

APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM

NAME OF GOVERNMENT: **Ignacio - Allison - Oxford Cemetary District**
ADDRESS: **P. O. Box 157
Ignacio, Colorado 81137**
CONTACT PERSON: **Laura Whitt**
PHONE: **970 563-9201**
EMAIL:
FAX: **970 563-3194**

For the Year Ended
12/31/2016
or fiscal year ended:

1558.00

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: **Lovvis Downs-Glass**
TITLE: **Accountant**
FIRM NAME (if applicable):
ADDRESS: **P. O. Box 1273, Ignacio, CO 81137**
PHONE: **970 563-9556**
DATE PREPARED: **3/15/2017**
(Must be Completed prior to Board approval)
RELATIONSHIP TO ENTITY: **Contract Services**

PREPARER SIGNATURE REQUIRED

Lovvis D Glass

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, date filed:



RECEIVED
By Justin L. Smith at 2:42 pm, Apr 04, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
Assets							
1-1	Cash & Cash Equivalents	\$	- \$	Cash & Cash Equivalents	\$	55,044 \$	-
1-2	Investments	\$	- \$	Investments	\$	- \$	-
1-3	Receivables	\$	- \$	Receivables	\$	- \$	-
1-4	Due from Other Entities or Funds	\$	- \$	Due from Other Entities or Funds	\$	- \$	-
	All Other Assets (specify)	\$	- \$	Other Current Assets	\$	- \$	-
1-5		\$	- \$	Total Current Assets	\$	55,044 \$	-
1-6		\$	- \$	Capital Assets, net (from Part 4-4)	\$	209,491 \$	-
1-7		\$	- \$	Other Long Term Assets (specify)	\$	- \$	-
1-8		\$	- \$		\$	- \$	-
1-9		\$	- \$		\$	- \$	-
1-10		\$	- \$		\$	- \$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	264,535 \$	-
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	264,535 \$	-
Liabilities							
1-14	Accounts Payable	\$	- \$	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	\$	- \$	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) TOTAL LIABILITIES	\$	- \$	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	- \$	-
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	209,491 \$	-
Fund Balance							
1-30	Nonspendable Prepaid	\$	- \$	Net Investment in Capital Assets	\$	- \$	-
1-31	Nonspendable Inventory	\$	- \$		\$	- \$	-
1-32	Restricted (specify)	\$	- \$	Emergency Reserves	\$	- \$	-
1-33	Committed (specify)	\$	- \$	Other Designations/Reserves	\$	- \$	-
1-34	Assigned (specify)	\$	- \$	Restricted	\$	- \$	-
1-35	Unassigned	\$	- \$	Undesignated/Unreserved/Unrestricted	\$	55,044 \$	-
1-36	Add lines 1-30 through 1-35 This total should be the same as line 1-13 TOTAL FUND BALANCE	\$	- \$	Add lines 1-30 through 1-35 This total should be the same as line 1-13 TOTAL NET POSITION	\$	55,044 \$	-
1-37	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 BALANCE	\$	- \$	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 POSITION	\$	264,535 \$	-

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
		Fund*	Fund*		Fund*	Fund*	
	Tax Revenue			Tax Revenue			
2-1	Property	\$	- \$	Property	\$ 81,404	\$ -	
2-2	Specific Ownership	\$	- \$	Specific Ownership	\$ 5,803	\$ -	
2-3	Sales and Use Tax	\$	- \$	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify):	\$	- \$	Other Tax Revenue (specify): Southern Ute Tribal Pmt	\$ 3,956	\$ -	
2-5		\$	- \$	Funeral Income & Plot Sales	\$ 7,150	\$ -	
2-6		\$	- \$	Royalty / Lease Income	\$ 377	\$ -	
2-7		\$	- \$	Misc	\$ 403	\$ -	
2-8	Add lines 2-1 through 2-7	\$	- \$	Add lines 2-1 through 2-7	\$ 99,093	\$ -	
	TOTAL TAX REVENUE	\$	- \$	TOTAL TAX REVENUE	\$ 99,093	\$ -	
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	Developer Advances	\$	- \$	Developer Advances	\$ -	\$ -	
2-22	All Other (specify):	\$	- \$	All Other (specify):	\$ -	\$ -	
2-23		\$	- \$		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23	\$	- \$	Add lines 2-8 through 2-23	\$ 99,093	\$ -	
	TOTAL REVENUES	\$	- \$	TOTAL REVENUES	\$ 99,093	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$	- \$	Debt Proceeds	\$ -	\$ -	
2-26	Proceeds from Sale of Capital Assets	\$	- \$	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-27	Other (specify):	\$	- \$	Other (specify):	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27	\$	- \$	Add lines 2-25 through 2-27	\$ -	\$ -	
	TOTAL OTHER FINANCING SOURCES	\$	- \$	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28	\$	- \$	Add lines 2-24 and 2-28	\$ 99,093	\$ -	
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	- \$	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 99,093	\$ -	99,093

