

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.

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 STATUTORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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

<http://www.lexisnexis.com/hotloppics/Colorado/>

CHECKLIST

- ☐ Has the preparer signed the application?
- ☐ Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?
- ☐ Has the application been **PERSONALLY** reviewed and approved by the governing body?
- ☐ Are all sections of the form complete, including responses to all of the questions?
- ☐ Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
- ☐ Will this application be submitted via Fax or Email?
 - ☐ If yes, have you read and understand the new Electronic Signature Policy? See [here](#)
 - or--
 - ☐ Have you included a resolution?
 - ☐ Does the resolution state that the governing body **PERSONALLY** reviewed and approved the resolution in an open public meeting?
 - ☐ Has the resolution been signed by a **MAJORITY** of the governing body? (See sample resolution.)
- ☐ Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
 - ☐ If yes, does the application include **ORIGINAL INK SIGNATURES** from the **MAJORITY** of the governing body?

New for 2018: Checkout our new 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 link below.

[OSALG Web Portal](#)

FILING METHODS

NEW METHOD!

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

<https://apps.leg.co.gov/osalg>

MAIL: Office of the State Auditor

Local Government Audit Division

1525 Sherman St., 7th Floor

Denver, CO 80203

FAX: 303-869-3061

EMAIL: osalg@state.co.us

QUESTIONS? 303-869-3000

IMPORTANT!

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

Governmental Activity should be reported on the Modified Accrual Basis

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

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

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT ADDRESS	Dolores Canyon Metropolitan District No. 1 c/o Special District Management Services, Inc. 141 Union Boulevard, Ste 150 Lakewood, CO 80228-1898
CONTACT PERSON	Judy Leysion
PHONE	(303) 987-0835
EMAIL	jleysion@sdmsi.com
FAX	(303) 987-2032

For the Year Ended
12/31/2018
or fiscal year ended:

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 Steven Beck
TITLE	District Accountant
FIRM NAME (if applicable)	Special District Management Services, Inc.
ADDRESS	141 Union Boulevard Ste 150, Lakewood, CO 80228-1898
PHONE	(303) 987-0835
DATE PREPARED	3/8/2019
RELATIONSHIP TO ENTITY	Independent outside accountant. Board of Directors makes all major decisions.

PREPARER (SIGNATURE REQUIRED)



Has the entity filed 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.]

YES	NO	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

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

Line #		Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
			General Fund	Capital Projects	Fund*	Fund*	
Assets							
1-1	Cash & Cash Equivalents	\$ 402,077	\$ -	Cash & Cash Equivalents	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$ -	
1-3	Receivables	\$ 46,296	\$ -	Receivables	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -	
All Other Assets [specify...]				Other Current Assets	\$ -	\$ -	
1-5	Prepaid Expenses	\$ 350	\$ -	Total Current Assets	\$ -	\$ -	
1-6		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$ -	
1-7		\$ -	\$ -	Other Long Term Assets [specify...]	\$ -	\$ -	
1-8		\$ -	\$ -		\$ -	\$ -	
1-9		\$ -	\$ -		\$ -	\$ -	
1-10		\$ -	\$ -		\$ -	\$ -	
1-11	(add lines 1-1 through 1-10)	\$ 448,723	\$ -	(add lines 1-1 through 1-10)	\$ -	\$ -	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 448,723	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$ -	
Liabilities							
1-14	Accounts Payable	\$ 1,341	\$ 762	Accounts Payable	\$ -	\$ -	
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -	
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -	
1-17	Due to Other Entities or Funds	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$ -	
1-18	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -	
1-19	TOTAL CURRENT LIABILITIES	\$ 1,341	\$ 762	TOTAL CURRENT LIABILITIES	\$ -	\$ -	
1-20	All Other Liabilities [specify...]	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -	
1-21		\$ -	\$ -	Other Liabilities [specify...]:	\$ -	\$ -	
1-22		\$ -	\$ -		\$ -	\$ -	
1-23		\$ -	\$ -		\$ -	\$ -	
1-24		\$ -	\$ -		\$ -	\$ -	
1-25		\$ -	\$ -		\$ -	\$ -	
1-26		\$ -	\$ -		\$ -	\$ -	
1-27		\$ -	\$ -		\$ -	\$ -	
1-28	(add lines 1-19 through 1-27)	\$ 1,341	\$ 762	(add lines 1-19 through 1-27)	\$ -	\$ -	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	
Fund Balance							
1-30	Nonspendable Prepaid	\$ -	\$ -	Net Position	\$ -	\$ -	
1-31	Nonspendable Inventory	\$ -	\$ -	Net Investment in Capital Assets	\$ -	\$ -	
1-32	Restricted (Tabor)	\$ 9,259	\$ -	Emergency Reserves	\$ -	\$ -	
1-33	Committed [specify...]	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -	
1-34	Assigned [specify...]	\$ -	\$ -	Restricted	\$ -	\$ -	
1-35	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	
1-36	(add lines 1-30 through 1-35)	\$ 9,259	\$ -	(add lines 1-30 through 1-35)	\$ -	\$ -	
This total should be the same as line 3-33				This total should be the same as line 3-33			
1-37	TOTAL FUND BALANCE	\$ 9,259	\$ -	TOTAL NET POSITION	\$ -	\$ -	
Add lines 1-28, 1-29 and 1-36				Add lines 1-28, 1-29 and 1-36			
TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE		\$ 10,600	\$ 762	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		\$ -	\$ -

