## ANNUAL INFORMATION REPORT FOR THE YEAR 2021 DOLORES CANYON METROPOLITAN DISTRICT NO. 1

As required by Section VII of the Service Plan for the Dolores Canyon Metropolitan District No. 1 (the "District"), approved by the Mesa County Board of County Commissioners on August 9, 2010, the following report of the District's activities from January 1, 2021 to December 31, 2021 is hereby submitted:

- 1. **Boundary changes made or proposed to the District's boundary as of December 31**st of the prior year. There were no boundary changes or proposed changes to the District's boundary in 2021.
- 2. Agreements with other governmental entities either entered into or proposed as of December 31<sup>st</sup> of the prior year. The District entered into the following intergovernmental agreement:
  - Intergovernmental Wastewater Treatment Plant Funding Agreement between the District and Southwest Mesa County Rural Service Public Improvement District ("Wastewater Agreement") on December 14, 2020.
- 3. A list of all facilities and improvements constructed or acquired by the District and those that have been dedicated to and accepted by the County as of December 31<sup>st</sup> of the prior year. There were no facilities or improvements constructed or acquired by the District, or dedicated to and accepted by the County, in 2021.
- 4. Audit of the District's financial statements, for the year ending December 31<sup>st</sup> of the previous year, prepared in accordance with generally accepted accounting principles or audit exemptions, if applicable. A copy of the 2021 Application for Exemption from Audit for the District is attached hereto as **Exhibit A**.
- 5. Notice of continuing disclosure undertaking for events of default by the District, which continue beyond a ninety (90) day period, under any Debt instrument. There were no events of default by the District under any Debt instrument during 2021.
- 6. Any inability of the District to pay its obligations as they come due in accordance with the terms of any Debt instruments, which continue beyond a ninety (90) day period. There was no inability of the District to pay its obligations under any Debt instrument during 2021.

# EXHIBIT A Application for Exemption from 2021 Audit

#### APPLICATION FOR EXEMPTION FROM AUDIT

## LONG FORM

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

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

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

### EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

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

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

CHECKLIST

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

	CHECKER	
Has the prep	arer signed the application?	Checkout our new web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of
Has the entit	corrected all Prior Year Deficiencies as communicated by the OSA?	Time to File requests, Audited Financial Statements, and more!
Has the appli	cation been PERSONALLY reviewed and approved by the governing body?	See the link below.
Are all section	ns of the form complete, including responses to all of the questions?	OSA LG Web Portal
Did you inclu	de any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this appl	cation be submitted electronically?	
	If yes, have you read and understand the new Electronic Signature Policy? See new policy	
or-		
	Have you included a resolution?	
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
	Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this appl	cation be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
	If yes, does the application include $\underline{ORIGINAL\ INK\ SIGNATURES}$ from the $\underline{MAJORITY}$ of the governing body?	
	FILING METHODS	
NEW METHOD WEB PORTAL	Register and submit your Applications at our new portal: <a href="https://apps.leg.co.gov/osa/lg">https://apps.leg.co.gov/osa/lg</a>	

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

QUESTIONS?

Email: osa.lg@state.co.us 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.

#### **APPLICATION FOR EXEMPTION FROM AUDIT** LONG FORM NAME OF GOVERNMENT Dolores Canyon Metropolitan District No. 1 For the Year Ended c/o Special District Management Services, Inc. **ADDRESS** 12/31/2021 141 Union Blvd., Suite 150 or fiscal year ended: Lakewood, CO 80228-1898 **CONTACT PERSON** James H. Ruthven PHONE 303-987-0835 **EMAIL** jruthven@sdmsi.com FAX **CERTIFICATION OF PREPARER** 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. NAME: James H. Ruthven TITLE Director of Finance FIRM NAME (if applicable) Special District Management Services, Inc. **ADDRESS** 141 Union Blvd., Suite 150, Lakewood, CO 80228-1898 PHONE 303-987-0835 DATE PREPARED 3/7/2022 RELATIONSHIP TO ENTITY accountant PREPARER (SIGNATURE REQUIRED) 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-If Yes, date filed:

104 (3), C.R.S.]

