APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE **MODIFIED ACCRUAL BASIS**

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	OI ILONLIOT								
V	Has the preparer signed the application?	New for 2018: Checkout our new web portal. Register your							
	Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial							
	Has the application been PERSONALLY reviewed and approved by the governing body?	Statements, and more! See the link below.							
	Are all sections of the form complete, including responses to all of the questions?	OSA LG Web Portal							
	Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?								
	Will this application be submitted via Fax or Email?								
	If yes, have you read and understand the new Electronic Signature Policy? See new policy								
	Or								
	☐ Have you included a resolution?								
	□ Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?								
	☐ Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)								
	Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)								
	☐ If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?								
	FILING METHODS								

NEW METHOD!

WEB PORTAL: Reigster and submit your Applications at our new portal:

https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
FAX: 303-869-3061

EMAIL: osa.lg@state.co.us
QUESTIONS? 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

n that event, AN AUDIT SHALL BE REQUIRED.

	APPLICATION FOR EXEMPTION FROM AUDIT							
		ONG FOR	RM					
IAME OF GOVERNMENT	Hygiene Fire Protection District				For the Year Ended			
ADDRESS	7523 Hygiene Road, PO Box 83				12/31/2018			
	Hygiene, Colorado 80533				or fiscal year ended:			
	,				•			
CONTACT PERSON	Molly Baldrige							
PHONE	303.776.2950							
MAIL	mollytb@comcast.net							
AX								
CERTIFICATION OF PREPARER								
	CERTIFICA	ATION OF	PREPARE	.rx				
certify that I am an independent accountan	it with knowledge of governmental accountin g and that the information	on in the Application	on is complete and	l accurate to the best of my knowledge. I am awa	are that the Audit Law requires that a person			
ndependent of the entity complete the appli	ication if revenues or expenditure are at least \$100,000 but not more th	an \$750,000, and t	that independent n	neans someone who is separate from the entity.	·			
IAME:	Christine A. Reeves							
TITLE	Auditor							
IRM NAME (if applicable)	John Cutler and Associates, LLC							
ADDRESS	600 17th Street, Suite 2800 South, Denver, Colorado 80202							
PHONE	303.634.2259							
DATE PREPARED	3/11/2019							
ELATIONSHIP TO ENTITY Independent Accountant								
PREPARER (SIGNATURE REQUIRED)								
$0 \cdot 1 \cdot 0 \cdot 0$	·							
Christine C.								
las the entity filed for, or has the district	t filed, a Title 32, Article 1 Special District Notice of Inactive	YES	NO					
Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3)			✓	If Yes, date filed:				
nd 32-1-104 (3), C.R.S.]								
	Į.							

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	ttach additional sheets as necessary.	Governme	ental Funds	1	Proprietary/F	iduciary Funds	
"	Possibility			Description			Please use this space to
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	provide explanation of any
	Assets			Assets			items on this page
1-1	Cash & Cash Equivalents	\$ 743,853	\$ -	Cash & Cash Equivalents	\$ -	\$	-
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$	-
1-3	Receivables	\$ -	\$ -	Receivables	\$ -	\$	-
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$	-
	All Other Assets [specify]			Other Current Assets	\$ -	\$	-
1-5	Property Taxes Receivable	\$ 687,417	\$ -	Total Current Assets	\$ -	\$	-
1-6		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$	7
1-7		\$ -	\$ -	Other Long Term Assets [specify]	\$ -	\$	7
1-8		\$ -	\$ -		\$ -	\$	7
1-9		\$ -	\$ -		\$ -	\$	7
1-10		\$ -	\$ -		\$ -	\$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 1,431,270	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$	_
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$	-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,431,270	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$	-
	Liabilities			Liabilities			_
1-14	Accounts Payable	\$ 31,326	- \$	Accounts Payable	\$ -	\$	-
1-15	Accrued Payroll and Related Liabilities	\$ 13	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$	-
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable	\$ -	\$	-
1-17	Due to Other Entities or Funds	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$	-
1-18	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities		\$	-
1-19	TOTAL CURRENT LIABILITIES	\$ 31,339	\$ -	TOTAL CURRENT LIABILITIES	\$ -	\$	-
1-20	All Other Liabilities [specify]	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$	<u>-</u>
1-21		\$ -	\$ -	Other Liabilities [specify]:		\$	<u>-</u>
1-22		\$ -	\$ -			\$	<u>-</u>
1-23		\$ -	\$ -		\$ -	Ψ	<u>-</u>
1-24		\$ -	\$ -		\$ -	\$	<u>-</u>
1-25		\$ -	\$ -		\$ -	\$	<u>-</u>
1-26		\$ -	\$ -		\$ -	\$	<u>-</u>
1-27		\$ -	\$ -		\$ -	\$	_
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES			(add lines 1-19 through 1-27) TOTAL LIABILITIES		T	<u>-</u>
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 687,417	- \$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$	_
	Fund Balance			Net Position			_
	Nonspendable Prepaid	\$ -	\$ -	Net Investment in Capital Assets	\$ -	\$	_
	Nonspendable Inventory	\$ -	\$ -				_
1-32	Restricted for Emergencies (TABOR)	\$ 19,754	\$ -	Emergency Reserves		\$	<u>-</u>
1-33	Committed [specify]	\$ -	\$ -	Other Designations/Reserves	\$ -	1 4	<u>-</u>
1-34	Assigned [specify]	\$ -	\$ -	Restricted	\$ -	\$	<u>-</u>
1-35	Unassigned:	\$ 692,760	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$	<u>-</u>
1-36	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ 712,514	\$ -	TOTAL NET POSITION	\$ -	\$	_
1-37	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 1,431,270	- \$	POSITION	\$ -	\$	-