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Capital Projects		Fund*	Fund*	
Tax Revenue							
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	\$ 308,578	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify...]:	\$ -	\$ -	Other Tax Revenue [specify...]:	\$ -	\$ -	
2-5	Miscellaneous Income	\$ 43	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7	\$ 308,621	\$ -	Add lines 2-1 through 2-7	\$ -	\$ -	
2-9	TOTAL TAX REVENUE	\$ 308,621	\$ -	TOTAL TAX REVENUE	\$ -	\$ -	
2-10	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-11	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-12	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-13	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-14	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-15	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-16	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-17	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-18	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-19	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-20	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-21	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-22	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-23	All Other [specify...]:	\$ -	\$ -	All Other [specify...]:	\$ -	\$ -	
2-24	Add lines 2-1 through 2-23	\$ 308,621	\$ -	Add lines 2-1 through 2-23	\$ -	\$ -	
2-25	TOTAL REVENUES	\$ 308,621	\$ -	TOTAL REVENUES	\$ -	\$ -	
Other Financing Sources							
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-27	Other [specify...]:	\$ -	\$ -	Other [specify...]:	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27	\$ -	\$ -	Add lines 2-25 through 2-27	\$ -	\$ -	
2-29	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	
2-29	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 308,621	\$ -	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	
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.							
GRAND TOTALS		\$ 308,621					