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## **PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

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

NOTE: A	ttach additional sheets as necessary.			•			
		Governme	ntal Funds		Proprietary/Fi	duciary Funds	Please use this space to
Line #	Description	General Fund	Capital Projects	Description	Fund*	Fund*	provide explanation of any
							items on this page
	Assets	07.540		Assets			
1-1	Cash & Cash Equivalents	\$ 87,548		Cash & Cash Equivalents	\$ -	1 '	
1-2	Investments Receivables	\$ 333,072		Investments Receivables	\$ -	\$ - \$ -	
1-3		\$ - \$ -	\$ -	_	\$ - \$ -	\$ - \$ -	-
1-4 1-5	Due from Other Entities or Funds Property Tax Receivable	\$ -	\$ - \$ -	Due from Other Entities or Funds	-	<b>5</b> -	J
1-5		<u> </u>	<b>a</b> -	Other Current Assets [specify]	\$ -	-	1
4.0	All Other Assets [specify]	e 2.470	•	Total Current Accets	·	\$ -	
	Prepaids	\$ 2,479		Total Current Assets		1	
1-7		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$ -	
1-8		\$ -	\$ -	Other Long Term Assets [specify]	\$ -	\$ -	
1-9		\$ - \$ -	\$ - \$ -	_	\$ - \$ -	\$ - \$ -	-
1-10 1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	•	· ·	(add lines 1-1 through 1-10) TOTAL ASSETS	<u> </u>		
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS  Deferred Outflows of Resources	\$ 423,099	Ψ	(add lines 1-1 through 1-10) TOTAL ASSETS  Deferred Outflows of Resources	-	- Ψ	
1-12	[specify]	\$ -	\$ -	specify]	\$ -	\$ -	1
1-12	[specify]	\$ -	\$ -	[specify]		\$ -	-
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	·	\$ -	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		,	
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS					\$ -	1
1-10	Liabilities	Ψ 425,000	Ψ 20,000	Liabilities	Ψ -	- ΙΨ	J
1-16	Accounts Payable	\$ 2,006	\$ 917	Accounts Payable	\$ -	\$ -	1
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities		\$ -	1
1-18	Unearned Property Tax Revenue	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -	1
1-19	Due to Other Entities or Funds	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$ -	1
1-20	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -	1
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 2,006	\$ 917	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ -	\$ -	
1-22	All Other Liabilities [specify]	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -	
1-23		\$ -	\$ -	Other Liabilities [specify]:	\$ -	\$ -	
1-24		\$ -	\$ -		\$ -	\$ -	
1-25		\$ -	\$ -		\$ -	\$ -	
1-26		\$ -	\$ -		\$ -	\$ -	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 2,006	\$ 917	, ,	\$ -	\$ -	
	Deferred Inflows of Resources			Deferred Inflows of Resources			-
1-28	Deferred Property Taxes		\$ -	Pension Related		\$ -	
1-29	Other [specify]	\$ -	\$ -	Other [specify]	\$ -	\$ -	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	-	
	Fund Balance			Net Position			1
	Nonspendable Prepaid		\$ -	Net Investment in Capital Assets	-	-	
	Nonspendable Inventory	\$ -	\$ -				1
1-33	Restricted [specify]	\$ -	\$ -	Emergency Reserves	\$ -	\$ -	
1-34	Committed [specify]	\$ - \$ -	\$ -	Other Designations/Reserves	\$ -	\$ - \$ -	
1-35	Assigned [specify] Unassigned:		\$ - \$ 19,921	Restricted Undesignated/Unreserved/Unrestricted	\$ - \$ -	\$ -	-
1-36 1-37		\$ 421,093	φ 19,921		,	Φ -	-
1-3/	Add lines 1-31 through 1-36 This total should be the same as line 3-33			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			This total should be the same as line 3-33  TOTAL NET POSITION			
4 20		,	\$ 19,921		\$ -	-	
1-38	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15			Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 423,099	\$ 20,838	POCITION	e	s -	
		Ψ 423,099				-	

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ntal Funds		Proprietary/F	iduciary Funds	
Line #	Description	General Fund	Capital Projects	Description	Fund*	Fund*	Please use this space to provide explanation of any
Т	ax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ -	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ -	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ 109,975	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 109,975	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	1
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (нитг)	\$ -	\$ -	-
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	\$ -	\$ -	1
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	1
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	1
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	1
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	1
2-19	Interest/Investment Income	\$ 210	\$ -	Interest/Investment Income	\$ -	\$ -	1
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	1
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	\$ 110,185	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			-
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	1
2-26	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	1
2-27	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	1
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 110,185	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 110,185

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.

