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.

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.

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

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.

Governmental Activity should be reported on the Modified Accrual Basis

In that event, AN AUDIT SHALL BE REQUIRED.

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 <u>WITHIN 3 MONTHS</u> 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. APPLICATIONS FOR EXEMPTION FROM AUDIT SUBMISSIONS ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME.

 $\underline{\text{GOVERNMENTAL ACTIVITY}} \text{ SHOULD BE REPORTED ON THE } \underline{\text{MODIFIED ACCRUAL BASIS}}$

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.

			CHECKLI	ST	
	Has the prepare	arer signed the application?			Checkout our web portal. Register your
	Has the entity	corrected all Prior Year Deficiencies as communicated by the		account and submit electronic Applications	
	Has the appli	cation been PERSONALLY reviewed and approved by the gov	for Exemption From Audit, Extension of		
	Are all sectio	ns of the form complete, including responses to all of the que	stions?		Time to File requests, Audited Financial
	Did you inclu	de any relevant explanations for unusual items in the appropr	iate spaces at the end of each section?		Statements, and more! See the link below.
	Will this appl	ication be submitted electronically?			
		If yes, have you read and understand the new Electronic Sig policy	nature Policy? See new <u>here</u>		
	or-	-			
		Have you included a resolution?			
		Does the resolution state that the governing body PERSONA	ALLY reviewed and approved the resolution	n in an open public meeting?	Click here to go to the portal
		Has the resolution been signed by a MAJORITY of the gover	ning body? (See sample resolution.)		
	Will this appl	ication be submitted via a mail service? (e.g. US Post Office, F	FedEx, UPS, courier.)		
		If yes, does the application include ORIGINAL INK SIGNATU	RES from the MAJORITY of the governing	body?	
			FILING METH	HODS	
		: Register and submit your Applications at our web portal:	https://apps.leg.co.gov/osa/lg	For faster processing the web portal is the	ne preferred method for submission
	WAIL	Local Government Audit Division			
		1525 Sherman St., 7th Floor			
		Denver, CO 80203			
	TIONIOS	Please Note: The OSA's email addresses have changed as of D	December 1, 2023. Please ensure you are us	ing the email address noted below.	
IUES	TIONS?	Email: osa.lg@coleg.gov or Phone: 303-869-3000	IMPORTAI	NTI	
				VI:	

1

	APPLICATION FOR EXEMPTION FROM AUDIT		
	LONG FORM		
NAME OF GOVERNMENT	Great Western Metropolitan District No. 2	Fo	or the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.		12/31/2023
	550 W. Eisenhower Blvd.	or	fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	(970)669-3611		
CARALL			
EMAIL	CERTIFICATION OF PREPARER		
I certify that I am an independent a	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of		requires that a person
certify that I am an independent a	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is		requires that a person
I certify that I am an independent a independent of the entity complete	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is Amanda Castle		requires that a person
certify that I am an independent a ndependent of the entity complete NAME: TITLE	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is a Amanda Castle Director of Finance		requires that a person
certify that I am an independent a ndependent of the entity complete NAME: TITLE FIRM NAME (if applicable)	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is a Amanda Castle Director of Finance Pinnacle Consulting Group, Inc.		requires that a person
certify that I am an independent andependent of the entity complete NAME: TITLE FIRM NAME (if applicable) ADDRESS	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is a Amanda Castle Director of Finance Pinnacle Consulting Group, Inc. 550 W. Eisenhower Blvd., Loveland, CO 80537		requires that a person
certify that I am an independent a ndependent of the entity complete NAME: ITTLE	CERTIFICATION OF PREPARER ccountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is a Amanda Castle Director of Finance Pinnacle Consulting Group, Inc.		requires that a person

RELATIONSHIP TO ENTITY			
PREPARER (SIGNATURE REQUIRED)			DATE PREPARED
Mmanda Kai Caster			03/20/2024
Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO	
during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]		v	If Yes, date filed:

DocuSign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

		Governmen	tal Funds		Proprietar	y/Fiduciary Funds	Please use this space to
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	provide explanation of an items on this page
	Assets			Assets			
1-1	Cash & Cash Equivalents	\$ -	·	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	\$	- \$	-
1-5	Property Tax Receivable	\$ 253,250	\$ -	Other Current Assets [specify]			
	All Other Assets [specify]				\$	- \$	-
1-6	Lease Receivable (as Lessor)		\$ -	Total Current Assets		- \$	-
1-7		·	\$ -	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
1-8			\$ -	Other Long Term Assets [specify]	\$	- \$	-
1-9			\$ -		\$	- \$	<u>-</u>
-10			\$ -		\$	- \$	-
-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 253,940	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	-
	Deferred Outflows of Resources:			Deferred Outflows of Resources			
-12			\$ -	[specify]	\$	- \$	-
-13	[specify]		\$ -	[specify]	\$	- \$	-
-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS			(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		- \$	-
-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 253,940		TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-
	Liabilities	_		Liabilities		-	
-16	Accounts Payable	\$ -		Accounts Payable	\$	- \$	-
-17	Accrued Payroll and Related Liabilities		\$ -	Accrued Payroll and Related Liabilities	\$	- \$	-
-18	Unearned Revenue		\$ -	Accrued Interest Payable	\$	- \$	-
-19	Due to Other Entities or Funds		\$ -	Due to Other Entities or Funds	\$	- \$	-
-20	All Other Current Liabilities	· _	\$ -	All Other Current Liabilities	\$	- \$	-
-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$	-
-22	All Other Liabilities [specify]		\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
-23		*	\$ -	Other Liabilities [specify]:	\$	- \$	-
-24		·	\$ -		\$	- \$	-
-25			\$ -		\$	- \$	-
-26			\$ -		\$	- \$	-
27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 690	•	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$	-
	Deferred Inflows of Resources:	A 050.5		Deferred Inflows of Resources			
-28		\$ 253,250	·	Pension/OPEB Related	\$	- \$	-
29	Lease related (as lessor)		\$ -	Other [specify]	\$	- \$	-
30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 253,250	5 -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	- \$	-
	Fund Balance	A	•	Net Position	•	ΙΦ.	
	· · ·	\$ -	·	Net Investment in Capital and Right-to Use Assets	\$	- \$	-
	Nonspendable Inventory		\$ -	F			
-33	Restricted [specify]		\$ -	Emergency Reserves	\$	- \$	-
-34	Committed [specify]	·	\$ -	Other Designations/Reserves	\$	- \$	-
-35	Assigned [specify]		\$ -	Restricted	\$	- \$	-
-36	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
-37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ -	\$ -	TOTAL NET POSITION	\$	- \$	-
-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 253,940	Φ.	POSITION	^	- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary/F	iduciary Funds	Diameter (III)
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 225,686	L ·	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 9,623	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue: Interest	\$ 9	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ -	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	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	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		\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			-
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	1
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	1
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -]
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES			Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•	1	\$ 235,318

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.

3-32 Prior Period Adjustment (MUST explain)

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

3-33 Fund Balance, December 31

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** \$ **General Operating & Administrative** Judicial Salaries \$ - | \$ - | \$ 3-2 Law Enforcement \$ **Payroll Taxes** \$ - \$ 3-3 - | \$ **Contract Services** 3-4 \$ \$ \$ - | \$ **Highways & Streets** \$ 3-5 \$ \$ **Employee Benefits** \$ 3-6 Solid Waste \$ \$ Insurance \$ Contributions to Fire & Police Pension Assoc. **Accounting and Legal Fees** 3-7 \$ - \$ \$ \$ \$ Repair and Maintenance \$ 3-8 \$ \$ Culture and Recreation \$ Supplies \$ \$ \$ 3-9 Utilities 3-10 Transfers to other districts \$ 231,933 | \$ \$ Other: Treasurer's Fees \$ 3,385 \$ Contributions to Fire & Police Pension Assoc. \$ 3-11 3-12 \$ \$ Other [specify...] - | \$ 3-13 \$ - | \$ \$ - | \$ **Capital Outlay** \$ Capital Outlay \$ - \$ - | \$ 3-14 **Debt Service Debt Service** 3-15 Principal \$ \$ Principal (should match amount in 4-4) (should match amount in 4-4) Interest Interest 3-16 \$ \$ \$ - | \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ \$ - | \$ **Developer Principal Repayments Developer Principal Repayments** \$ - \$ \$ - | \$ 3-18 **Developer Interest Repayments** \$ **Developer Interest Repayments** \$ 3-19 \$ 3-20 All Other [specify...]: \$ - | \$ All Other [specify...]: - | \$ **GRAND TOTAL** 3-21 \$ - | \$ \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-2 TOTAL EXPENSES \$ \$ 235,318 \$ - \$ 235.318 3-22 TOTAL EXPENDITURES 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/Amortization \$ - | \$ \$ 3-26 \$ - | \$ Other Financing Sources (Uses) \$ - | \$ 3-27 \$ - \$ **Capital Outlay** (from line 3-14) \$ - \$ \$ **Debt Principal** 3-28 - | \$ (from line 3-15, 3-18) - | \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES & line 3-24) TOTAL GAAP RECONCILING ITEMS \$ \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$ \$

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.

\$

\$

Prior Period Adjustment (MUST explain)

This total should be the same as line 1-37.

Net Position, December 31

Sum of Lines 3-30, 3-31, and 3-32

Docus	Sign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A	6 - CAPITAL	AND RIGH	IT-TO-US	F ASS	FTS	
	Please answer the following question by marking in the appropriate box	0 0/11/11/12	.,	YES	_	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?					V	
6-2	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C	C.R.S.? If no,	_		_	
	MUST explain:					_	
							ı
6-3	Complete the fellowing Control of Digital Tellow Assets to the fee COMPRIMENTAL FUNDO	Balance -	A 1 1242 *	Baladana	V	En I Balance	
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the year*	Additions*	Deletions	Year-	End Balance	
	Land		\$ -	\$ -	\$		
	Buildings		\$ -				
	Machinery and equipment		\$ -	7		-	
	Furniture and fixtures	\$ -	\$ -		\$	-	
	Infrastructure		\$ -			-	
	Construction In Progress (CIP)		\$ -			-	
	Leased & SBITA Right-to-Use Assets		\$ -	+		-	
	Intangible Assets Other (explain):		\$ -	-	+		
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)		\$ -	+ '			
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	-	-	-	
	TOTAL	\$ -	\$ -	\$ -	\$	-	
		Balance -					
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the year*	Additions*	Deletions	Year-	End Balance	
	Land		\$ -	\$ -	\$	-	
	Buildings	\$ -	\$ -	\$ -	\$	-	
	Machinery and equipment		\$ -	7	T .	-	
	Furniture and fixtures		\$ -	ļ T	-	-	
	Infrastructure Construction In Progress (CIP)	<u> </u>	\$ - \$ -	ļ T	T .	-	
	Leased & SBITA Right-to-Use Assets		\$ -	+ '			
	Intangible Assets	<u> </u>	\$ -	ļ T	+ -	_	
	Other (explain):		\$ -			-	
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)		\$ -			-	
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	· -	<u> </u>	-	
	TOTAL	1	- \$	- \$	\$	-	
		* Must agree to prior ye * Generally capital asset	ar-end balance	enorted at capital our	tlav on line 3.	14 and canitalized	
		in accordance with the g					
		PART 7 - PE	<u>-NSION INI</u>	-ORMATI	ON		
	*			YES		NO	Please use this space to provide any explanations or comments:
	Does the entity have an "old hire" firefighters' pension plan?					✓	
	Does the entity have a volunteer firefighters' pension plan?						
If yes:	Who administers the plan?			Ц			
	Indicate the contributions from:						
	Tax (property, SO, sales, etc.):		\$ -	1			
	State contribution amount:		\$ -	1			
	Other (gifts, donations, etc.):		\$ -	-			
	Other (girts, donations, etc.):	TOTAL	·	-			
	What is the month is benefit as in the Course of sensitive and a 1	TOTAL	· .	-			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -	J			