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/Fiduciary Funds		
Line #	# Description General Fund* Fund*			Description	Fund*	Fund*	Please use this space to provide explanation of any
٦	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 617,589	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ -	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 617,589	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		-	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ 2,749	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ 7,500	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 442	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ 30,188		Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 658,468	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES		-	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-27	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		-	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 658,468

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 -STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 3 - F	FINANCIAL S	STATEMEN	NTS - OPERATING STATEMENT - EXP	ENDITURE	S	
		Governme	ental Funds		Proprietary	/Fiduciary Funds	Please use this space to
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	provide explanation of any
	Expenditures			Expenditures			items on this page
3-1	General Government	\$ -	\$	- General Operating & Administrative	\$	- \$	-
3-2	Judicial	\$ -	\$	- Salaries	\$	- \$	_
3-3	Law Enforcement	\$ -	\$	- Payroll Taxes	\$	- \$	<u>-</u>
3-4	Fire	\$ 410,799	\$	- Contract Services	\$	- \$	<u>-</u>
3-5	Highways & Streets	\$ -	\$	- Employee Benefits	\$	- \$	_
3-6	Solid Waste	\$ -	\$	- Insurance	\$	- \$	_
3-7	Contributions to Fire & Police Pension Assoc.	\$ 36,734	\$	- Accounting and Legal Fees	\$	- \$	-
3-8	Health	\$ -	\$	- Repair and Maintenance	\$	- \$	_
3-9	Culture and Recreation	\$ -	\$	- Supplies	\$	- \$	-
3-10	Transfers to other districts	\$ -	\$	- Utilities	\$	- \$	-
3-11	Other [specify]:	\$ -	\$	 Contributions to Fire & Police Pension Assoc. 	\$	- \$	-
3-12		\$ -	\$	- Other [specify]	\$	- \$	-
3-13		\$ -	\$	-	\$	- \$	-
3-14	Capital Outlay	\$ 49,363	\$	- Capital Outlay	\$	- \$	-
	Debt Service			Debt Service			
3-15	Principal	\$ 47,712	\$	- Principal	\$	- \$	-
3-16	Interest	\$ 2,895	\$	- Interest	\$	- \$	-
3-17	Bond Issuance Costs	\$ -	\$	- Bond Issuance Costs	\$	- \$	-
3-18	Developer Principal Repayments	\$ -	\$	- Developer Principal Repayments	\$	- \$	-
3-19	Developer Interest Repayments	\$ -	\$	- Developer Interest Repayments	\$	- \$	-
3-20	All Other [specify]:	\$ -	\$	- All Other [specify]:	\$	- \$	-
3-21		\$ -	\$	-	\$	- \$	- GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES		\$	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	- \$	- \$ 547,503
3-23	Interfund Transfers (In)	\$ -	\$	- Net Interfund Transfers (In) Out	\$	- \$	-
3-24	Interfund Transfers Out	\$ -	\$	- Other [specify][enter negative for expense]	\$	- \$	-
3-25	Other Expenditures (Revenues):	\$ -	\$	- Depreciation	\$	- \$	_
3-26	· · · · · · · · · · · · · · · · · · ·	\$ -	\$	- Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-
3-27		\$ -	\$	- Capital Outlay (from line 3-14)	\$	- \$	-
3-28		\$ -	\$	- Debt Principal (from line 3-15, 3-18)	\$	- \$	-
3-29	(Add lines 3-23 through 3-28)			(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)		<u> </u>	
	TOTAL TRANSFERS AND OTHER EXPENDITURES		\$	TOTAL GAAP RECONCILING ITEMS		- \$	
3_30	Excess (Deficiency) of Revenues and Other Financing	φ -	Ψ	Net Increase (Decrease) in Net Position	Φ	- \$	-
0-00	Sources Over (Under) Expenditures			Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less			
	Line 2-29, less line 3-22, plus line 3-29	\$ 110.965	Q	- line 3-24	\$	- \$	
	•	Ψ 110,303	Ψ		Ψ	- ψ	<u>-</u>
3-31	Fund Balance, January 1 from December 31 prior year			Net Position, January 1 from December 31 prior year			
	report	\$ 601,549	 \$	report	\$	- \$	_
3-32	Prior Period Adjustment (MUST explain)			Prior Period Adjustment (MUST explain)		<u> </u>	
	Fund Balance, December 31	\$ -	\$	Net Position, December 31	\$	- \$	-
3-33	Sum of Line 3-30, 3-31, and 3-32			Line 3-30 plus line 3-31			
	This total should be the same as line 1-36.	\$ 712,514	¢	- This total should be the same as line 1-36.	\$	- \$	_
	This total should be the Same as line 1-30.	φ 112,514	φ	- This total should be the same as line 1-36.	Ψ	- φ	-