		Governme	ental Funds		Propri	etary/Fidu	ciary Funds	Dloor	to use this energy to
Line #	Description	General Fund	Capital Projects	Description	Fund	*	Fund*		se use this space to de explanation of an
Expenditures				Expenses					on this page
3-1 General Governm	nent	\$ 12,763		General Operating & Administrative	\$	-   \$	-	-	<u> </u>
3-2 Judicial		\$ -	Ψ	Salaries	\$	- \$	-	-	
3-3 Law Enforcemen	t	\$ -	\$ -	Payroll Taxes	\$	- \$	-	-	
3-4 Fire		\$ -	\$ -	Contract Services	\$	- \$	-	-	
3-5 Highways & Stre	ets	\$ -	\$ -	Employee Benefits	\$	- \$	-	-	
3-6 Solid Waste		\$ -	\$ -	Insurance	\$	- \$	-	-	
3-7 Contributions to	Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	\$	- \$	-	-	
3-8 Health		\$ -	\$ -	Repair and Maintenance	\$	- \$	-	-	
3-9 Culture and Recr	reation	\$ -	\$ -	Supplies	\$	- \$	-	-	
3-10 Transfers to other	er districts	\$ -	\$ 600,000	Utilities	\$	- \$	-	-	
3-11 Other [specify]	]:	\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$	- \$	-	-	
3-12		\$ -	\$ -	Other [specify]	\$	- \$	-	-	
3-13		\$ -	\$ -		\$	- \$	-	-	
3-14 Capital Outlay		\$ -	\$ -	Capital Outlay	\$	- \$	-	-	
Debt Service				Debt Service					
3-15 Principal	(should match amount in 4-4)	\$ -	\$ -	Principal (should match amount in 4-4)	\$	- \$	-	-	
3-16 Interest		\$ -	\$ -	Interest	\$	- \$	-	-	
3-17 Bond Issuanc	e Costs	\$ -	\$ -	Bond Issuance Costs	\$	- \$	-	-	
3-18 Developer Princi	pal Repayments	\$ -	\$ -	Developer Principal Repayments	\$	- \$	-	-	
3-19 Developer Interes	st Repayments	\$ -	\$ -	Developer Interest Repayments	\$	- \$	-	-	
3-20 All Other [specify]:		\$ -	\$ -	All Other [specify]:	\$	- \$	-	-	
3-21		\$ -	\$ -		\$	- \$	-		GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 12,763		Add lines 3-1 through 3-21 TOTAL EXPENSES		- \$	-	\$	631,52
3-23 Interfund Transfers	(In)	\$ -	\$ (643,042)	Net Interfund Transfers (In) Out	\$	- \$	-	-	
3-24 Interfund Transfers	Out	\$ 643,042	\$ -	Other [specify][enter negative for expense]	\$	- \$	-	-	
3-25 Other Expenditures	(Revenues):	\$ -	\$ -	Depreciation	\$	- \$	-	-	
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-	. ]	
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$	- \$	-	. ]	
3-28		\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$	- \$	-	. ]	
3-29 (Add lines 3-23	through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ 643,042	\$ (643,042)	(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS	s	-   \$	_		
3-30 Excess (Deficiency) Sources Over (Unde Line 2-29, less line 3	, .	\$ (545,620)	,	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$	- \$	-		
3-31 Fund Balance, Janu	uary 1 from December 31 prior year report	\$ 966,713	\$ (4,355)	Net Position, 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.

421,093 \$

Prior Period Adjustment (MUST explain)

Net Position, December 31

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

19,921 This total should be the same as line 1-37.