PART 8 - BL	JDGET INI	FORMATION		
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:
Did the entity file a current year budget with the Department of Local Affairs, in accordance with 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.?	I			
If no, MUST explain:		ш		
E Please indicate the amount appropriated for each fund separately for the year reported				
Governmental/Proprietary Fund Name Total Appropriati	ions By Fund 247,587	4		
\$				
\$ \$				
	DIC DILL (J SE DICUTO /	TADOD)	
PART 9 - TAX PAYE Please answer the following question by marking in the appropriate box	K 2 BILL	<u>JF KIGHTS (</u> YES	NO NO	Please use this space to provide any explanations or comments:
Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5))]?	□ □		riease use this space to provide any explanations of comments.
Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 perce		е	_	
requirement. All governments should determine if they meet this requirement of TABOR. PART 10 - GE	ENERAL IN	JEORMATIO	N	
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?			✓	
Date of formation:				
		J		
2 Has the entity changed its name in the past or current year?			✓	
S: NEW name		7		
TEN TRAITS		-		
PRIOR name				
Is the entity a metropolitan district?				
Please indicate what services the entity provides:		_		
Water, irregation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation.				
Does the entity have an agreement with another government to provide services?		✓		
List the name of the other governmental entity and the services provided:		_		
All services are provided by Great Western Metropolitan District No. 1		_		
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	<u> </u>	٦		
General/Other mills 35.00		-		
Total mills 35.00				
NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its	YES ☑	NO	N/A	
receding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207]	ŭ			
C.R.S.]? If NO, please explain.		_		
Please use this space to provide any additi	onal explanat	tions or commer	nts not previou	usly included:

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J			OSA USE ONLY		
Entity Wide:	General Fund		Governmental Funds	Notes	<u> </u>
Unrestricted Cash & Investments	\$ Unrestricted Fund Balar 	n \$	- Total Tax Revenue	\$ 235,318	
Current Liabilities	\$ 690 Total Fund Balance	\$	- Revenue Paying Debt Service	\$	
Deferred Inflow	\$ 253,250 PY Fund Balance	\$	- Total Revenue	\$ 235,318	
	Total Revenue	\$	235,318 Total Debt Service Principal	\$	
	Total Expenditures	\$	235,318 Total Debt Service Interest	\$	
			Total Assets	\$ 253,940	
			Total Liabilities	\$ 690	
Governmental	Interfund In	\$			
Total Cash & Investments	\$ - Interfund Out	\$	- Enterprise Funds		
Transfers In	\$ - Proprietary		Net Position	\$	
Transfers Out	\$ - Current Assets	\$	- PY Net Position	\$	
Property Tax	\$ 225,686 Deferred Outflow	\$	- Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$	- Total Outstanding Debt	\$	
Total Expenditures	\$ 235,318 Deferred Inflow	\$	- Authorized but Unissued	\$ 45,972,686	
Total Developer Advances	\$ - Cash & Investments	\$	- Year Authorized	11/6/2007	
Total Developer Renayments	\$ - Principal Eypense	\$			

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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 body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, each individual 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.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Marc Savela	I,Marc Savela, 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:May 2025
	Full Name	I,DocuSigned by: I,Mary-Kate Corbitt, attest that I am a duly elected or appointed board member, and that I have personally
2	Mary-Kate Corbitt	reviewed and approve this application for exemption from audit 3/22/2024 14:56:41 PDT Signed LAU FAIL (WIII) Date: My term-figerest DOF6 May 2025
	Full Name	I,Docusigned by: John Spiegleman, attest that I am a duly elected or appointed board member, and that I have
3	John Spiegleman	personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member, and that mave personally reviewed and approve this application for exemption from a pointed board member. The personal pers
	Full Name	I,BDocuSigned,by:, attest that I am a duly elected or appointed board member, and that I have personally
4	Brian Spittell	reviewed and approve this application for exemption from audit3/22/2024 09:18:16 MDT Signed May Spireseer Besides 2027
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
5		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim executive from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Sixte Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name or government) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audi for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expenditures for same of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from a wit for (name of government) has been prepared by (name of individual or firm), an independent accountant with mowledge of governmental accounting; and WHEREAS, said application for excuption from a unit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a wdit for (name of vovernment) for the year ended ______, 20XX, has been personally reviewed and is here by approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the , 20XX. ADOPTED THIS ___ day of ______, A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Γown Clerk, Secretary, etc.		
Гуре or Print Names of Members of Governing Body	Date Term Expires	Signature
		-
) —	

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

CAN BE FOUND AT:

FOR YOUR REFERENCE, COLORADO REVISED STATUTES

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

	CHLONLI	
	Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
That the office and the four policies as communicated by the conti		From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the	application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
	Will this application be submitted electronically?	Click here to go to the portal
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->	<u></u>
or		
	If yes, 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 <u>MAJORITY</u> of the governing body? (See sample resolution.)	
Will th	is 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

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

c/o Pinnacle Consulting Group, Inc.
550 W. Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE
(970)669-3611

EMAIL

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

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:	Amanda Castle
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W. Eisenhower Blvd, Loveland, CO 80537
PHONE	(070)660 3611

PHONE	(970)669-3611				
PREPARER (SIGNATURE REQUIRED)			DATE PREPARED		
Mmanda Kar Caster			03/20/	2024	
	ase indicate whether the following financial information is recorded ng Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)	
using Governmental or		<u> </u>			

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
2-1	Taxes: Prope	ty (report mills levi	ed in Question 10-6)	\$	10,100	space to provide
2-2	Specif	ic ownership		\$	838	any necessary
2-3	Sales	and use		\$	-	explanations
2-4	Other	(specify):		\$	-	
2-5	Licenses and permits			\$	-	
2-6	Intergovernmental:	Grants		\$	-	
2-7		Conservatio	n Trust Funds (Lottery)	\$	-	
2-8		Highway Us	ers Tax Funds (HUTF)	\$	-	
2-9		Other (speci	fy):	\$	-	
2-10	Charges for services			\$	-	
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 receive		(should agree with line 4-4)		-	
2-18	Proceeds from sale of capi	tal 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	\$	20,544	

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
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ 20,249	
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 (s	should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (si	nould 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): Treasurer's Fees		\$ 295	
3-24			\$ -	
3-25			\$ <u> </u>	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$ 20,544	

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

	PART 4 - DEBT OUTSTANDING	G, ISSU <u>E</u> [), AND RI	ETIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt?		J		
	If Yes, please attach a copy of the entity's Debt Repayment Schedule.				
4-2	Is the debt repayment schedule attached? If no, MUST explain	n below:		n 📙	Ш
4.0				J	
4-3	Is the entity current in its debt service payments? If no, MUS	i explain below	:	n 🗆	Ц
4.4					
4-4	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	end of prior year		year	year-end
	numbers)				
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements		or year-end balance		
4.5	Please answer the following questions by marking the appropriate boxes	i.		Yes	No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$	45,972,686.00	j E	ш
ii yes.	Date the debt was authorized:		/2007	{	
4-6	Does the entity intend to issue debt within the next calendar		2001	J \square	7
If yes:	How much?	\$		l —	ŭ
11 yes. 4-7	Does the entity have debt that has been refinanced that it is	т	for?) \Box	7
	-	\$	101 f	l —	ŭ
If yes: 4-8	What is the amount outstanding? Does the entity have any lease agreements?	Φ	-	J \square	V
4-8 If yes:	What is being leased?) L	ŭ
ii yes.	What is the original date of the lease?			1	
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			´ 🗆	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/cor	nments or attac	h separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):		l	
			\$ -	٦
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			V
If no, MI	JST use this space to provide any explanations:			

	Please answer the following questions by marking in the appropriat	e boxes.				,	Yes		No
6-1	Does the entity have capital assets?								7
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:					[
6-3	Complete the following capital & right-to-use assets table:	beginni	ance - ing of the ear*	be incl	ns (Must uded in rt 3)	Del	etions		ar-End lance
	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	\$	-	\$	-	\$	-	\$	-
	Part 6 - Please use this space to provide any explana		e to prior ye ents or a		•	itation,	if neede	d:	

	PART 7 - PENSION INF	ORMA	TIO	N		
	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?			,		J
7-2	Does the entity have a volunteer firefighters' pension plan?					J
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 1?	as of Jan	\$	-		
	Part 7 - Please use this space to provide any ex	cplanations	s or co	omments		

	PART 8 - BUDGET II	NFORMAT	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxe	s.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	the current year	V		
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:				
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
		\$	23,191		
	23.03	•			

	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)]?		П		
	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.	<u> </u>	Ц		

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?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		4
If yes:	Please list the NEW name & PRIOR name:	l	
10-3	Is the entity a metropolitan district? Please indicate what services the entity provides:	V	
	Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation.		
10-4 If yes:	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided: All services are provided by Great Western Metropolitan District No. 1.	l	
10-5 If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:	' _□	_
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):		
	Bond Redemption mills General/Other mills Total mills		35.000 35.000
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.	No 🗆	N/A
	Please use this space to provide any additional explanations or comments not provide	and the standard	

PART 11 - 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?	V							

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

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.

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must sign below.				
Doord -	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for				
Board Member 1	Marc Savela	exemption from audit. Signed Date: My term Expires:May 2025				
Board	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board member. Bodystate I have personally reviewed and approve this application for				
Member 2	Mary-Kate Corbitt	exemption from audit. Signed Mary Late (orbit) Date: 3/22/2024F644F1.4:56:41 PDT My term Expires:May 2025				
Doord	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board member, թունչկիցք վչhave personally reviewed and approve this application for				
Board Member 3	John Spiegleman	exemption from audit. Signed John Spledeman Date: 3/2db/20248A47008:49:06 PDT My term Expires:May 2027				
Board	Print Board Member's Name	IBrian Spittell, attest I am a duly elected or appointed board member, and that I baye ners onally reviewed and approve this application for exemption from				
Member 4	Brian Spittell	audit. Signed Brian Spittul Date: 3/27462@24 Bebla @ 9:18:16 MDT My term Expires:May 2027				
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for				
Board Member 5		exemption from audit. Signed Date: My term Expires:				
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for				
Board Member 6		exemption from audit. Signed Date: My term Expires:				
Board Member 7	Print Board Member's Name	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:				

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and t for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxalized by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.	
ATTEST:	
111 1201.	
Town Clerk, Secretary, etc.	
	Date
Type or Print Names of Members of Governing Body	Term <u>Expires</u> <u>Signature</u>
Members of Governing Body	Expires Signature
\	

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.

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.

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

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.

Governmental Activity should be reported on the Modified Accrual Basis

In that event, AN AUDIT SHALL BE REQUIRED.

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 <u>WITHIN 3 MONTHS</u> 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. APPLICATIONS FOR EXEMPTION FROM AUDIT SUBMISSIONS ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME.

 $\underline{\text{GOVERNMENTAL ACTIVITY}} \text{ SHOULD BE REPORTED ON THE } \underline{\text{MODIFIED ACCRUAL BASIS}}$

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.

