EMAIL FAX PHONE CONTACT PERSON ADDRESS NAME OF GOVERNMENT Sue Blair 303-481-4960 sblair@crsofcolorado.com 303-481-4961 TRAILMARK METROPOLITAN DISTRICT 7995 E. Prentice Avenue, Suite 103E Greenwood Village, CO 80111 APPLICATION FOR EXEMPTION FROM AUDIT **CERTIFICATION OF PREPARER** LONG FORM or fiscal year ended: For the Year Ended 12/31/2019

PHONE DATE PREPARED
RELATIONSHIP TO ENTITY FIRM NAME (if applicable) I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity. ADDRESS NAME: Accountant
Community Resource Services of Colorado
7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111 loan Beans

* Indicate Name of Fund NOTE: Attach additional sheets as necessary.

-	· ·	69		8	1,186,717		
	•	•	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND	1.37
	Φ	Θ	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	€	1,035,370	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	1-36
	69	-	Undesignated/Unreserved/Unrestricted	49	1,024,170	Unassigned:	1-35
and the control of th	69	-	Restricted	\$		Assigned [specify]	1-34
	+		Other Designations/Reserves	\$		Committed [specify]	1-33
		-	Emergency Reserves	+	11,200	Restricted - Tabor	1-32
_	7			+		Nonspendable Inventory	
	÷	€9	Net Investment in Capital Assets	49	-	Nonspendable Prepaid \$	1-30
- 1			Net Position			Fund Balance	_
	€9	د	TOTAL DEFERRED INFLOWS OF RESOURCES		101,404	TOTAL DEFERRED INFLOWS OF RESOURCES	1-29
	€9	€9	(add lines 1-19 through 1-27) TOTAL LIABILITIES	_	49,943	(add lines 1-19 through 1-27) TOTAL LIABILITIES	1-28
d-run	69	49		⇔		€9	1-27
,	69			\$		G	1-26
•	69	-		-	1	₩.	1-25
		-					1-24
,		-		-		69	1-23
	1	-			1		1-22
•	1		Other Liabilities [specify]:	est est	-	5	1-21
	9 4		Proprietary Dept Outstanding (from Part 4-4)	5		All Other Liabilities [specify]	1-20
ar hour	1		AL CORRENT LIABILITIES	49	49,943	TOTAL CURRENT LIABILITIES	1-19
4	1			-		All Other Current Liabilities	1-18
•			Due to Other Entitles or Funds	-		Due to Other Entities or Funds	1-17
	1	,	Accrued Interest Payable	-	-	Accrued Interest Payable	1-16
		-	Accrued Payroll and Related Liabilities	*	153	Accrued Payroll and Related Liabilities	1-15
	1		Accounts Payable	-	49,790	Accounts Payable	1-14
			Liabilities			Liabilities	
	\$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	49	1,186,717	TOTAL ASSETS AND DEFERRED OUTFLOWS \$	1-13
•	49	-	FERRED OUTFLOWS OF RESOURCES	49	1	TO.	1-12
· ·	49	£9	TOTAL ASSETS	€ 5	1,186,717	(add lines 1-1 through 1-10) TOTAL ASSETS \$	1-1-1
	-			+5	T	(1-10
	49	49		·	1	49	1-9
•	49	-		с я		ts	1-8 8
	-	-	Other Long Term Assets [specify]	1		S	1-7
	49		Capital Assets, net (from Part 6-4)	49	_	S	<u>გ</u>
	49	€9 1	Total Current Assets	49	-	မာ	
	. 4	-	_			All Other Assets [specify]	
•	9 4		Due from Other Entities of Fullus	4		Due from Other Entitles or Funds	4
•	9 6	9 6	Receivables	+	102,201		<u>.</u> ۵
	9 6			-	7,003,294		1-2
•	9 6	9 4	Equivalents	-	81,142	1 Equivalents	. <u>.</u>
	2		_			7	
items on this page					1		ł
provide explanation of any	Fund	Fund	Description	Fund	General	Pascription	8
	Proprietary/Fiduciary Funds	Proprietary/F		Governmental Funds	Governm		
							1