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 4 -	DEBT OUTST	ANDING, IS	SUED, A	AND RETIRED	
	Please answer the following questions by marking the ap	ppropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1 4-2	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:			☑	✓	Lease Purchase agreement with Community First National Bank for a Brush Truck. Final payment of \$50,607 is due 11/17/19, including interest of \$1,469.
4-3	Is the entity current in its debt service payments? If no, MUST explain:			✓		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts) General obligation bonds Revenue bonds Notes/Loans Leases Developer Advances Other (specify):	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ 96,850 \$ \$ - \$	year - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	tired during year	\$ - \$ - \$ 49,138 \$ -	
		*must agree to prior year en		47,712	Ψ 10,100	
4-5 If yes:	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt? How much?	\$ -		YES	NO V	
4-6	Date the debt was authorized: Does the entity intend to issue debt within the next calendar year? How much?	\$ -		_	V	
4-8	Does the entity have debt that has been refinanced that it is still responsible for What is the amount outstanding? Does the entity have any lease agreements? What is being leased? Brush Truck	or? \$ -		□ ☑	✓	
if yes:	What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation?					
	What are the annual lease payments?	\$ 50,607 PART 5 - CAS	SH AND INV	'ESTMEI	NTS	
	Please provide the entity's cash deposit and investment balances.	17 (1 0 07.1		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
	YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit	TOTAL CA	\$ ASH DEPOSITS	743,853	\$ 743,853	
	Investments (if investment is a mutual fund, please list underlying investments):					
5-3			\$ \$ \$	- - -		
			INVESTMENTS	-	\$ -	
	Diagon angular the following question by marking in the appropriate by	TOTAL CASH AND			\$ 743,853	
5-4	Please answer the following question by marking in the appropriate box Are the entity's Investments legal in accordance with Section 24-75-601, et. se	a CRS?	YES	NO 🗆	N/A ☑	
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public d 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:	• •	<u> </u>			

		PART	6 - CAPITAL	ASSETS		
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
1	Does the entity have capitalized assets?			V		
2	Has the entity performed an annual inventory of capital assets in accordance w	ith Section 29-1-50	6, C.R.S.? If no,	V		
	MUST explain:					
		Balance -				ı
3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	balance - beginning of the	Additions	Deletions	Year-End Balance	
•	complete the following cupital recode table for coveratiment rate follows.	year*	Additions	Deletions	rear-Ena Balance	
	Land	\$ 150,000	\$ -	\$ -	\$ 150,000	
	Buildings	\$ 421,363			\$ 462,313	
	Machinery and equipment	\$ 317,046		\$ -		
	Furniture and fixtures	\$ -	\$ -		\$ -	
	Infrastructure Construction In Progress (CIP)	\$ - \$ -	\$ - \$ -		\$ - \$ -	
	Other (explain): VEHICLES	\$ 1,316,119				-
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (1,398,624)				
	TOTAL	\$ 805,904	\$ (26,421)	\$ -	\$ 779,483	
		Balance -				
4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	beginning of the	Additions	Deletions	Year-End Balance	
		year*				
	Land Buildings	-	\$ -	\$ - \$ -	<u>'</u>	
	Machinery and equipment	\$ -	\$ -		\$ - \$ -	
	Furniture and fixtures		\$ -	\$ -		-
	Infrastructure	\$ -	\$ -		\$ -	
	Construction In Progress (CIP)	\$ -	\$ -		\$ -	
	Other (explain):	\$ -	\$ -		\$ -	-
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ - \$ -		\$ -	_
	TOTAL	*must agree to prior yea	*	\$ -	\$ -	
		must agree to prior yea	ar ending balance			
		PART 7 - P	<u>'ENSION IN</u>			
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
1	Does the entity have an "old hire" firemen's pension plan?				✓	
2	Does the entity have a volunteer firemen's pension plan?			V		
es:	Who administers the plan?				FPPA	
	Indicate the contributions from:					
	Tax (property, SO, sales, etc.):		\$ 36,734]		
	State contribution amount:		\$ 31,917	1		
	Other (gifts, donations, etc.):		\$ -	1		