			CHECKLI	ST	
	Has the prepare	arer signed the application?			Checkout our web portal. Register your
	Has the entity	corrected all Prior Year Deficiencies as communicated by the	account and submit electronic Applications		
	Has the appli	cation been PERSONALLY reviewed and approved by the gov	for Exemption From Audit, Extension of		
	Are all sectio	ns of the form complete, including responses to all of the que	stions?		Time to File requests, Audited Financial
	Did you inclu	de any relevant explanations for unusual items in the appropr	iate spaces at the end of each section?		Statements, and more! See the link below.
	Will this appl	ication be submitted electronically?			
		If yes, have you read and understand the new Electronic Sig policy	nature Policy? See new <u>here</u>		
	or-	-			
		Have you included a resolution?			
		Does the resolution state that the governing body PERSONA	ALLY reviewed and approved the resolution	n in an open public meeting?	Click here to go to the portal
		Has the resolution been signed by a MAJORITY of the gover	ning body? (See sample resolution.)		
	Will this appl	ication be submitted via a mail service? (e.g. US Post Office, F	FedEx, UPS, courier.)		
		If yes, does the application include ORIGINAL INK SIGNATU	RES from the MAJORITY of the governing	body?	
			FILING METH	HODS	
		: Register and submit your Applications at our web portal:	https://apps.leg.co.gov/osa/lg	For faster processing the web portal is the	ne preferred method for submission
	WAIL	Local Government Audit Division			
		1525 Sherman St., 7th Floor			
		Denver, CO 80203			
	TIONIOS	Please Note: The OSA's email addresses have changed as of D	December 1, 2023. Please ensure you are us	ing the email address noted below.	
IUES	TIONS?	Email: osa.lg@coleg.gov or Phone: 303-869-3000	IMPORTAI	NTI	
				VI:	

1

	APPLICATION FOR EXEMPTION FROM AUDIT	
	LONG FORM	
NAME OF GOVERNMENT	Great Western Metropolitan District No. 4	For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/2023
	550 W. Eisenhower Blvd.	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Amanda Castle	
PHONE	(970)669-3611	
EMAIL	amandac@pcgi.com	
	countant with knowledge of governmental accountin g and that the information in the Application is complete and accurate to the best of my k	
independent of the entity complete t	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa	
independent of the entity complete t	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle	
ndependent of the entity complete t NAME: TITLE	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle Director of Finance	
ndependent of the entity complete t NAME: FITLE FIRM NAME (if applicable)	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle Director of Finance Pinnacle Consulting Group, Inc.	
ndependent of the entity complete to NAME: ITTLE FIRM NAME (if applicable) ADDRESS	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle Director of Finance Pinnacle Consulting Group, Inc. 550 W. Eisenhower Blvd., Loveland, CO 80537	
independent of the entity complete t NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle Director of Finance Pinnacle Consulting Group, Inc.	
	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is sepa Amanda Castle Director of Finance Pinnacle Consulting Group, Inc. 550 W. Eisenhower Blvd., Loveland, CO 80537	

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED				
Amanda Kai Caster		03/20/2024			
Has the entity ited for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO			
during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]		V	If Yes, date filed:		

DocuSign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

	Name of Fund ach additional sheets as necessary.							
			Government	al Funds		Proprieta	ry/Fiduciary Funds	Discourse (Lineau Co
Line #	Description		General Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any items on this page
1	Assets				Assets			items on this page
1-1	Cash & Cash Equivalents	\$	- \$		Cash & Cash Equivalents	\$	- \$	<u>-</u>
1-2	Investments	\$	- \$		Investments	\$	Ψ	<u>-</u>
1-3	Receivables	\$	- \$		Receivables	\$	- \$	<u>-</u>
1-4	Due from Other Entities or Funds	\$	442 \$		Due from Other Entities or Funds	\$	- \$	-
1-5	Property Tax Receivable	\$	237,221 \$	-	Other Current Assets [specify]			_
	All Other Assets [specify]					\$	- \$	<u>-</u>
1-6	Lease Receivable (as Lessor)	\$	- \$		Total Current Assets	\$	- \$	-
1-7		\$	- \$		Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
1-8		\$	- \$		Other Long Term Assets [specify]	\$	- \$	<u>-</u>
1-9		\$	- \$			\$	- \$	<u>-</u>
1-10		\$	- \$			\$	- \$	<u>-</u>
1-11	(add lines 1-1 through 1-10) TOTAL AS	SSETS \$	237,663 \$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	-
	Deferred Outflows of Resources:				Deferred Outflows of Resources			
1-12	[specify]	\$	- \$			\$	- \$	-
1-13	[specify]	\$	- \$		[specify]	\$	- \$	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTF		- \$		(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		Ψ	-
1-15	TOTAL ASSETS AND DEFERRED OUTF	-Lows \$	237,663 \$	-	TOTAL ASSETS AND DEFERRED OUTFLOW	\$	- \$	-
	Liabilities	•			Liabilities	Φ.	Φ.	
1-16 1-17	Accounts Payable Accrued Payroll and Related Liabilities	\$	- \$ - \$		Accounts Payable Accrued Payroll and Related Liabilities	\$	- \$ - \$	-
1-17	Unearned Revenue	\$	- 5 - \$		Accrued Interest Payable	\$	- \$ - \$	-
1-19	Due to Other Entities or Funds	\$	442 \$		Due to Other Entities or Funds	\$	- \$	-
1-19	All Other Current Liabilities	\$	- \$		All Other Current Liabilities	\$	- \$ - \$	-
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABI		442 \$		(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIE	•	- \$	-
1-22	All Other Liabilities [specify]	\$	- \$		Proprietary Debt Outstanding (from Part 4-4)	\$	<u>- Ψ</u>	-
1-23	All Other Liabilities [specify]	\$	- \$		Other Liabilities [specify]:	\$	- \$	_
1-24		\$	- \$		Other Elabilities (speeliy).	\$	- \$	_
1-25		\$	- \$			\$	- \$	-
1-26		\$	- \$			\$	- \$	_
1-27	(add lines 1-21 through 1-26) TOTAL LIABI		442 \$		(add lines 1-21 through 1-26) TOTAL LIABILITIE		- \$	-
	Deferred Inflows of Resources:	Ψ	\$		Deferred Inflows of Resources	*	ΙΨ	
1-28	Deferred Property Taxes	\$	237,221 \$	-	Pension/OPEB Related	\$	- \$	
1-29	Lease related (as lessor)	\$	- \$		Other [specify]	\$	- \$	-
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INF		237,221 \$		(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		- \$	-
F	Fund Balance		- , ,		Net Position			_
1-31 N	Nonspendable Prepaid	\$	- \$	-	Net Investment in Capital and Right-to Use Assets	\$	- \$	-
	Nonspendable Inventory	\$	- \$					_
1-33	Restricted [specify]	\$	- \$	-	Emergency Reserves	\$	- \$	-
1-34	Committed [specify]	\$	- \$	-	Other Designations/Reserves	\$	- \$	-
1-35	Assigned [specify]	\$	- \$	-	Restricted	\$	- \$	-
1-36	Unassigned:	\$	- \$		Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-37	Add lines 1-31 throug	gh 1-36			Add lines 1-31 through 1-3	S		
	This total should be the same as lir	ne 3-33			This total should be the same as line 3-3	3		
	TOTAL FUND BAI	LANCE \$	- \$	_	TOTAL NET POSITIO	\$	- \$	-
1-38	Add lines 1-27, 1-30 an	nd 1-37			Add lines 1-27, 1-30 and 1-3			
	This total should be the same as lir				This total should be the same as line 1-1			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND				TOTAL LIABILITIES, DEFERRED INFLOWS, AND NE			
	PAI	LANCE S	237,663 \$		POSITION		- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/Fiduciary Funds		Diameter (II)
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
-	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 145,092	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 6,170	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue: Interest	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ -	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	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	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		\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	·		Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•	1	\$ 151,262

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.

3-33 Fund Balance, December 31

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** \$ **General Operating & Administrative** Judicial Salaries \$ - | \$ - | \$ 3-2 Law Enforcement \$ **Payroll Taxes** \$ - \$ 3-3 - | \$ **Contract Services** 3-4 \$ \$ \$ - | \$ **Highways & Streets** \$ 3-5 \$ \$ **Employee Benefits** \$ 3-6 Solid Waste \$ \$ Insurance \$ Contributions to Fire & Police Pension Assoc. **Accounting and Legal Fees** 3-7 \$ - \$ \$ \$ Repair and Maintenance \$ 3-8 \$ \$ \$ Culture and Recreation \$ Supplies \$ \$ \$ 3-9 Utilities 3-10 Transfers to other districts \$ 149,086 | \$ \$ Other: Treasurer's Fees \$ 2,176 \$ Contributions to Fire & Police Pension Assoc. \$ 3-11 3-12 \$ \$ Other [specify...] - | \$ 3-13 \$ - | \$ \$ - | \$ **Capital Outlay** \$ Capital Outlay \$ - \$ - | \$ 3-14 **Debt Service Debt Service** 3-15 Principal \$ \$ Principal (should match amount in 4-4) (should match amount in 4-4) Interest Interest 3-16 \$ \$ \$ - | \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ \$ - | \$ **Developer Principal Repayments Developer Principal Repayments** \$ - \$ \$ - | \$ 3-18 **Developer Interest Repayments** \$ **Developer Interest Repayments** \$ 3-19 \$ 3-20 All Other [specify...]: \$ - | \$ All Other [specify...]: - | \$ **GRAND TOTAL** 3-21 \$ - | \$ \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-2 TOTAL EXPENSES \$ \$ 151,262 \$ - \$ 151,262 3-22 TOTAL EXPENDITURES 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/Amortization \$ - | \$ \$ 3-26 \$ - | \$ Other Financing Sources (Uses) \$ - | \$ 3-27 \$ - \$ **Capital Outlay** (from line 3-14) \$ - \$ \$ **Debt Principal** 3-28 - | \$ (from line 3-15, 3-18) - | \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES & line 3-24) TOTAL GAAP RECONCILING ITEMS \$ \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$ \$ 3-32 Prior Period Adjustment (MUST explain) Prior Period Adjustment (MUST explain) \$ \$

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.

Net Position, December 31

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

Docus	Sign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A	6 - CAPITAL	AND RIGH	IT-TO-US	F ASS	FTS	
	Please answer the following question by marking in the appropriate box	0 0/11/11/12	.,	YES	_	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?					V	
6-2	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C	C.R.S.? If no,	_		_	
	MUST explain:					_	
							ı
6-3	Complete the fellowing Control of Digital Tellow Assets to the fee COMPRIMENTAL FUNDO	Balance -	A 1 1242 *	Baladana	V	En I Balance	
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the year*	Additions*	Deletions	Year-	End Balance	
	Land		\$ -	\$ -	\$		
	Buildings		\$ -				
	Machinery and equipment		\$ -	7		-	
	Furniture and fixtures	\$ -	\$ -		\$	-	
	Infrastructure		\$ -			-	
	Construction In Progress (CIP)		\$ -			-	
	Leased & SBITA Right-to-Use Assets		\$ -	+		-	
	Intangible Assets Other (explain):		\$ -	-	+		
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)		\$ -	+ '			
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	-	-	-	
	TOTAL	\$ -	\$ -	\$ -	\$	-	
		Balance -					
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the year*	Additions*	Deletions	Year-	End Balance	
	Land		\$ -	\$ -	\$	-	
	Buildings	\$ -	\$ -	\$ -	\$	-	
	Machinery and equipment		\$ -	7	T .	-	
	Furniture and fixtures		\$ -	ļ T	-	-	
	Infrastructure Construction In Progress (CIP)	<u> </u>	\$ - \$ -	ļ T	T .	-	
	Leased & SBITA Right-to-Use Assets		\$ -	+ '			
	Intangible Assets	<u> </u>	\$ -	ļ T	+ -	_	
	Other (explain):		\$ -			-	
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)		\$ -			-	
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	· -	<u> </u>	-	
	TOTAL	1	- \$	- \$	\$	-	
		* Must agree to prior ye * Generally capital asset	ar-end balance	enorted at capital our	tlav on line 3.	14 and canitalized	
		in accordance with the g					
		PART 7 - PE	<u>-NSION INI</u>	-ORMATI	ON		
	*			YES		NO	Please use this space to provide any explanations or comments:
	Does the entity have an "old hire" firefighters' pension plan?					✓	
	Does the entity have a volunteer firefighters' pension plan?						
If yes:	Who administers the plan?			Ц			
	Indicate the contributions from:						
	Tax (property, SO, sales, etc.):		\$ -	1			
	State contribution amount:		\$ -	1			
	Other (gifts, donations, etc.):		\$ -	-			
	Other (girts, donations, etc.):	TOTAL	·	-			
	What is the month is benefit as in the Course of sensitive and a 1	TOTAL	· .	-			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -	J			