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

t, C.R.S., or contact the OSA	ly be required. See Section 29-1-604	nan \$750,000 - STOP. You may not use this form. An audit ma	-29) are GREATER tha	r all funds (Line 2	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	IF GR
\$ 373,331	:	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES §	↔	373,331	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES \$	£7-7
GRAND TOTALS	1 49	TOTAL OTHER FINANCING SOURCES \$		1	TOTAL OT	
		Add lines 2.25 through 2.27			Add lines 2-25 through 2-27	သ သ
	। ।	Other [specify]:	€ 9			2-27
1	: 	Developer Advances \$	\$	-	26 Developer Advances \$	2-26
	1	Debt Proceeds	€9	2	25 Debt Proceeds \$	2-25
•		Other Financing Sources			Other Financing Sources	
	- 	Add lines 2-8 through 2-23 S TOTAL REVENUES	(1)	373,331	Add lines 2-8 through 2-23 S	2-24
	; 49	49	49	1		2-23
	1 49	All Other [specify]:	1	1	22 All Other [specify]:	2-22
	1 49	Proceeds from Sale of Capital Assets	49	\$	21 Proceeds from Sale of Capital Assets \$	2-21
	1 49	Tap Fees	€9	-	20 Tap Fees \$	2-20
	- G	Interest/Investment Income	€ 9	24,451	19 Interest/Investment Income \$	2-19
	· ·	Fines and Forfeits	49	•	18 Fines and Forfeits \$	2-18
	ا	Rental Income \$	⇔		17 Rental Income \$	2-17
1	- 	Charges for Sales and Services	49	ι	16 Charges for Sales and Services	2-16
1	т •	Donations	49	•	15 Donations \$	2-15
	-	Grants	÷	ŧ	14 Grants \$	2-14
	- 49	Fire & Police Pension	\$	-	13 Fire & Police Pension \$	2-13
L	ا &	Community Development Block Grant	49	ŧ	12 Community Development Block Grant \$	2-12
4	1 45	Conservation Trust Funds (Lottery)	49	-	11 Conservation Trust Funds (Lottery) \$	2-11
1	; •	Highway Users Tax Funds (HUTF)	\$	-	10 Highway Users Tax Funds (нить) \$	2-10
	· ·	Licenses and Permits	€ 9	-	9 Licenses and Permits \$	2-9
	· ·	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	49	348,880	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	2-8
1	1 49	49	⇔	1	7	2-7
	((↔	€9		Ġ	2-6
	1 49	€	⇔	-	·s	2-5
	· •	Other Tax Revenue [specify]:	69	219,774	4 Other Tax Revenue: HOA Cost Sharing \$	2-4
	: \$	Sales and Use Tax	1	1	3 Sales and Use Tax \$	2-3
	I 69	Specific Ownership \$	€9	10,137		2-2
	- 49	Property [include mills levied in Question 10-6]	€ 5	118,969	-1 Property [include mills levied in Question 10-6]	2-1
items on this page		Tax Revenue	7		Tax Revenue	
provide explanation of any	Fund* Fund*	Description	Fund	General	e# Description	Line#
	Proprietary/Fiduciary Funds		Governmental Funds	Governme		
	Silver and the second s					

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOOK Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