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Capital Projects		Fund*	Fund*	
3-1	Expenditures			Expenditures			
3-2	General Government	\$ 11,132	\$ 4,960	General Operating & Administrative	\$ -	\$ -	
3-3	Judicial	-	-	Salaries	\$ -	\$ -	
3-4	Law Enforcement	-	-	Payroll Taxes	\$ -	\$ -	
3-5	Fire	-	-	Contract Services	\$ -	\$ -	
3-6	Highways & Streets	-	-	Employee Benefits	\$ -	\$ -	
3-7	Solid Waste	-	-	Insurance	\$ -	\$ -	
3-8	Contributions to Fire & Police Pension Assoc.	-	-	Accounting and Legal Fees	\$ -	\$ -	
3-9	Health	-	-	Repair and Maintenance	\$ -	\$ -	
3-10	Culture and Recreation	-	-	Supplies	\$ -	\$ -	
3-11	Transfers to other districts	-	-	Utilities	\$ -	\$ -	
3-12	Other [Specify...]:	\$ 170,539	-	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-13	Priority Service Fees	-	-	Other [Specify...]:	\$ -	\$ -	
3-14	Capital Outlay	-	-	Capital Outlay	\$ -	\$ -	
3-15	Debt Service	-	-	Debt Service	\$ -	\$ -	
3-16	Principal	-	-	Principal	\$ -	\$ -	
3-17	Interest	-	-	Interest	\$ -	\$ -	
3-18	Bond Issuance Costs	-	-	Bond Issuance Costs	\$ -	\$ -	
3-19	Developer Principal Repayments	-	-	Developer Principal Repayments	\$ -	\$ -	
3-20	Developer Interest Repayments	-	-	Developer Interest Repayments	\$ -	\$ -	
3-21	All Other [Specify...]:	-	-	All Other [Specify...]:	\$ -	\$ -	
3-22	Miscellaneous Expenses	\$ 509	-		\$ -	\$ -	
3-23	Interfund Transfers (in)	\$ 182,180	\$ 4,960	Net Interfund Transfers (in) Out	\$ -	\$ -	
3-24	Interfund Transfers out	-	(4,198)	Other [Specify...][enter negative for expense]	\$ -	\$ -	
3-25	Other Expenditures (Revenues):	\$ 4,198	-	Depreciation	\$ -	\$ -	
3-26		-	-	Other Financing Sources (Uses) (from line 3-28)	\$ -	\$ -	
3-27		-	-	Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		-	-	Debt Principal (from line 3-15, 3-18)	\$ -	\$ -	
3-29	TOTAL TRANSFERS AND OTHER EXPENDITURES (Add lines 3-23 through 3-28)	\$ 4,198	\$ (4,198)	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	\$ -	\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures	\$ 122,243	\$ (762)	Net Increase (Decrease) in Net Position	\$ -	\$ -	
3-31	Line 2-29, less line 3-22, plus line 3-29			Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$ -	\$ -	
3-32	Fund Balance, January 1 from December 31 prior year report	\$ 325,139	-	Net Position, January 1 from December 31 prior year report	\$ -	\$ -	
3-33	Prior Period Adjustment (MUST explain)	-	-	Prior Period Adjustment (MUST explain)	\$ -	\$ -	
3-34	Fund Balance, December 31	\$ 447,382	\$ (762)	Net Position, December 31	\$ -	\$ -	
3-35	Sum of Line 3-30, 3-31, and 3-32			Line 3-30 plus line 3-31	\$ -	\$ -	
3-36	This total should be the same as line 1-36.			This total should be the same as line 1-36.	\$ -	\$ -	
IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$50,000 - 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.							
GRAND TOTAL					\$ 187,140		

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box

YES

NO

Please use this space to provide any explanations or comments:

6-1 Does the entity have capitalized assets?

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 Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (cip)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:

	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
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 year ending balance

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

YES

NO

Please use this space to provide any explanations or comments:

7-1 Does the entity have an "old hire" firemen's pension plan?

7-2 Does the entity have a volunteer firemen's pension plan?

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):

State contribution amount:

Other (gifts, donations, etc.):

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

\$ -	-
\$ -	-
\$ -	-
TOTAL	\$ -

PART 8 - BUDGET INFORMATION

	YES	NO	N/A	
8-1 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: 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 reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please use this space to provide any explanations or comments:
Fund Name				
Budgeted Expenditures				
General Fund	\$	115,250		
Capital Projects Fund	\$	6,120		
	\$	-		

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

	YES	NO	
9-1 Please answer the following question by marking in the appropriate box Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please use this space to provide any explanations or comments:

PART 10 - GENERAL INFORMATION

	YES	NO	
10-1 Please answer the following question by marking in the appropriate box Is this application for a newly formed governmental entity? If yes: Date of formation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Please use this space to provide any explanations or comments: 10-5 Agreement with MCGPID for MCGPID to provide police protection and emergency medical support services. Dolores Canyon MD No. 1 has agreed to collect public improvement fees (PIF's) payable to MCGPID
10-2 Has the entity changed its name in the past or current year? If Yes: NEW name: PRIOR name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10-3 Is the entity a metropolitan district? 10-4 Please indicate what services the entity provides: Provides design, acquisition, construction, installation, relocation, redevelopment and financing of certain public infrastructure improvements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10-5 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: Mesa County Gateway Public Improvement District (MCGPID)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10-6 Does the entity have a certified mill levy? If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills General/Other mills Total mills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

Total Developer Repayments

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

YES ☐NO ☐

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

Policy - Requirements

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

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

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

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

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

Print the names of all current governing board members below.

Print Board Member's Name

John A. Sisson

A MAJORITY of the governing board members must complete and sign in the column below.

I, John A. Sisson, personally reviewed and approve this application for exemption from audit.

Signed John A. Sisson Date: _____

My term Expires: May 2022

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

Print Board Member's Name