PART 8 - B	UDGELIN	FORMATION		
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:
Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no. MUST explain:	V			
Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	☑			
If no, MUST explain:	<u> </u>	Ц	Ц	
Please indicate the amount appropriated for each fund separately for the year reported		_		
Governmental/Proprietary Fund Name Total Appropria General Fund \$	tions By Fund 167,347			
General Fund \$	107,347			
\$	-	-		
\$	-		/=	
PART 9 - TAX PAYE	ER'S BILL (
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 20(5/12	YES	NO	Please use this space to provide any explanations or comments:
Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 per		_		
requirement. All governments should determine if they meet this requirement of TABOR.			N	
PART 10 - G	ENERAL II	NEORMATIO	N .	
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?			V	
Data of formation.				
Date of formation:				
Has the entity changed its name in the past or current year?			✓	
		_		
NEW name				
PRIOR name				
Is the entity a metropolitan district?		J		
Please indicate what services the entity provides:		✓		
Water, irregation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation.		7		
Does the entity have an agreement with another government to provide services?				
List the name of the other governmental entity and the services provided:			_	
All services are provided by Great Western Metropolitan District No. 1		7		
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 0.0				
General/Other mills 25.0 Total mills 25.0		-		
	YES	NO	N/A	
NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its	$\overline{\checkmark}$			
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.				
enterj. Tres presed explain		٦		
Please use this space to provide any addit	tional evalana	_ tions or commer	nts not previou	isly included:

DocuSign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A

			OSA USE ONLY	
Entity Wide:	General Fund		Governmental Funds	Notes
Unrestricted Cash & Investments	\$ - Unrestricted Fund Bala	n \$	- Total Tax Revenue	\$ 151,262
Current Liabilities	\$ 442 Total Fund Balance	\$	- Revenue Paying Debt Service	\$
Deferred Inflow	\$ 237,221 PY Fund Balance	\$	- Total Revenue	\$ 151,262
	Total Revenue	\$	151,262 Total Debt Service Principal	\$
	Total Expenditures	\$	151,262 Total Debt Service Interest	\$
			Total Assets	\$ 237,663
			Total Liabilities	\$ 442
Governmental	Interfund In	\$		
Total Cash & Investments	\$ - Interfund Out	\$	- Enterprise Funds	
Transfers In	\$ - Proprietary		Net Position	\$
Transfers Out	\$ - Current Assets	\$	- PY Net Position	\$
Property Tax	\$ 145,092 Deferred Outflow	\$	- Government-Wide	
Debt Service Principal	\$ - Current Liabilities	\$	- Total Outstanding Debt	\$
Total Expenditures	\$ 151,262 Deferred Inflow	\$	- Authorized but Unissued	\$ 45,972,686
Total Developer Advances	\$ - Cash & Investments	\$	- Year Authorized	11/6/2007
Total Developer Repayments	\$ - Principal Expense	\$		

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DOCUSIUN ENVEIONE	ID. DOMI MJOI	L-13L0-40DZ-D30	L-LUJLMJZZZI UM

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?	Ø	

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 body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, each individual 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.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Marc Savela	I,Marc Savela, 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:May 2025
	Full Name	ા,marp%શ્રક્ષેલ્cefthn:, attest that I am a duly elected or appointed board member, and that I have personally
2	Mary-Kate Corbitt	reviewed and approve this application for exemption from audit.3/22/2024 14:56:41 PDT Signed May - Late Over Date: My term Expires 100F May p.2025
	Full Name	I,986H ^{Sig} neg byman, attest that I am a duly elected or appointed board member, and that I have
3	John Spiegleman	personally reviewed and approve this application for exemption #21 #21024 08:49:06 PDT Signed Duty Spines 20E58/4/8027
	Full Name	I, Brian Spittel by: , attest that I am a duly elected or appointed board member, and that I have personally
4	Brian Spittell	reviewed and approve this application for exemption from audit3/22/2024 09:18:16 MDT Signed DNAW SPICE Date: Date: Da
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
5		personally reviewed and approve this application for exemption from audit. Signed
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim executive from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Sixte Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name or government) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audi for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expenditures for same of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from a wit for (name of government) has been prepared by (name of individual or firm), an independent accountant with mowledge of governmental accounting; and WHEREAS, said application for excuption from a unit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a wdit for (name of vovernment) for the year ended ______, 20XX, has been personally reviewed and is here by approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the , 20XX. ADOPTED THIS ___ day of ______, A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Γown Clerk, Secretary, etc.		
Гуре or Print Names of Members of Governing Body	Date Term Expires	Signature
		-
) —	

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.

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. APPLICATIONS FOR EXEMPTION FROM AUDIT SUBMISSIONS ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME.

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.

CHECKLIST		
Has the preparer signed the application?	Checkout our web portal. Register your	
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	account and submit electronic Applications	
Has the application been PERSONALLY reviewed and approved by the governing body?	for Exemption From Audit, Extension of	
Are all sections of the form complete, including responses to all of the questions?	Time to File requests, Audited Financial	
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	Statements, and more! See the link below.	
Will this application be submitted electronically?		
If yes, have you read and understand the new Electronic Signature Policy? See new here 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?	Click here to go to the portal	
☐ 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 ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?		
FILING METHODS		
WEB PORTAL: Register and submit your Applications at our web portal: https://apps.leg.co.gov/osa/lg For faster processing the web portal	l is the preferred method for submission	

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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address noted below.

QUESTIONS? Email: osa.lg@coleg.gov or Phone: 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.

In that event, AN AUDIT SHALL BE REQUIRED.

	A38E-19E8-40B2-B50E-EC3EA5222F6A APPLICATION FOR EXEMPTION FROM AUDIT		
	LONG FORM		
NAME OF GOVERNMENT	Great Western Metropolitan District No. 6	For the Year Ended	i
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/2023	
	550 W. Eisenhower Blvd.	or fiscal year ended	:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	(970)669-3611		
EMAIL	amandac@pcgi.com		
	countant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of		erson
	he application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is	s separate from the entity.	
NAME:	Amanda Castle		
TITLE	Director of Finance		
	Pinnacle Conculting Group Inc		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.		
ADDRESS	550 W. Eisenhower Blvd., Loveland, CO 80537		
ADDRESS PHONE			
ADDRESS	550 W. Eisenhower Blvd., Loveland, CO 80537		
ADDRESS PHONE	550 W. Eisenhower Blvd., Loveland, CO 80537	DATE PREPARED	

PREPARER (SIGNATURE REQUIRED)

03/20/2024

Has the entity fired for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1
104 (3), C.R.S.]

If Yes, date filed:

DocuSign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

		Governmer	ntal Funds		Proprietar	y/Fiduciary Funds	Please use this space to
ine#	Description	General Fund*	Fund*	Description	Fund*	Fund*	provide explanation of an items on this page
	Assets			Assets			, ,
1-1	· · · · · · · · · · · · · · · · · · ·	\$ -	·	Cash & Cash Equivalents	\$	- \$	-
1-2	L	•	\$ -	Investments	\$	- \$	-
-3			\$ -	Receivables	\$	- \$	-
-4		\$ 1,576	·	Due from Other Entities or Funds	\$	- \$	-
-5		\$ 526,063	\$ -	Other Current Assets [specify]	\$	ΙΦ.	
	All Other Assets [specify]	•	•		-	- \$	-
-6	` /		\$ -	Total Current Assets		- \$	-
-7			\$ -	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
-8		·	\$ -	Other Long Term Assets [specify]	\$	- \$	-
-9			\$ -		\$	- \$	-
-10			\$ -	(-	\$	- \$	-
11	(add lines 1-1 through 1-10) TOTAL ASSETS Deferred Outflows of Resources:	\$ 527,639	-	(add lines 1-1 through 1-10) TOTAL ASSETS Deferred Outflows of Resources	Ф	- \$	•
ا 12-	_	\$ -	\$ -	[specify]	\$	- \$	\neg
		·	\$ -		\$	- \$ - \$	-
·13 ·14	[specify] (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	•	<u> </u>	[specify] (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	•	- \$	-
15	TOTAL ASSETS AND DEFERRED OUTFLOWS		·	TOTAL ASSETS AND DEFERRED OUTFLOWS		- \$	-
	Liabilities	φ 521,039	Φ -	Liabilities	Ψ	- Ф	-
16	Accounts Payable	\$ -	\$ -	Accounts Payable	\$	- \$	-
17	· · · · · · · · · · · · · · · · · · ·		\$ -	Accrued Payroll and Related Liabilities	\$	- \$	_
18		-	\$ -	Accrued Interest Payable	\$	- \$	-
19		-	\$ -	Due to Other Entities or Funds	\$	- \$	-
-20	All Other Current Liabilities		\$ -	All Other Current Liabilities	\$	- \$	-
21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 1,576	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	- \$	-
-22	All Other Liabilities [specify]		\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
-23		\$ -	\$ -	Other Liabilities [specify]:	\$	- \$	-
-24	Ī	\$ -	\$ -		\$	- \$	-
-25		\$ -	\$ -		\$	- \$	-
26		\$ -	\$ -		\$	- \$	-
27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 1,576	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$	-
Ī	Deferred Inflows of Resources:			Deferred Inflows of Resources			_
28	Deferred Property Taxes	\$ 526,063	\$ -	Pension/OPEB Related	\$	- \$	-
29	Lease related (as lessor)	\$ -	\$ -	Other [specify]	\$	- \$	-
30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 526,063	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	- \$	-
Ī	Fund Balance			Net Position			_
31 I	· · · · · · · · · · · · · · · · · · ·	\$ -	·	Net Investment in Capital and Right-to Use Assets	\$	- \$	-
32 I	•	-	\$ -				_
33			\$ -	Emergency Reserves	\$	- \$	<u>-</u>
34		·	\$ -	Other Designations/Reserves	\$	- \$	-
-35		-	\$ -	Restricted	\$	- \$	<u>-</u>
-36	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	<u>-</u>
37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ -	\$ -	TOTAL NET POSITION	\$	- \$	-
-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 527,639	•	POSITION	•	- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/F	iduciary Funds	Diameter (III)
Line #	Description	General Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 516,976	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 21,980	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue: Interest	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ -	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	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	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		\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES			Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•		\$ 538,956

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.

3-32 Prior Period Adjustment (MUST explain)

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

3-33 Fund Balance, December 31

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** \$ **General Operating & Administrative** Judicial Salaries \$ - | \$ - | \$ 3-2 Law Enforcement \$ **Payroll Taxes** \$ - \$ 3-3 - | \$ **Contract Services** 3-4 \$ \$ \$ - | \$ **Highways & Streets** \$ 3-5 \$ \$ **Employee Benefits** \$ 3-6 Solid Waste \$ \$ Insurance \$ Contributions to Fire & Police Pension Assoc. **Accounting and Legal Fees** 3-7 \$ - \$ \$ \$ Repair and Maintenance \$ 3-8 \$ \$ \$ Culture and Recreation \$ Supplies \$ - | \$ \$ 3-9 Utilities 3-10 Transfers to other districts \$ 531,203 | \$ \$ Other: Treasurer's Fees \$ 7,753 \$ Contributions to Fire & Police Pension Assoc. \$ 3-11 3-12 \$ \$ Other [specify...] - | \$ 3-13 \$ - | \$ \$ - | \$ **Capital Outlay** \$ Capital Outlay \$ - \$ - | \$ 3-14 **Debt Service Debt Service** 3-15 Principal \$ \$ Principal (should match amount in 4-4) (should match amount in 4-4) Interest Interest 3-16 \$ \$ \$ - | \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ \$ - | \$ **Developer Principal Repayments Developer Principal Repayments** \$ - \$ \$ - | \$ 3-18 **Developer Interest Repayments** \$ **Developer Interest Repayments** \$ 3-19 \$ 3-20 All Other [specify...]: \$ - | \$ All Other [specify...]: - | \$ **GRAND TOTAL** 3-21 \$ - | \$ \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-2 TOTAL EXPENSES \$ \$ 538,956 \$ - \$ 538.956 3-22 TOTAL EXPENDITURES 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/Amortization \$ - | \$ - | \$ 3-26 \$ - | \$ Other Financing Sources (Uses) \$ - | \$ 3-27 \$ - \$ **Capital Outlay** (from line 3-14) \$ - \$ \$ **Debt Principal** 3-28 - | \$ (from line 3-15, 3-18) - | \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES & line 3-24) TOTAL GAAP RECONCILING ITEMS \$ \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$ \$

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.