		Governmental Funds		Proprietary/Fiduciary Funds	Please lise this space to
Line#	Description	General Fund	Description	Fund" Fund"	provide explanation of any
	-		Expenses		items on this page
3 <u>.</u> 1	General Government	\$ 126,330 \$	General Operating & Administrative	- 4	
3-2	Judicial	1 49	- Salaries	-	
3-3 3-3	Law Enforcement	1 49	- Payroll Taxes		
3-4	Fire	1 49	- Contract Services	· •	
3-5	Highways & Streets	\$ - - -	Employee Benefits	- 4	
ა -6		\$ \$	Insurance	- 5	
3-7	Contributions to Fire & Police Pension Assoc.	· · ·	- Accounting and Legal Fees	5	
ა 8		\$	- Repair and Maintenance	1	
3-9	Culture and Recreation	\$ - \$	Supplies	1	
3-10	icts	\$ - \$	_ Utilities	₩ : ₩	
3- <u>1</u> 1		↔	Contributions to Fire & Police Pension Assoc.	- 45	
3-12		\$ - *	- Other [specify]	: 4	
3-13		- +	1	: 69	
3-14	Capital Outlay	\$ 430,424 \$	- Capital Outlay	: 69	
	Debt Service		Debt Service	The second secon	
3-15	Principal	1 49	Principal	-	
3-16	Interest	- &	Interest	-	
3-17	Bond Issuance Costs	1 49	Bond Issuance Costs	-	
3-18	Developer Principal Repayments	- -	- Developer Principal Repayments	1	
3-19	Developer Interest Repayments	-	- Developer Interest Repayments	1 44	
3-20	All Other [specify]:	- 49	- All Other [specify]:	1	
3-21		- 6		- 49	GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 556,754 \$	Add lines 3-1 through 3-21 TOTAL EXPENSES	- 	\$ 556,754
3-23	\neg	÷	- Net Interfund Transfers (In) Out	- 	
3-24		: \$	Other [specify][enter negative for expense]	-	
3-25	Other Expenditures (Revenues):	1 69	- Depreciation		
3-26		- +	Other Financing Sources (Uses) (from line 2-28)	-	
3-27		1 49	- Capital Outlay (from line 3-14)	1	
3-28			- Debt Principal (from line 3-15, 3-18)	- 49	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	en L	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL GAAP RECONCILING ITEMS	t	
3-30	d Other Financing		Net Increase (Decrease) in Net Position		
	Line 2-29, less line 3-22, plus line 3-29	\$ (183,423) \$:	υ - υ	
3	Fund Balance, January 1 from December 31 prior year		Net Position, January 1 from December 31 prior year		
5		\$ 1,218,793 \$	report	1 6	
3-32	Prior Period Adjustment (MUST explain)	- - -	Prior Period Adjustment (MUST explain)	: G	
3-33	Fund Balance, December 31		Net Position, December 31		
			Line 3-30 plus line 3-31	9	
	ills total should be the same as the 1-90.	ATTENT 6750 000 STOR Your	This total should be the same as the Fox.	29-1-504 C.R.S. or contact the OSA Lo	cal Government Division at
IF GR	AND TOTAL EXPENDITURES for all funds (Line 3-22) are GRE	ATER than \$750,000 - STOP. You n	nay not use this form. An audit may be required. See Section :	29-1-604, C.R.S., or contact the USA Lo	cal Government Division at

IF GRAND TOTAL EXPENDITURES for (303) 869-3000 for assistance.

Please answer the following question by marking in the appropriate box YES	YES	NO Please use this space to provide any explanations or comments:
6-1 Does the entity have capitalized assets?	6 3	
6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no,	(5)	
MUST explain:		

											6 4											မှ မ	
Control of the contro	TOTAL	Accumulated Depreciation (Enter a negative, or credit, balance)	Other (explain):	Construction In Progress (CIP)	Infrastructure	Furniture and fixtures	Machinery and equipment	Buildings	Land		Complete the following Capital Assets table for PROPRIETARY FUNDS:	TOTAL	Accumulated Depreciation (Enter a negative, or credit, balance)	Other: Water rights (not depreciated)	Construction in Progress (CIP)	Infrastructure	Furniture and fixtures	Machinery and equipment	Buildings	Land		Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	
"must aç	€9	()	es	€9	↔	↔	↔	€9	↔		Ba begini	ŧя	↔	co	co	છ	s	છ	ક્ક	49	<u> </u>	Ba begint	
must agree to prior year ending balance	1		1	,	1	1	1	-	-	year*	Balance - beginning of the	165,964	(20,124) \$	23,984 \$	ı	1	1	36,534	1	125,570	year*	Balance - beginning of the	
ar ending ba	49	¢9	G	49	49	↔	€9	↔	\$		Addi	69	€9	\$	Ð	69	es	es	8	49		Additions	
alance		1	,	-		,	-		1		Additions	413,641	(16,783) \$,		430,424						tions	
	€9	ક્ક	es	es	es	69	49	cs	en		Deletions	\$	49	€9	€9	€9	€9	co	co	S		Deletions	
	,	1	ļ.	-	-				,		ions	-	_	-	,		-			-		ions	
	•	•	5	5	5			to I	4		Year-End Balance	\$ 579,605	\$ (36,907)	\$ 23,984	69	\$ 430,424	€9	\$ 36,534	1	\$ 125,570		Year-End Balance	

PART 7 - PENSION INFORMATION	ENSION IN	FORMAT	ION	100000000000000000000000000000000000000	
Please answer the following question by marking in the appropriate box		YES	NO		Please use this space to provide any explanations or comments:
Does the entity have an "old hire" firemen's pension plan?			D		
Does the entity have a volunteer firemen's pension plan?		0	0		
Who administers the plan?					
Indicate the contributions from:					
Tax (property, S0, sales, etc.):	€9				
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?	+				