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 4 - DEBT OUTSTANDING,	ISSUED, 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 4-2	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:		<b>V</b>	
4-3	Is the entity current in its debt service payments? If no, MUST explain:			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)  Outstanding at beginning of year* year	Retired during year	Outstanding at year-end	
	Seneral obligation bonds	\$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ -	
4.5	Please answer the following questions by marking the appropriate boxes.	YES	NO	
If yes: 4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?  How much?  Does the debt was authorized:  Does the entity intend to issue debt within the next calendar year? How much?  Does the entity have debt that has been refinanced that it is still responsible for? What is the amount outstanding?  Does the entity have any lease agreements?  What is being leased?  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?  Please provide the entity's cash deposit and investment balances.  YEAR-END Total of ALL Checking and Savings accounts	IVESTMEN  AMOUNT  \$ 108,386	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Please use this space to provide any explanations or comments:
	Certificates of deposit	\$ -		
	Investments (if investment is a mutual fund, please list underlying investments):  Colotrust	\$ 333,072	\$ 108,386	
5-3		\$ - \$ -		
	TOTAL INVESTMENTS	\$ -	\$ 333,072	
	TOTAL CASH AND INVESTMENTS	<u> </u>	\$ 441,458	
	Please answer the following question by marking in the appropriate box  YES	NO	N/A	
5-4 5-5	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?  Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:			

		DADTC	CADITAL	ACCETO		
	Photo and the fell of the control of	PARIO	- CAPITAL			
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?	C4i 20 4 F0C C	D C 2 K		<u></u>	
6-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506, C	.R.S. / IT no,			
	moor explain.			7		
6-3		Balance -				
	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	beginning of the	Additions	Deletions	Year-End Balance	
		year 1		Bolotions	Tour Ena Balanco	
	Land	\$ -	\$ -	\$ -	s -	
	Buildings		\$ -		\$ -	. –
	Machinery and equipment		\$ -	\$ -	\$ -	. [
	Furniture and fixtures	•	\$ -		\$ -	
	Infrastructure				\$ -	
	Construction In Progress (CIP)		\$ -		\$ -	
	Other (explain):	\$ -			\$	_
	Accumulated Depreciation (Enter a negative, or credit, balance)		<u>\$</u> -	-	\$ <u>-</u>	_
	TOTAL		\$ -	\$ -	\$ -	
	Commission the following Comited Access to ble for RECERTARY FUNDS:	Balance -			v = .5.	
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	beginning of the	Additions	Deletions	Year-End Balance	
	Land	year*	¢	\$ -	¢	
	Buildings		\$ -		\$ -	_
	Machinery and equipment	\$ -	\$ -		\$ -	
	Furniture and fixtures		\$ -		\$ -	. ]
	Infrastructure	\$ -	\$ -	\$ -	\$ -	
	Construction In Progress (CIP)		\$ -		\$ -	
	Other (explain):	\$ -			\$ -	_
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	•		\$ -	_
	TOTAL	·	\$ -	\$ -	\$ -	
		* Must agree to prior yea - Generally capital asset a		ported at capital outla	y on line 3-14 and capitalized	
		in accordance with the go				
		PART 7 - PE	NICIONI INI	EODMATIO	N	
		PARI / - PE	NOION IINI			
				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?				✓	
ii yes.	Who administers the plan?			Ш		
	Indicate the contributions from:					
	Tax (property, SO, sales, etc.):	ſ	\$ -			
	State contribution amount:	ļ	\$ -	1		
	Other (gifts, donations, etc.):	-	\$ -	1		
	Giros, doriations, etc.).	TOTAL	\$ -	-		
	What is the mouthly honefit hald for 00 years of comics non-class and 100 to 100	TOTAL	•	-		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -			