\$

\$

Prior Period Adjustment (MUST explain)

This total should be the same as line 1-37.

Net Position, December 31

Sum of Lines 3-30, 3-31, and 3-32

Docus	Sign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A				
	PART 4 - DEBT OUTSTAI	NDING, IS	SUED, A	ND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?			V	
4-2	Is the debt repayment schedule attached? If no, MUST explain:				
4-3	Is the entity current in its debt service payments? If no, MUST explain:				
4-4					
			etired during	Outstanding at year-end	
	amounts) beginning of year*	year	year	outotallang at your olla	
	General obligation bonds \$ - \\$	- 9	-	¢ _	
	Revenue bonds \$ - \$	- 9		\$ -	
	Notes/Loans \$ - \$	- 9		\$ -	
	Lease & SBITA** Liabilities (GASB 87 & 96)	- 3		\$ -	
	Developer Advances \$ - \$	- 3		\$ -	
	Other (specify): \$ - \$	- 9	5 -	\$ -	
	TOTAL \$ - \$	- 3	-	\$ -	
**Subs	cription Based Information Technology Arrangements *Must agree to prior year-end	l balance			
	Please answer the following questions by marking the appropriate boxes.		YES	NO_	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?		✓		
If yes:	How much? \$ 45,972,686				
4.0	Date the debt was authorized: 11/6/2007				
4-6	Does the entity intend to issue debt within the next calendar year? How much? \$ -		ш	✓	
4-7	Does the entity have debt that has been refinanced that it is still responsible for?			V	
If yes:	What is the amount outstanding?			_	
4-8	Does the entity have any lease agreements?			☑	
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?				
	PART 5 - CASH	HAND INV	ESTMEN	ITS	
	Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts	9	-		
5-2	Certificates of deposit		-		
	TOTAL CAS	SH DEPOSITS		\$ -	
	Investments (if investment is a mutual fund, please list underlying investments):				
		9	-		
5-3		9	-		
3-3					
		3	-		
		NVESTMENTS		\$ -	
	TOTAL CASH AND IN	NVESTMENTS		\$ -	
	Please answer the following question by marking in the appropriate box	YES	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			V	
	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-			✓	
5-5	10.5-101, et seq. C.R.S.)? If no, MUST explain:		ш	Ľ	

DocuS	ign Envelope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A PART (6 - CAPITAL	AND RIGH	T-TO-USE	E ASSETS	
	Please answer the following question by marking in the appropriate box	<u> </u>		YES	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?				<u> </u>	
	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C	.R.S.? If no,	_		
	MUST explain:			, –		
						_
6-3		Balance -				
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
		year*				
	Land				\$	-
	Buildings Machinery and equipment		\$ - \$ -	-	<u> </u>	-
	Furniture and fixtures	•	\$ -	ļ ·	· *	-
	Infrastructure	\$ -	•		+ '	_
	Construction In Progress (CIP)		\$ -			-
	Leased & SBITA Right-to-Use Assets	•	\$ -	\$ -	\$	-
	Intangible Assets		\$ -	\$ -	1.*	-
	Other (explain):	\$ -			1.*	<u>-</u>
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ - \$ -			1.*	<u>- </u>
	Accumulated Depreciation (Enter a negative, or credit, balance)	•	_	\$ -	· ·	-
	TOTAL	•	\$ -	\$ -	\$	•
C 4	On what the fellowing One ital a Bight Tellier Access to the fee BRORRIETARY FUNDO	Balance -	A -1 -1:4: *	Dalations	Veer Fred Belevee	
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the year*	Additions*	Deletions	Year-End Balance	
	Land		\$ -	\$ -	\$	
	Buildings	\$ -		-	+ '	-
	Machinery and equipment	\$ -	\$ -	\$ -	\$	-
	Furniture and fixtures	*	\$ -		+ *	-
	Infrastructure	•	\$ -	T	ļ Ţ	<u>-</u>
	Construction In Progress (CIP)	•	\$ -	\$ -	<u> </u>	-
	Leased & SBITA Right-to-Use Assets Intangible Assets	\$ - \$ -	\$ -	\$ -	· *	<u>-</u>
	Other (explain):		\$ - \$ -	\$ -	+ -	<u>.</u>
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -		-	+ -	-
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	-	1	-
	TOTAL	\$ -	\$ -	\$ -	\$	-
		* Must agree to prior year				
		 Generally capital asset in accordance with the great 			lay on line 3-14 and capitalized	
		in accordance with the g	overnment a capitalizat	ion policy. I lease e.	Apiairi arry discrepancy	
		PART 7 - PE	ENSION INF	ORMATION	NC	
	*			YES	NO	Please use this space to provide any explanations or comments:
7_1	Does the entity have an "old hire" firefighters' pension plan?				☑	riease use this space to provide any explanations of comments.
	Does the entity have a volunteer firefighters' pension plan?				□	
	Who administers the plan?			=	Ī	
	Indicate the contributions from:	i		1		
	Tax (property, SO, sales, etc.):		\$ -			
	State contribution amount:		\$ -			
	Other (gifts, donations, etc.):		\$ -	1		
		TOTAL	\$ -	1		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -	1		
	,		T	1		

	- BUDGET INF			
lease answer the following question by marking in the appropriate box bid the entity file a current year budget with the Department of Local Affairs, in accordance with	YES	NO	N/A	Please use this space to provide any explanations or comments
ection 29-1-113 C.R.S.? If no, MUST explain:	✓			
id the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? no, MUST explain:	V			
lease indicate the amount appropriated for each fund separately for the year reported				
Governmental/Proprietary Fund Name Total Appr	ropriations By Fund	l		
Seneral Fund \$	592,683]		
\$	-	-		
\$	-			
PART 9 - TAX PART	AYER'S BILL C	OF RIGHTS	(TABOR)	
lease answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments
s the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section	. ,	7		
ote: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the equirement. All governments should determine if they meet this requirement of TABOR.	3 percent emergency reserve			
PART 10	- GENERAL IN	IFORMATIC	N	
lease answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments
s this application for a newly formed governmental entity?			V	rease ase this space to provide any explanations of comments
]		
late of formation:				
las the entity changed its name in the past or current year?		, 	✓	
· _ ·		n		
IEW name				
RIOR name				
the entity a metropolitan district?		J ☑		
lease indicate what services the entity provides:			Ь	
Vater, irregation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation	n.]		
loes the entity have an agreement with another government to provide services?		_		
ist the name of the other governmental entity and the services provided:				
Il services are provided by Great Western Metropolitan District No. 5		1		
oes the entity have a certified mill levy?		_ 		
lease provide the number of mills levied for the year reported (do not enter \$ amounts):		7		
Bond Redemption mills General/Other mills	0.000 20.000	-		
Total mills	20.000	1		
	YES	NO	N/A	
IEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed receding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-20].				
Receding year annual report with the state Additor as required under 3B 21-202 [Section 32-1-20]. R.S.]? If NO, please explain.				
]		
Please use this space to provide any a	additional explanat	ions or commer	nts not previou	ısly included:

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			OSA USE ONL	Υ		
Entity Wide:	General Fund			Governmental Funds	1	Notes
Unrestricted Cash & Investments	\$ Unrestricted Fund Balar 	ու \$	-	Total Tax Revenue	\$ 538,956	
Current Liabilities	\$ 1,576 Total Fund Balance	\$		Revenue Paying Debt Service	\$	
Deferred Inflow	\$ 526,063 PY Fund Balance	\$		Total Revenue	\$ 538,956	
	Total Revenue	\$	538,956	Total Debt Service Principal	\$	
	Total Expenditures	\$	538,956	Total Debt Service Interest	\$ -	
				Total Assets	\$ 527,639	
				Total Liabilities	\$ 1,576	
Governmental	Interfund In	\$				
Total Cash & Investments	\$ - Interfund Out	\$		Enterprise Funds		
Transfers In	\$ - Proprietary			Net Position	\$	
Transfers Out	\$ - Current Assets	\$		PY Net Position	\$	
Property Tax	\$ 516,976 Deferred Outflow	\$		Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$	-	Total Outstanding Debt	\$	
Total Expenditures	\$ 538,956 Deferred Inflow	\$	-	Authorized but Unissued	\$ 45,972,686	
Total Developer Advances	\$ - Cash & Investments	\$	-	Year Authorized	11/6/2007	
Total Developer Renayments	\$ - Principal Expense	S				

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PART 12 - GOVERNING BODY APPROVAL

1741112 0012141		
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 body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, each individual 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.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Marc Savela	I,Marc Savela, 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:May 2025
	Full Name	I,DocuSigned by: I,Marry-Kate Corbitt, attest that I am a duly elected or appointed board member, and that I have personally
2	Mary-Kate Corbitt	reviewed and approve this application for exemption from audit3/22/2024 14:56:41 PDT Signed LAY FAIL DWILL Date: My term-fige@cstD0F64May.2025
	Full Name	I,DocuSigned by, attest that I am a duly elected or appointed board member, and that I have
3	John Spiegleman	personally/reviewed and approve this application for exemption from audit Signed Date: 3/21/2024 08:49:06 PDT My term toppress2DE\$8472027
	Full Name	I,Blan Spitch shift law, attest that I am a duly elected or appointed board member, and that I have personally
4	Brian Spittell	reviewed and approve this application for exemption from audit /22/2024 09:18:16 MDT Signed MDT Date: My term FxBxteEEEEB9:465.2027
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
5		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim execupion from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Sixte Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name or government) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audi for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expenditures for vance of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from a wit for (name of government) has been prepared by (name of individual or firm), an independent accountant with mowledge of governmental accounting; and WHEREAS, said application for excuption from a unit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a wdit for (name of vovernment) for the year ended ______, 20XX, has been personally reviewed and is here by approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the , 20XX. ADOPTED THIS ___ day of ______, A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Γown Clerk, Secretary, etc.		
Гуре or Print Names of Members of Governing Body	Date Term Expires	Signature
		-
) —	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM.**

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

CAN BE FOUND AT:

FOR YOUR REFERENCE, COLORADO REVISED STATUTES

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

	CHLONLI				
	Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption			
Has	the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests Audited Financial Statements, and more! See t			
Has the	application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.			
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?				
	Will this application be submitted electronically?	Click here to go to the portal			
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->	<u></u>			
or					
	If yes, 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 <u>MAJORITY</u> of the governing body? (See sample resolution.)				
Will th	is 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

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

amandac@pcgi.com

EMAIL

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

c/o Pinnacle Consulting Group, Inc.
550 W. Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE

Great Western Metropolitan District No. 7

For the Year Ended
12/31/23
or fiscal year ended:
970)669-3611

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: Amanda Castle

TITLE District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group, Inc.

ADDRESS 550 W. Eisenhower Blvd, Loveland, CO 80537

PHONE (970)669 3611

PHONE	(970)669-3611			
Р	REPARER (SIGNATURE REQUIRED)	DATE PREPARED		
Mman	da Kai Caster		03/20/2024	
Please indicate whether	r the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or	Proprietary fund types			

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
2-1	Taxes: Proper	ty (report mills levied in Question 10-6)	\$	65,485	space to provide
2-2	Specif	c ownership	\$	2,785	any necessary
2-3	Sales a	and use	\$	-	explanations
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		\$	-	
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, colun	, +	-	
2-16	Lease proceeds		\$	-	
2-17	Developer Advances receiv	· · ·	-	-	
2-18	Proceeds from sale of capit	al 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 REVEN	IUE \$	68,270	

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
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ 67,288	
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): Treasurer's Fees		\$ 982	
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	DITURES/EXPENSES	\$ 68,270	

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

	PART 4 - DEBT OUTSTANDING	G, ISSU <u>E</u> [), AND RI	ETIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt?				J
	If Yes, please attach a copy of the entity's Debt Repayment S				
4-2	Is the debt repayment schedule attached? If no, MUST explain	n below:		n 📙	Ш
4.0				J	
4-3	Is the entity current in its debt service payments? If no, MUS	i explain below	:	n 🗆	Ц
4.4					
4-4	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	end of prior year		year	year-end
	numbers)				
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements		or year-end balance		
4.5	Please answer the following questions by marking the appropriate boxes	i.		Yes	No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$	45,972,686.00	j E	ш
ii yes.	Date the debt was authorized:		/2007	{	
4-6	Does the entity intend to issue debt within the next calendar		2001	J \square	7
If yes:	How much?	\$		l —	ŭ
11 yes. 4-7	Does the entity have debt that has been refinanced that it is	т	for?) 	7
	-	\$	101 f	l —	ŭ
If yes: 4-8	What is the amount outstanding? Does the entity have any lease agreements?	Φ	-	J \square	V
4-8 If yes:	What is being leased?) L	ŭ
ii yes.	What is the original date of the lease?			1	
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			´ 🗆	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/cor	nments or attac	h separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):		l	
			\$ -	٦
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			V
If no, MI	JST use this space to provide any explanations:			

	Please answer the following questions by marking in the appropriat	e boxes.				,	Yes		No
6-1	Does the entity have capital assets?								7
6-2	Has the entity performed an annual inventory of capital a 29-1-506, C.R.S.,? If no, MUST explain:	issets in acc	cordance	with S	ection	[
6-3	Complete the following capital & right-to-use assets table:	beginni	ance - ing of the ear*	be incl	ns (Must uded in rt 3)	Del	etions		ar-End lance
	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	\$	-	\$	-	\$	-	\$	-
	Part 6 - Please use this space to provide any explana		e to prior ye ents or a		•	itation,	if neede	d:	

	PART 7 - PENSION INF	ORMA	TIO	N		
	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?			,		J
7-2	Does the entity have a volunteer firefighters' pension plan?					J
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 1?	as of Jan	\$	-		
	Part 7 - Please use this space to provide any ex	cplanations	s or co	omments		

	PART 8 - BUDGET II	NFORMAT	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxe	s.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	the current year	V		
8-2	Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	e with Section	V		
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
		\$	23,191		
	23.03	•			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?		П
	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.	4	Ш

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?		7
If yes:	Date of formation:]	
10-2	Has the entity changed its name in the past or current year?		✓
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?	.	
	Please indicate what services the entity provides: Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks &]	
10-4	recreation. 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:	7	
10-5	All services are provided by Great Western Metropolitan District No. 5. Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during		4
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	J	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		11.000
	Total mills Yes	No	11.000 N/A
40.7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		
10-7	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.		
	Please use this snace to provide any additional explanations or comments not previous	nielv included:	

	PART 11 - 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?	V			

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

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.

Print th	e names of ALL members of current governing body below.	A MAJORITY of the members of the governing body must sign below.
Board	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 1	Marc Savela	exemption from audit. Signed Date: My term Expires:May 2027
Board	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 2	Mary-Kate Corbitt	exemption from audit. Signed Mary - Rate (orbit) Date: 3/22/52026F644F6L4:56:41 PDT My term Expires:May 2025
Board	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 3	John Spiegleman	exemption from audit. Signed John Spilleman Date: 3/21:62-62:01/25:64-70.8:49:06 PDT My term Expires:May 2027
Board Member 4	Print Board Member's Name	IBrian Spittell, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
	Brian Spittell	audit. Signed Brian Spittul Signed Brian Spittul Date: 3/23/24/24/25/25/25/25/25/25/25/25/25/25/25/25/25/
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 5		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and t for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxalized by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.	
ATTEST:	
111 1201.	
Town Clerk, Secretary, etc.	
	Date
Type or Print Names of Members of Governing Body	Term <u>Expires</u> <u>Signature</u>
Members of Governing Body	Expires Signature
\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM.**

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

	OHLONLI	
	Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
На	is the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has th	ne application been PERSONALLY reviewed and approved by the governing body?	link below.
Did yo	ou include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
	Will this application be submitted electronically?	Click here to go to the portal
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->	oner note to go to the portar
or-	-	
	If yes, 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 <u>MAJORITY</u> of the governing body? (See sample resolution.)	
Will t	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 MAJORITY of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

c/o Pinnacle Consulting Group, Inc.

550 W. Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE
(970)669-3611

amandac@pcgi.com

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

(970)669-3611

amandac@pcgi.com

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: Amanda Castle

TITLE District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group, Inc.

ADDRESS 550 W. Eisenhower Blvd, Loveland, CO 80537

PHONE (970)669 3611

PHONE	(970)669-3611				
PREPARER (SIGNATURE REQUIRED)		DATE PREPARED			
Amanda Kae Caster			03/20/2024		
	r the following financial information is recorded	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)	
using Governmental or	ernmental or Proprietary fund types				

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
2-1	Taxes: Prope	rty (report mills lev	vied in Question 10-6)	\$		space to provide
2-2	Speci	ic ownership		\$	74	any necessary
2-3	Sales	and use		\$	-	explanations
2-4	Other	(specify):		\$	-	
2-5	Licenses and permits			\$	-	
2-6	Intergovernmental:	Grants		\$	-	
2-7		Conservation	on Trust Funds (Lottery)	\$	-	
2-8		Highway Us	sers Tax Funds (HUTF)	\$	-	
2-9		Other (spec	ify):	\$	-	
2-10	Charges for services			\$	-	
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 receive		(should agree with line 4-4)		-	
2-18	Proceeds from sale of cap	tal assets		\$	-	
2-19	Fire and police pension			\$	-	
2-20	Donations			\$	-	
2-21	Other (specify):			\$	-	
2-22				\$	-	
2-23				\$	-	
2-24		(add lines 2-1 throug	h 2-23) TOTAL REVENUE	\$	1,687	

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	notado rana oquity infor	natio	Round to nearest Dollar	Please use this
3-1	Administrative		\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	1,663	
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 (s	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): Treasurer's Fees		\$	24	
3-24			\$	-	
3-25			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$	1,687	

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

	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 S	Schodulo			7
4-2	Is the debt repayment schedule attached? If no. MUST expla			П	П
. –	13 the debt repayment seneddie attached: If no, moor expla	iii bciow.) <u> </u>	_
4-3	Is the entity current in its debt service payments? If no, MUS	T explain below:		,	
]	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements	*Must agree to prio	r 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?		45,972,686.00		
	Date the debt was authorized:	11/6/2	2007	_	
4-6	Does the entity intend to issue debt within the next calendar			, 🗆	✓
If yes:	How much?	\$	-		_
4-7	Does the entity have debt that has been refinanced that it is		for?	, 🗆	✓
If yes:	What is the amount outstanding?	\$	-	_	
4-8	Does the entity have any lease agreements? What is being leased?			, D	V
If yes:	What is being leased? What is the original date of the lease?				
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			,	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/co	mments or attac	n separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	7
F 2			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			V
If no, MI	JST use this space to provide any explanations:			

uSign En	velope ID: D8AFA38E-19E8-40B2-B50E-EC3EA5222F6A							
	PART 6 - CAPITAL AND RI		r-TO-U	ISE ASS				
	Please answer the following questions by marking in the appropriate box	xes.			Ye			No
6-1	Does the entity have capital assets?							J
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in a	ccordance	with Section				
6-3	Complete the following capital & right-to-use assets table:		alance - ning of the year*	Additions (Mus be included in Part 3)		tions		ar-End lance
	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 ye	ear ending balanc	e		*	
	Part 6 - Please use this space to provide any explanations					f neede	d:	
	PART 7 - PENSION	INF	ORMA	TION				
	Please answer the following questions by marking in the appropriate box				Ye	es		No
7-1	Does the entity have an "old hire" firefighters' pension plan?							7
7-2	Does the entity have a volunteer firefighters' pension plan?							7
If yes:	Who administers the plan?							
	Indicate the contributions from:							
	Tax (property, SO, sales, etc.):			\$ -	7			
	State contribution amount:			\$ -	1			
	Other (gifts, donations, etc.):			\$ -				
	TOTAL			\$ -	_			
	What is the monthly benefit paid for 20 years of service per r 1?	etiree	as of Jan	\$ -				

PART 8 - BUDGET INFORMATION Please answer the following questions by marking in the appropriate boxes. N/A No 8-1 Did the entity file a budget with the Department of Local Affairs for the current year 1 in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: 8-2 Did the entity pass an appropriations resolution, in accordance with Section 1 29-1-108 C.R.S.? If no, MUST explain: If yes: Please indicate the amount budgeted for each fund for the year reported: Total Appropriations By Fund **Governmental/Proprietary Fund Name** General Fund 2,194

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

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?		
	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.	Ŭ.	Ц
If no, M	UST 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?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:	ſ	
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides: Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks &	1	
	recreation.	7	
10-4 If yes:	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:		
,	All services are provided by Great Western Metropolitan District No. 1.		
10-5 If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		7
,			
10-6 If yes:	Does the entity have a certified Mill Levy?	V	
11 yes.	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills Total mills		39.000 39.000
	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.		

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

	PART 11 - 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?	V		

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

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.

Print th	governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	Marc Savela	exemption from audit.
1		Signed
		Date:
		My term Expires:May 2025
	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	Mary-Kate Corbitt	exemption from audit.
2		Signed Mary - Late (orbitt Date: \$727258697D0F644FF
_		
		My term Expires:May 2025
	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board
Board		member, pand, that J. have personally reviewed and approve this application for
Member	John Spiegleman	exemption from audit.
3		Signed John Splenan Date 3/206/2022/458/470.8:49:06 PDT
		My term Expires:May 2027
	Print Board Member's Name	IBrian SpitteII, attest I am a duly elected or appointed board member,
Board Member		and that I have personally reviewed and approve this application for exemption from
	Brian Spittell	audit. Signed Brian SpillUL Date: 3/27/47/APEEFB934c009:18:16 MDT
4		Signed // (MV) / ((UU)) / ((UU)) / (22/2024) 0.09:18:16 MDT
		My term Expires:May 2025
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
5		Signed
		Date:
		My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
6		Signed
		Date:
	B' (B IM I I	My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
7		Signed Date:
		My term Expires:
		INIY LETITI EAPITES

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and t for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxalized by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.	
ATTEST:	
111 1201.	
Town Clerk, Secretary, etc.	
	Date
Type or Print Names of Members of Governing Body	Term <u>Expires</u> <u>Signature</u>
Members of Governing Body	Expires Signature
\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM.**

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

CAN BE FOUND AT:

FOR YOUR REFERENCE, COLORADO REVISED STATUTES

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

OI LONLIST						
Has the preparer signed the application?		Checkout our web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the				
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?						
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?		link below.				
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?						
	Will this application be submitted electronically?	Click here to go to the portal				
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->					
or						
	If yes, 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 <u>MAJORITY</u> 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

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

c/o Pinnacle Consulting Group, Inc.
550 W. Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE
(970)669-3611

EMAIL

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

(970)669-3611

amandac@pcgi.com

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: Amanda Castle

TITLE District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group, Inc.