General/Other mills 4.000 Total mills 4.000 Please use this space to provide any additional explanations or comments not previously included:	amounts):	If yes: List the name of the other governmental entity and the services provided:	10-5 Does the entity have an agreement with another government to provide services?	Streets, sanitary sewer, water, traffic and safety controls, storm drainage, park and recreation, streetscape	PRIOR name	If Yes: NEW name	10-2 Has the entity changed its name in the past or current year?	If yes: Date of formation:	Is this application for a newly formed governmental entity?	PANTIO - GENERAL INFORMATION Please answer the following question by marking in the appropriate box PANTIO - GENERAL INFORMATION YES NO Please use this space to provide any explanations or comments:	NOTE: All Electron to exempt the government in a special in an approximation of the control of t	Please answer the following question by marking in the appropriate box 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	RT 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)	- T	459 649	General \$ 784,295		Section 29-1-113 C.R.S.? If no, MUST explain: On Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	e Department of Local Affairs, in accordance with 🕝 😃 🗈	Please answer the following question by marking in the appropriate box YES NO NIA Please use this space to provide any explanations or comments:
										de any explanations or comments:		any explanations or comments:			a solumnos pr					anv explanations or comments:

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

attest that I am a duly elected or appointed board member, and that I have on for exemption from audit. Date:	wed and approve this application	, personally revie Signed My term Expires	rui wane	7
_ attest that I am a duly elected or appointed board member, and that I have ilon for exemption from audit	ved and approve this applicat	l, personally review Signed My term Expires:	Eul Name	o
I, Rick Handley, 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 2020	I, Rick Handley, attest that I am a duly elected or appointed this application for exemption from audit. Signed Ny term Expires: May 2020	l, Rick Hand this applica Signed My term Exp	Rick Handley	G
I, Catherine LaClair, 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	I, Catherine LaClair, attest that I am a duly elected or appoi approve this application for exemption from audit. SignedD My term Expires: May 2022	I, Catherine approve this Signed My term Exp	Full Name Catherine LaClair	4
I, Sandy Farish, 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	I, Sandy Farish, attest that I am a duly elected or appointed this application for exemption from audit. Signed	I, Sandy Far this applicar Signed My term Ex	Eull Name Sandy Farish	u
y elected or appointed board member, and that I have personally reviewed and from audit. Date:	I, Norman Lupton, attest that I am a duly elected or appoint approve this application for exemption from audit. Signed	I, Norman L approve this Signed My term Exp	Norman Lupton	2
I, Cart Fankhouser, 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 (上) (アルバーアル Date: 和3/30台も)	I, Cart Fankhouser, attest that I am a duly elected or appoil approve this application for exemption from audit. Signed		Gaft Fankhouser Cur + 7-5	1
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, the 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. A MAJORITY of the members of the governing body must complete and sign in the column below.	ed officer of the local g ency with revenue and	amber is certifying they are a duly elected or 1-604, C.R.S., which states that a governm saccurate and true. Use additional pages if Liselow.	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 gethat 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 with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed. AMAJORITY of the manner of ALL members of the governing body below.	Below is the certification that this Application for with knowledge of gove
roval and submit the application through one of the following three methods:	арр	n for governing body approval. Local go- ird, or gn or Echosign in accordance with the re	The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their app 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.	The application for ex 1) Submit the applicat 2) Submit the applicat a. Include a copy of ar b. Include electronic s
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: 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.	xemption from audit that includes governing board: 3-1-604 (3), C.R.S., that states the application shall b signature history document must show when the do row the individuals' email addresses and IP address	onic submission of an application for eximply with the requirement in Section 29-the electronic signature software. The sinent. The signature history must also sho	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 s Required elements and safeguards are as follows: 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 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 must show the individuals' email addresses and IP address 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.	The Office of the State Auditor Leading Required elements and safeguars. The preparer of the application members of the governing body. The application must be accomvarious parties, and include the coffice of the State Auditor staff.
	signatures Policy and Procedures	xemption Form Electronic S.	ate Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and ਲ	Office of the State Auditor -
		tronic Signature Policy?		Please answ
	VG BODY APPROVAL	PART 12 - GOVERNING BODY APPRO	the fall with a market fact that appropriate how	2

Doliny and Dropeditres	ico of the Other Auditor I and Covernment Division Examption Form Flortranic Signatures Policy and Proc	on of the State Auditor I coal Cov
	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	1 If you plan to submit this form electronically,
YES NO	ting in the appropriate box	Please answer the following question by marking in the appropriate box
Y APPROVAL	PART 12 - GOVERNING BODY APPROVAL	

12 Off

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.