	PART 9	3 - BUDGET INI	EORMATION	N.	
	Please answer the following question by marking in the appropriate box	YES	NO NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance wit		П		riease use this space to provide any explanations of comments.
0-1	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.?		Ш		
8-2	If no, MUST explain:	ø.			
If yes:	Please indicate the amount appropriated for each fund separately for the year reported				
	Governmental/Proprietary Fund Name Total Ap	propriations By Fund	I		
	General \$	655,804	_		
	Capital Projects \$	621,500	-		
	\$	-			
	PART 9 - TAX F	PAYER'S BILL (	OF RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Secti	· /=	✓		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 requirement. All governments should determine if they meet this requirement of TABOR.				
	PART 10	) - GENERAL IN	NFORMATIC	N	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?			7	
If yes:	Date of formation:				
	Has the entity changed its name in the past or current year?			$\checkmark$	
If Yes:	NEW name				
	PRIOR name				
	Is the entity a metropolitan district?  Please indicate what services the entity provides:		V		
10-4	design, acquisition, construction, installation, relocation, redevelopment and financing of certain public	infractructure improveme	J		
10-5	Does the entity have an agreement with another government to provide services?	, illinastructure illiprovenit	<b>3</b>	П	
	List the name of the other governmental entity and the services provided:				
,	Mesa County Gateway Public Improvement District (MCGPID)		٦		
10-6	Does the entity have a certified mill levy?		_		
	Please provide the number of mills levied for the year reported (do not enter \$ amounts):			o l	
,	Bond Redemption mills	0.000			
	General/Other mills	0.000	-		
	Total mills  Please use this space to provide an		one or comments	not previously in	cluded:
	T lease use this space to provide an	iy additional explanati	ons or comments	Hot previously in	Gladea.

OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds			Notes
Unrestricted Cash & Investments	\$	441,458 Unrestricted Fund Balan	\$	421,093 Total Tax Revenue	\$	109,975	
Current Liabilities	\$	2,923 Total Fund Balance	\$	421,093 Revenue Paying Debt Service	\$	-	
Deferred Inflow	\$	- PY Fund Balance	\$	966,713 Total Revenue	\$	110,185	
		Total Revenue	\$	110,185 Total Debt Service Principal	\$	-	
		Total Expenditures	\$	12,763 Total Debt Service Interest	\$	-	
Governmental		Interfund In	\$				
Total Cash & Investments	\$	441,458 Interfund Out	\$	643,042 Enterprise Funds			
Transfers In	\$	- Proprietary		Net Position	\$	-	
Transfers Out	\$	- Current Assets	\$	- PY Net Position	\$	-	
Property Tax	\$	- Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	-	
Total Expenditures	\$	631,529 Deferred Inflow	\$	- Authorized but Unissued	\$	1,200,000,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		11/2/2010	
Total Developer Repayments	\$	- Principal Expense	\$				

PART 12 - GOVERNING BO	ODY APPRO	DVAL
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.

	Print the names of <u>ALL</u> members of the governing body below.	A MAJORITY of the members of the governing body must complete and sign in the column below.
1	Full Name John A. Sisson	I, John A. Sisson, 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	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date: My term Expires:
3	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date: My term Expires:
4	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date: My term Expires:
5	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:
6	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:
7	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:

## **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 AU (Pursuant to Section 29-1-604, C.R.S.)	DIT
A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX of government), STATE OF COLORADO.	X FOR THE (name
WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the and Section 29-1-603, C.R.S.; and	lit requirements of
WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for exseven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the Section 29-1-603, C.R.S.; and	
[Choose 1 or 2 below, whichever is applicable]	
(1)WHEREAS, neither revenue nor expenditures for (pame of government) exceeded \$100,000 for Y	ear 20XX; and
WHEREAS, an application for exemption from audit for (name of government) has been prepared by individual), a person skilled in governmental accounting and	(name of
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Y	Year 20XX; and
WHEREAS, an application for exemption from such for (name of government) has been prepared by individual or firm), an independent accountant with knowledge of governmental accounting; and	(name of
WHEREAS, said application for exemption from audit has been completed in accordance with regulati State Auditor.	ions, issued by the
NOW THEREFORE be it resolved/or an ed by the (governing body) of the (name of government) to for exemption from audit for (pame of government) for the year ended, 20XX, has been reviewed and is hereby approved by a majority of the (governing body) of the (name of government) members of the (governing body) and signified their approval by signing below; and that this resolute attached to, and shall become a part of, the application for exemption from audit of the (name of government) year ended, 20XX.	en personally i; that those ion shall be
ADOPTED THIS day of, A.D. 20XX.	

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