ADDRESS 550 W. Eisenhower Blvd, Loveland, CO 80537

PHONE (970)669 3611

PHONE (970)669-3611			
PREPARER (SIGNATURE REQUIRED)	DATE PREPARED		
Mmanda Kar Caster		03/20/2024	
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types			

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
2-1	Taxes: Proper	ty (report mills levied in Que	estion 10-6)	\$ 2,039	space to provide
2-2	Specif	ic ownership		\$ 94	any necessary
2-3	Sales	and use		\$ -	explanations
2-4	Other	(specify):		\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:	Grants		\$ -	
2-7		Conservation Trust		\$ -	
2-8		Highway Users Tax		\$ -	
2-9		Other (specify):		\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits		<u> </u>	\$ -	
2-12	Special assessments		<u></u>	\$ -	
2-13	Investment income		_	\$ -	_
2-14	Charges for utility services		_	\$ -	_
2-15	Debt proceeds	(should ag		\$ -	_
2-16	Lease proceeds		<u></u>	\$ -	_
2-17	Developer Advances receive			\$ -	_
2-18	Proceeds from sale of capi	tal assets	<u> </u>	\$ -	
2-19	Fire and police pension		_	\$ -	
2-20	Donations			\$ -	_
2-21	Other (specify):			\$ -	
2-22			<u></u>	\$ -	
2-23				\$ -	
2-24		(add lines 2-1 through 2-23)	TOTAL REVENUE	\$ 2,133	

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	uity iiiioiii	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ 2,102	
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		\$ -	1
3-15	Utility operations		\$ -	1
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (should agree wi	ith Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (should agree with	h line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (should agree to	o line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to	o line 7-2)	\$ -	
3-23	Other (specify): Treasurer's Fees		\$ 31	
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXP	ENSES	\$ 2,133	

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

	PART 4 - DEBT OUTSTANDING	G, ISSU <u>E</u> [), AND RI	ETIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt?			J	
	If Yes, please attach a copy of the entity's Debt Repayment Schedule.				
4-2	Is the debt repayment schedule attached? If no, MUST explain	n below:		n 📙	Ш
4.0				J	
4-3	Is the entity current in its debt service payments? If no, MUS	i explain below	:	n 🗆	Ц
4.4					
4-4	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	end of prior year		year	year-end
	numbers)				
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements		or year-end balance		
4.5	Please answer the following questions by marking the appropriate boxes	i.		Yes	No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$	45,972,686.00	j E	ш
ii yes.	Date the debt was authorized:		/2007	{	
4-6	Does the entity intend to issue debt within the next calendar		2001	J \square	7
If yes:	How much?	\$		l —	ŭ
11 yes. 4-7	Does the entity have debt that has been refinanced that it is	т	for?) \Box	7
	-	\$	101 f	l —	ŭ
If yes: 4-8	What is the amount outstanding? Does the entity have any lease agreements?	Φ	-	J \square	V
4-8 If yes:	What is being leased?) L	ŭ
ii yes.	What is the original date of the lease?			1	
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			´ 🗆	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/cor	nments or attac	h separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):		l	
			\$ -	٦
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			V
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI		IT-TO-L	ISE A	SSE	TS		
	Please answer the following questions by marking in the appropriate box	xes.				Yes		No
6-1	Does the entity have capital assets?							V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ts in	accordance	with Se	ction			
6-3			Balance -	Additions				Year-End
	Complete the following capital & right-to-use assets table:		inning of the year*	be inclu Part	3)	Deletions		Balance
	Land	\$	-	\$	-	Φ	- \$	-
	Buildings Machinery and equipment	\$	-	\$	-	\$ -	- \$	-
	Furniture and fixtures	\$		\$		\$ -	- \$ - \$	-
	Infrastructure	\$		\$		•		
		\$		\$	-	Φ.	Ψ	-
	Construction In Progress (CIP) Leased & SBITA Right-to-Use Assets	\$		\$	-	\$ -	- \$ - \$	-
		\$		\$	-	\$ -	- \$	-
	Other (explain): Accumulated Depreciation/Amortization	Φ_	<u>-</u>	Φ		Φ -	- 5	-
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	- \$	-
	TOTAL	\$	-	\$	-	\$ -	- \$	-
			st tie to prior ye					
	Part 6 - Please use this space to provide any explanations	s/con	nments or a	ttach do	cumer	itation, if ne	eded:	
	PART 7 - PENSION	INF	FORMA	TION				
			ORIVIA			Yes		No
7-1	Please answer the following questions by marking in the appropriate box Does the entity have an "old hire" firefighters' pension plan?	xes.	OITMA	IIION		Yes		No ✓
7-1 7-2	Please answer the following questions by marking in the appropriate box	xes.	ORMA					
	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan?	xes.	ORMA					7
7-2	Please answer the following questions by marking in the appropriate bor Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan?	xes.	OKWA					7
7-2	Please answer the following questions by marking in the appropriate bor. Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:	xes.	ORMA					7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):	xes.	ORMA	\$				7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:	xes.	ORMA	\$	-			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):	xes.	ORMIA	\$ \$ \$	- - -			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL	xes.		\$	-			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):	xes.		\$ \$ \$	- - -			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 respective per response to the property of t	xes.	e as of Jan	\$ \$ \$ \$	- - - -			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 rich.	xes.	e as of Jan	\$ \$ \$ \$	- - - -			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 rich.	retiree	e as of Jan explanation	\$ \$ \$ \$	- - - -			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide	retiree	e as of Jan explanation	\$ \$ \$ \$	- - - - - ments			7
7-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 rate. Part 7 - Please use this space to provide	retiree any e	e as of Jan explanation	\$ \$ \$ \$ s or com	- - - - - ments	:		· •
7-2 If yes:	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for	retiree any e	e as of Jan explanation	\$ \$ \$ \$ s or com	- - - - - ments	.: No		V V
7-2 If yes:	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for	retires any s	e as of Jan explanation FORMA current year	\$ \$ \$ \$ s or com	- - - - - ments	.: No		V V
7-2 If yes:	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance	retires any s	e as of Jan explanation FORMA current year	\$ \$ \$ \$ s or com	- - - - - ments	No		V V
7-2 If yes: 8-1 8-2	Please answer the following questions by marking in the appropriate both Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance	INF xes. or the	e as of Jan explanation FORMA current year	\$ \$ \$ \$ s or com	- - - - - ments	No		V V
7-2 If yes: 8-1 8-2	Please answer the following questions by marking in the appropriate boy Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boy Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INF xes. or the once w	e as of Jan explanation FORMA current year	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - ments	No		V V

	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)]?		П	
	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.	<u> </u>	Ц	

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?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		✓
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?	.	
	Please indicate what services the entity provides: Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation.		
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: All services are provided by Great Western Metropolitan District No. 1.	1	
10-5	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during	´ 🗆	7
If yes:	Date Filed:		
10-6 If yes:	Does the entity have a certified Mill Levy?	J	
,	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		39.000
	Total mills Yes	No	39.000 N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		N/A
10-7	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.	7	
	Please use this space to provide any additional explanations or comments not provide	j Suglu ingluded:	

	PART 11 - 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?	V			

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

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.

Print th	e names of ALL members of current governing body below.	A MAJORITY of the members of the governing body must sign below.
Board	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 1	Marc Savela	exemption from audit. Signed Date: My term Expires:May 2025
Board	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board member, pandithat J have personally reviewed and approve this application for
Member 2	Mary-Kate Corbitt	exemption from audit. Signed Mayy - ₹at Corbill Date: 3/22\$\$ \$2026 + 644 + 614 : 56 : 41 PDT My term Expires: May 2025
Board	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption, from audit.
Member 3	John Spiegleman	exemption from audit. Signed John Spitaleman Date: 3/2016/2026-8-447,08:49:06 PDT My term Expires:May 2027
Board	Print Board Member's Name	IBrian Spittell, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 4	Brian Spittell	audit. Signed Brian SpiffUl Date: 3/22/2024894c09:18:16 MDT My term Expires:May 2025
Desail	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 5		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1) WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and t for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxalized by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of Members of Governing Body	Term	Sign
Members of Governing Body	Expires	Signature
	\	
		\rightarrow
	\\/	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM.**

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

	OHLONLI	
	Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?		From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has th	ne application been PERSONALLY reviewed and approved by the governing body?	link below.
Did yo	ou include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
	Will this application be submitted electronically?	Click here to go to the portal
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->	oner note to go to the portar
or-	-	
	If yes, 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 <u>MAJORITY</u> of the governing body? (See sample resolution.)	
Will t	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 MAJORITY of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

amandac@pcgi.com

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT Great Western Metropolitan District No. 10 For the Year Ended **ADDRESS** c/o Pinnacle Consulting Group, Inc. 12/31/23 550 W. Eisenhower Blvd or fiscal year ended: Loveland, CO 80537 **Amanda Castle CONTACT PERSON** (970)669-3611

PHONE EMAIL

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: Amanda Castle TITLE District Accountant FIRM NAME (if applicable) Pinnacle Consulting Group, Inc. **ADDRESS** 550 W. Eisenhower Blvd, Loveland, CO 80537 DHONE

PHONE ((970)669-3611			
PREPARER (SIGNATURE REQUIRED)		D	ATE PREPARED
Mmanda Kai Caster		03/20/2	2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	(mess is 25 / red red red red)		

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
2-1	Taxes: Proper	ty (report mills levied in Question 1	0-6)	.,	space to provide
2-2	Specifi	c ownership	\$	73	any necessary
2-3	Sales a	ind use	\$	-	explanations
2-4	Other (specify):	\$	-	
2-5	Licenses and permits		\$	-	
2-6	Intergovernmental:	Grants	\$	-	
2-7		Conservation Trust Fund	s (Lottery) \$	-	
2-8		Highway Users Tax Fund		-	
2-9		Other (specify):	\$	-	
2-10	Charges for services		\$	-	
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 wit	n line 4-4, column 2)	-	
2-16	Lease proceeds		\$	-	
2-17	Developer Advances receive	ed (should	agree with line 4-4)	-	
2-18	Proceeds from sale of capit	al 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) TC	TAL REVENUE \$	1,662	

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	o rana oquity iiiioi	ricere	Round to nearest Dollar	Please use this
3-1	Administrative		\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	1,248	
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 (show	ıld agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19	Repayment of Developer Advance Principal (should	d agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21	Contribution to pension plan (sho	uld agree to line 7-2)	\$	-	
3-22	Contribution to Fire & Police Pension Assoc. (sho	uld agree to line 7-2)	\$	-	
3-23	Other (specify): Treasurer's Fees		\$	23	
3-24	Payment to state for O&G		\$	391	
3-25			\$	<u> </u>	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITUR	RES/EXPENSES	\$	1,662	