TOTAL \$

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

68,651

300

	PART 8 - B	BUDGET IN	FORMATIC)N	
	Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with	V			
	Section 29-1-113 C.R.S.? If no. MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	Ø			
8-2	If no, MUST explain:	121			
If yes:	Please indicate the amount budgeted for each fund for the year reported				
	Fund Name Budgeted Ex	penditures 713,484			
	General Fund \$ Volunteer Pension Fund (reported with General Fund) \$	90,300			
	\$	-			
	\$	-		· /=	
	PART 9 - TAX PAY	<u>'ER'S BILL (</u>			
9-1	Please answer the following question by marking in the appropriate box Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 2]	20/5\12	YES ☑	NO 🗆	Please use this space to provide any explanations or comments:
3-1	government from the 3 percent emergency reserve requirement. All governments should determine	· /=			
		_	ICODMAT	ION	
	PART 10 - G	SENERAL II	NEURINATI	ION	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
	Is this application for a newly formed governmental entity?			✓	
If yes:	Date of formation:				
	Has the entity changed its name in the past or current year?			V	
If Yes:	NEW name				
	PRIOR name				
	Is the entity a metropolitan district?			✓	
10-4	Please indicate what services the entity provides:				
40.5	Provide and the second of the				
	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:		Ш	☑	
11 y 00.	List the name of the other governmental entity and the services provided.				
10.6	Does the entity have a certified mill levy?		_		
	Please provide the number of mills levied for the year reported (do not enter \$ amounts):			✓	
,	Bond Redemption mills 0.00				
	General/Other mills 8.11				
	Total mills 8.11			to not proviou als in	olude di
	Please use this space to provide any add	ditional explanati	ons or commen	its not previously in	ciudea.

OSA USE ONLY								
Entity Wide:		General Fund			Governmental Funds			Notes
Unrestricted Cash & Investments	\$	743,853 Unrestricted Fund Bala	ր \$	692,760	Total Tax Revenue	\$	617,589	
Current Liabilities	\$	31,339 Total Fund Balance	\$	712,514	Revenue Paying Debt Service	\$	658,468	
Deferred Inflow	\$	687,417 PY Fund Balance	\$	601,549	Total Revenue	\$	658,468	
		Total Revenue	\$	658,468	Total Debt Service Principal	\$	47,712	
		Total Expenditures	\$	547,503	Total Debt Service Interest	\$	2,895	
Governmental		Interfund In	\$	-				
Total Cash & Investments	\$	743,853 Interfund Out	\$	-	Enterprise Funds			
Transfers In	\$	- Proprietary			Net Position	\$	-	
Transfers Out	\$	- Current Assets	\$		PY Net Position	\$	-	
Property Tax	\$	617,589 Deferred Outflow	\$	-	Government-Wide			
Debt Service Principal	\$	47,712 Current Liabilities	\$		Total Outstanding Debt	\$	49,138	
Total Expenditures	\$	547,503 Deferred Inflow	\$	-	Authorized but Unissued	\$	-	
Total Developer Advances	\$	30,188 Cash & Investments	\$	-	Year Authorized	\$	-	
Total Developer Repayments	\$	- Principal Expense	\$	-				

PART 12 - GOVERNING BODY APPROVAL Please answer the following question by marking in the appropriate box YES NO 12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign.
Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Service .	Print the names of all current governing board members below.	A <u>MAJOR'TY</u> of the governing board members must complete and sign in the column below.
Board Member	1	Print Board Member's Name Scott Snyder, President	, attest that I am a duly elected or appointed board member, and that I have personally evigwed and approve this application for exemption from audit. Signed Date: 3-/3-/9 My term Expres:
Board Member	2	Print Board Member's Name . Stephen Brinkman, Vice President	I, State brinking. attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audity. Signed Date:
Board Member	3	Print Board Member's Name Judith Koslov, Secretary	I, TWOM 103 (0 V, attest that 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	Molly Baldrige, Treasurer alka Mary T. Baldrige	I, Man T. Index., attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Mon T. Index., attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Date: 3-13-19 My term Expires: 2520
Board Member	5	Print Board Member's Name Don Cole, Board Member	I,
Board Member	6	Print Board Member's Name	I,, attest that 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	I,, attest that 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: