torrez, Saguache County

Dixie Diltz, Rio Grande County
County



Kaye Maez

Kaye Maez, Saguache County



Richard Hubler

Richard Hubler, Alamosa County

Amber Torrez, Saguache



Amber Torrez

Wendi Maez, Saguache County



Randy Arredondo

Randy Arredondo, Saguache County