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

	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.				7
4-2	Is the debt repayment schedule attached? If no. MUST explain below:			П	П
. –	13 the debt repayment seneddie attached: If no, moor expla	iii bciow.) <u> </u>	_
4-3	Is the entity current in its debt service payments? If no, MUS	T explain below:		,	
]	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements	*Must agree to prio	r 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?		45,972,686.00		
	Date the debt was authorized:	11/6/2	2007	_	
4-6	Does the entity intend to issue debt within the next calendar			, 🗆	✓
If yes:	How much?	\$	-		_
4-7	Does the entity have debt that has been refinanced that it is		for?	, 🗆	✓
If yes:	What is the amount outstanding?	\$	-	J _	
4-8	Does the entity have any lease agreements? What is being leased?			, D	V
If yes:	What is being leased? What is the original date of the lease?				
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			,	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/co	mments or attac	h separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	7
F 2			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			V
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	JSE ASSI	ETS	
	Please answer the following questions by marking in the appropriate bo			Yes	No
6-1	Does the entity have capital assets?				7
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in accordanc	e with Section		
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		Ψ -		φ -
	(Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
			ear ending balance		
	Part 6 - Please use this space to provide any explanation	s/comments or	attach documei	ntation, if need	ed:
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?			_	
7-1	boes the entity have an old fille thengitters pension plant)			7
7-2	Does the entity have a volunteer firefighters' pension plan?	•			7
				_	
7-2	Does the entity have a volunteer firefighters' pension plan?			_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:		\$ -	_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?	•	\$ - \$ -	_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):		\$ -	_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):		\$ - \$ - \$ -	_	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL		\$ - \$ - \$ -	_	
7-2	Does the entity have a volunteer firefighters' pension plan? 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 response.	etiree as of Jan	\$ - \$ - \$ -		
7-2	Does the entity have a volunteer firefighters' pension plan? 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 range.	etiree as of Jan	\$ - \$ - \$ -		
7-2	Does the entity have a volunteer firefighters' pension plan? 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 rate. Part 7 - Please use this space to provide	etiree as of Jan any explanatio	\$ - \$ - \$ - \$ -		
7-2	Does the entity have a volunteer firefighters' pension plan? 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 range.	etiree as of Jan any explanatio	\$ - \$ - \$ - \$ -		
7-2	Does the entity have a volunteer firefighters' pension plan? 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 rate. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both	etiree as of Jan any explanation INFORMA	\$ - \$ - \$ - \$ sor comments		
7-2	Does the entity have a volunteer firefighters' pension plan? 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 rate. Part 7 - Please use this space to provide	etiree as of Jan any explanation INFORMA	\$ - \$ - \$ - \$ sor comments		✓
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 rate. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate book Did the entity file a budget with the Department of Local Affairs for	etiree as of Jan any explanation INFORMA	\$ - \$ - \$ - \$ - No or comments	No No	√ N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 roward for 2	etiree as of Jan any explanation INFORMA xes. or the current year	\$ - \$ - \$ - \$ - \$ - NS or comments	No L	N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 roward 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	etiree as of Jan any explanation INFORMA xes. or the current year	\$	No No	√ N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 roward for 2	etiree as of Jan any explanation INFORMA xes. or the current year	\$ - \$ - \$ - \$ - \$ - NS or comments	No L	N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 roward 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	etiree as of Jan any explanation INFORMA xes. or the current year	\$ - \$ - \$ - \$ - \$ - NS or comments	No L	N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 roward 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	any explanation INFORMA xes. or the current yean	\$ - \$ - \$ - \$ - \$ - NS or comments	No L	N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 roward 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate book Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years of the property of t	any explanation INFORMA xes. or the current year nce with Section	\$ - \$ - \$ - \$ - \$ - NS or comments	No L	N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 row 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bood in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	any explanation INFORMA xes. or the current year nce with Section	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	No L	N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 roward 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate book Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years of the property of t	any explanation INFORMA xes. or the current yean nce with Section ear reported: Total Appropr	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	No L	N/A

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?		
	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.	Ŭ.	Ц
If no, M	UST 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?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:	ſ	
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides: Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks &	1	
	recreation.	7	
10-4 If yes:	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:		
,	All services are provided by Great Western Metropolitan District No. 1.		
10-5 If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		 ✓
,			
10-6 If yes:	Does the entity have a certified Mill Levy?	V	
11 yes.	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills Total mills		39.000 39.000
	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.		

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

	PART 11 - 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?	V			

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

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.

Print the	governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Doord	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 1	Marc Savela	exemption from audit. Signed Date: My term Expires:May 2025
Board	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 2	Mary-Kate Corbitt	exemption from audit. Signed Mary - tat (orbit) Date: 3/22/62964644FF14:56:41 PDT My term Expires:May 2025
	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 3	John Spiegleman	exemption, from audit. Signed John Spill Juman. Date: 3/23 Freshels 84 70 08:49:06 PDT My term Expires: May 2027
Board	Print Board Member's Name	IBrian SpitteII, attest I am a duly elected or appointed board member, and that I bลงคลูคลาธุonally reviewed and approve this application for exemption from
Member 4	Brian Spittell	audit. Signed Brian SpiffUl Date: 37-227/2024 FED3-409: 18:16 MDT My term Expires:May 2025
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 5		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR TISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2) WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxdai.ed by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
Wayor/T resident/Chairman, etc.		
ATTEST:		
Transaction Clark Country		
Town Clerk, Secretary, etc.		
T D'AN C	Date	
Type or Print Names of Members of Governing Body	Term	Cian
Members of Governing Body	Expires	Signature
	\ \	
\\\		
	\ \ \	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM.**

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 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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 <u>NOT</u> BE ACCEPTED.

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

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

CAN BE FOUND AT:

FOR YOUR REFERENCE, COLORADO REVISED STATUTES

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

	CHLONLI	
	Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?		From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the	application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
	Will this application be submitted electronically?	Click here to go to the portal
	If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->	<u></u>
or		
	If yes, 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 <u>MAJORITY</u> of the governing body? (See sample resolution.)	
Will th	is 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

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB 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

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 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

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.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

C/o Pinnacle Consulting Group, Inc.

550 W. Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE
(970)669-3611

EMAIL

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

12/31/23
or fiscal year ended:

12/31/23
0r fiscal year ended:

12/31/23
0r fiscal year ended:

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: Amanda Castle

TITLE District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group, Inc.

ADDRESS 550 W. Eisenhower Blvd, Loveland, CO 80537

PHONE (970)669 3611

PHONE (970)669-3611			
PREPARER (SIGNATURE REQUIRED)		D	ATE PREPARED
Mmanda Kae Caster		03	/20/2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	_		

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#		Des	cription		Round to nearest Dollar	Please use this
2-1	Taxes: Prope	rty (report mills levied in Ques	tion 10-6)	\$ 000	space to provide
2-2	Specif	ic owners	hip		\$ 37	any necessary
2-3	Sales	and use			\$ -	explanations
2-4	Other	(specify):			\$ -	
2-5	Licenses and permits				\$ -	
2-6	Intergovernmental:		Grants		\$ -	
2-7			Conservation Trust F	Funds (Lottery)	\$ -	
2-8		I	Highway Users Tax F	Funds (HUTF)	\$ -	
2-9		(Other (specify):		\$ -	
2-10	Charges for services				\$ -	
2-11	Fines and forfeits				\$ -	
2-12	Special assessments				\$ -	
2-13	Investment income				\$ -	
2-14	Charges for utility services				\$ -	
2-15	Debt proceeds		(should agre	ee with line 4-4, column 2)	\$ -	
2-16	Lease proceeds				\$ -	
2-17	Developer Advances receive	ed .	(s	hould agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capi	tal assets			\$ -	
2-19	Fire and police pension				\$ -	
2-20	Donations				\$ -	
2-21	Other (specify):				\$ -	
2-22					\$ -	
2-23					\$ -	
2-24		(add line	s 2-1 through 2-23)	TOTAL REVENUE	\$ 843	

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	ina oquity imori	Round to nearest Dollar	Please use this
3-1	Administrative		\$	space to provide
3-2	Salaries		\$	any necessary
3-3	Payroll taxes	•	\$	explanations
3-4	Contract services	•	\$ 8	331
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		Ψ	
3-14	Capital outlay		\$	
3-15	Utility operations		\$	
3-16	Culture and recreation		\$	
3-17	Debt service principal (should a	gree with Part 4)	\$	
3-18	Debt service interest		\$	
3-19	Repayment of Developer Advance Principal (should ag	ree 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): Treasurer's Fees		\$	12
3-24	Payment to state for O&G		Ψ	
3-25			\$	·
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	/EXPENSES	\$	343

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

	PART 4 - DEBT OUTSTANDING	G, ISSU <u>E</u> [), AND RE	ETIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt?	<u> </u>		V	
	If Yes, please attach a copy of the entity's Debt Repayment Schedule.				
4-2	Is the debt repayment schedule attached? If no, MUST explain	n below:		ı 📙	Ц
4.0			J		
4-3	Is the entity current in its debt service payments? If no, MUS	explain below	:	□ 1	Ш
4.4					
4-4	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	end of prior year*	year	year	year-end
	numbers)				
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion Based Information Technology Arrangements		or year-end balance		
4.5	Please answer the following questions by marking the appropriate boxes			Yes ✓	No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$	45,972,686.00) <u>~</u>	
ii yes.	Date the debt was authorized:		2007	{	
4-6	Does the entity intend to issue debt within the next calendar		2001) 	7
If yes:	How much?	\$		L I	ت
11 yes. 4-7	Does the entity have debt that has been refinanced that it is	т	for?) 	7
	-	\$	101 ?	L I	<u> </u>
If yes: 4-8	What is the amount outstanding? Does the entity have any lease agreements?	Φ	-	J \square	7
If yes:	What is being leased?				ت
11 yes.	What is the original date of the lease?			1	
	Number of years of lease?			1	
	Is the lease subject to annual appropriation?			´ 🗆	
	What are the annual lease payments?	\$	-]	
	Part 4 - Please use this space to provide any explanations/cor	nments or attac	h separate doc	umentation, if r	needed

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			7
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.)?			7
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO	-USE ASS	ETS	
	Please answer the following questions by marking in the appropriate box			Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ts in accorda	nce with Section		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of year*	Additions (Musthe be included in Part 3)		Year-End Balance
	Land	\$ -	- \$ -	\$ -	\$ -
	Buildings Machinery and applianced	Ψ	- \$ -	\$ -	\$ -
	Machinery and equipment Furniture and fixtures	\$ -	- \$ - - \$ -	\$ - \$ -	\$ - \$ -
	Infrastructure	\$ -	Φ.	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	- \$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets	\$ -	- \$ -	\$ -	\$ -
	Other (explain):	\$ -	- \$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization	\$ -	- \$ -	\$ -	
	(Please enter a negative, or credit, balance) TOTAL	\$ -	<u>'</u>	\$ -	\$ - \$ -
	TOTAL	_ T	or year ending baland		- μ
	Part 6 - Please use this space to provide any explanations				led:
	PART 7 - PENSION	INFORM	MATION		
	Please answer the following questions by marking in the appropriate box			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				4
7-2	Does the entity have a volunteer fire fighters' pension plan?	_ 🗆	✓		
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 re	etiree as of J	an		
	1?		\$ -		
	Part 7 - Please use this space to provide	any explanat	ions or commen	ts:	
	DART O PURCET	INICODIV	ATION		
	PART 8 - BUDGET				
8-1	Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affairs fo		Yes	No	N/A
0-1	in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	i the current y	√eai ✓		
	, .				
8-2					
0-2	Did the entity pass an appropriations resolution, in accordan	ce with Sect	ion 🗸		
	29-1-108 C.R.S.? If no, MUST explain:				
If yes:	Please indicate the amount budgeted for each fund for the year	ear reported:			
	Governmental/Proprietary Fund Name		opriations By Fund		
	General Fund	\$	1,34	6	
				_	
				1	

	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)]?				
	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.	<u> </u>	Ц		

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?		7
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		√
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?	 	
	Please indicate what services the entity provides:	1	
	Water, irrigation, sanitation, drainage, streets, traffic & safety controls, transportation, parks & recreation.	V	
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:) 1	
10-5	All services are provided by Great Western Metropolitan District No. 1.	' _□	V
	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:	L L	۳
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	V	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		39.000
	Total mills		39.000
	Yes	No	N/A
40.7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		
10-7	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.		
	under OD 21-202 [Octobri 32-1-207 C.N.O.]: II NO, piease expiain.	l	
	Please use this space to provide any additional explanations or comments not previous	usly included:	

	PART 11 - 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?	V			

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

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.

Print th	e names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Description	Print Board Member's Name	IMarc Savela, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 1	Marc Savela	exemption from audit. Signed Date: My term Expires:May 2025
Board Member 2	Print Board Member's Name	IMary-Kate Corbitt, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	Mary-Kate Corbitt	exemption from audit. Signed Mary tatt (orbit) Date: 3/22/500206-644-14:56:41 PDT My term Expires:May 2025
	Print Board Member's Name	IJohn Spiegleman, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 3	John Spiegleman	exemption from audit. Signed John Spiloluman. Date: 3/2162020£584408:49:06 PDT My term Expires:May 2027
Board Member 4	Print Board Member's Name	IBrian SpitteII, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
	Brian Spittell	audit. Signed By Spittell Date: 3/24/62024 Bb/3409:18:16 MDT My term Expires:May 2025
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 5		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I
		My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR TISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudy requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Mate Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of government) has been prepared by (name of individual), a person skilled in governmental accounts and

Oi

(2) WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/oxdai.ed by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
Wayor/T resident/Chairman, etc.		
ATTEST:		
Transaction Clark Country		
Town Clerk, Secretary, etc.		
T D'AN C	Date	
Type or Print Names of Members of Governing Body	Term	Cian
Members of Governing Body	Expires	Signature
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