- members of the governing body. 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 is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states 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 is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states 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 is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application is responsible for obtaining board signatures.
- 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.

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 and the program of the software program of

with knowledge of governmental account	that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental ac with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed	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 have an application prepared consistent with Section 29-1-804, 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.
Print the n	Print the names of <u>ALL</u> members of the governing body below. Full Name	A MAJORITY of the members of the governing body must complete and sign in the column below.
•	Curt Fankhouser	I, Curt Fankhouser, 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
2	Full Name Norman Lupton	I, Norman Lupton, 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 My term Expires: May 2022 Date: 3/30/30/30
S	Foll Name :	this application for exemption from audit. Signed My term Expires: May 2022 Date: Date: Date: Date: Date: My term Expires: May 2022
4	Full Name Catherine LaClair	I, Catherine LaClair, 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
.co	Fall Name Rick Handley	I, Rick Handley, 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 My term Expires: May 2020
6. 6. 7	Full Name	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 My term Expires: 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 Signed
		My term Expires:

ice of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Proc	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	Please answer the following question by marking in the appropriate box	PART 12 - GOVERNING BODY APPROVAL
ures Policy and	0	YES	ODY APPRO
Procedures	а	No	VAL
			· 一种 · · · · · · · · · · · · · · · · · ·

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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.
- 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. · 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

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:

- Office of the State Auditor staff will not coordinate obtaining signatures.

- Submit the application in hard copy via the US Mail including original signatures.
 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.

nat his Application from Audit has been prepared on sistent with Section 29-1-304, CR.S., which states that a government all gency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant in knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed. Print the names of ALL members of the governing body below. A MAJORITY of the members of the governing body must complete and sign in the column below.
wis the pertification and approval of the poverning body. By signing, each individual member is certified on appointed officer of the local poverning members may be verified. Also by signing, the individual member certifies

7	5	•	3		<u> </u>	
Full Name	FUII Name Rick Handley	Full Name Catherine LaClair	Full Name Sandy Farish	Foll Name Norman Lupton	Full Name Curt Fankhouser	Print the names of All members of the governing body helpw
personally reviewed and approve this application for exemption from audit. Signed	, Rick Handley, 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 My term Expires: May 2020	I, Catherine LaClair, 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 2022	I, Sandy Farish, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for explicit from audity Signed 1912 1914 Date: 3/31/2026 My term Expires: May 2022	I, Norman Lupton, 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:		A MA IORITY of the members of the anverning body must complete and sign in the column below

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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

Below is the certification and approval of the governing body that this Application for Exemption from Audit has been prepa	By signing, each individual member is certifying they are a red consistent with Section 29-1-604, C.R.S., which states	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, the 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 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.
will followedge of governmental accounting, complete to the governing body below. A ${ m M}$	Print the names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must complete and sign in the column below.
	Full Name Curt Fankhouser	I, Curt Fankhouser, 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
2	Ful Name Norman Lupton	I, Norman Lupton, 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
3	Foll(Name Sandy Farish	I, Sandy Farish, 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
4	Full Name Catherine LaClair	I, Catherine LaClair, 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: 14 120 My term Expires: May 2022
5	Full Name Rick Handley	I, Rick Handley, 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
6	Full Name	, 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
7	Full Name	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

PART 12 - GOVERNING BODY APPROVAL Please answer the following question by marking in the appropriate box Flease answer the following question by marking in the appropriate box YES N Of the policy?	ODY APPROV VES	NO NO	
Please answer the following question by marking in the appropriate box	YES	S	
-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	О	0	
fice of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Proc	res Policy and	Procedures	

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Policy - Requirements

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٤	Foll Namo Sandy Farish	I, Sandy Farish, 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 2022
•	Full Name Catherine LaClair	I, Catherine LaClair, 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
U	Roll Name Rick Handley	I, Rick Handley, 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 5
o	Full Name	personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
7	Full Name	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:

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