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

PART 3 - 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
		Fund*	Fund*		Fund*	Fund*	
	Expenditures			Expenditures			
3-1	General Government	\$	\$	General Operating & Administrative	\$ 7,618	\$	
3-2	Judicial	\$	\$	Salaries	\$ 56,765	\$	
3-3	Law Enforcement	\$	\$	Payroll Taxes	\$ 5,752	\$	
3-4	Fire	\$	\$	Contract Services	\$	\$	
3-5	Highways & Streets	\$	\$	Employee Benefits	\$	\$	
3-6	Solid Waste	\$	\$	Insurance	\$ 4,995	\$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	\$	Accounting and Legal Fees	\$ 6,330	\$	
3-8	Health	\$	\$	Repair and Maintenance	\$ 4,956	\$	
3-9	Culture and Recreation	\$	\$	Supplies	\$ 4,568	\$	
3-10	Other (specify):	\$	\$	Utilities	\$ 1,515	\$	
3-11		\$	\$	Contributions to Fire & Police Pension Assoc.	\$	\$	
3-12		\$	\$	Other (specify): La Plata County Treasurer Fees	\$ 2,401	\$	
3-13		\$	\$	Improvements to Cemeteries	\$ 6,982	\$	
3-14	Capital Outlay	\$	\$	Capital Outlay	\$	\$	
	Debt Service			Debt Service			
3-15	Principal	\$	\$	Principal	\$	\$	
3-16	Interest	\$	\$	Interest	\$	\$	
3-17	Bond Issuance Costs	\$	\$	Bond Issuance Costs	\$	\$	
3-18	Developer Principal Repayments	\$	\$	Developer Principal Repayments	\$	\$	
3-19	Developer Interest Repayments	\$	\$	Developer Interest Repayments	\$	\$	
3-20	All Other (specify):	\$	\$	All Other (specify):	\$	\$	
3-21		\$	\$		\$	\$	
3-22	Add lines 3-1 through 3-21	\$	\$	Add lines 3-1 through 3-21	\$ 101,862	\$	GRAND TOTAL
	TOTAL EXPENDITURES	\$	\$	TOTAL EXPENDITURES	\$	\$	\$ 101,862
3-23	Interfund Transfers (In)	\$	\$	Net Interfund Transfers (In)	\$	\$	
3-24	Interfund Transfers Out	\$	\$	Net Interfund Transfers Out	\$	\$	
3-25	Other Expenditures (Revenues):	\$	\$	Depreciation	\$	\$	
3-26		\$	\$	Other Financing Sources (Uses) (from line 2-26)	\$	\$	
3-27		\$	\$	Capital Outlay (from line 3-14)	\$	\$	
3-28		\$	\$	Debt Principal (from line 3-15)	\$	\$	
3-29	(Add lines 3-23 through 3-28)	\$	\$	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	\$	\$	
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$	\$	TOTAL GAAP RECONCILING ITEMS	\$	\$	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures			Net Increase (Decrease) in Net Position			
	Line 3-29, less line 3-22, plus line 3-29	\$	\$	Line 3-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-23	\$ (2,769)	\$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	\$	Net Position, January 1 from December 31 prior year report	\$ 57,813	\$	
3-32	Prior Period Adjustment (MUST explain)	\$	\$	Prior Period Adjustment (MUST explain)	\$	\$	
3-33	Fund Balance, December 31			Net Position, December 31			
	Sum of Line 3-30, 3-31, and 3-32	\$	\$	Line 3-30 plus line 3-31	\$ 55,044	\$	
	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 \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND 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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4-2	Is the debt repayment schedule attached? If no, MUST explain: N/A		<input type="checkbox"/>	<input type="checkbox"/>	
4-3	Is the entity current in its debt service payments? If no, MUST explain: N/A		<input type="checkbox"/>	<input type="checkbox"/>	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)	Outstanding at beginning of year	issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

Please answer the following questions by marking the appropriate boxes.		YES	NO
4-5	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	How much?		
	If yes: Date the debt was authorized:		
4-6	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes: How much?		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes: What is the amount outstanding?		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes: What is being leased?		
	What is the original date of the lease?		
	Number of years of lease?		
	Is the lease subject to annual appropriation?	<input type="checkbox"/>	<input type="checkbox"/>
	What are the annual lease payments?		
	4-9 Does the entity have a certified mill levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes: Please provide the following mills levied for the year reported:		
	Bond Redemption	0.00	
	General/Other	0.24	
	TOTAL	0.24	

PART 5 - CASH AND INVESTMENTS

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	\$ 55,044	
5-2	Certificates of deposit	\$ -	
	TOTAL CASH DEPOSITS	\$ -	55,044
	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
		\$ -	
5-3		\$ -	
		\$ -	
	TOTAL INVESTMENTS	\$ -	
	TOTAL CASH AND INVESTMENTS	\$ -	55,044

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 24-75-801, et. seq., C.R.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.)? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box	YES	NO	
6-1 Does the entity have capitalized assets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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	\$ 53,686	\$ -	\$ -	\$ 53,686
Buildings	\$ 48,898	\$ 6,962	\$ -	\$ 55,860
Machinery and equipment	\$ 110,749	\$ -	\$ -	\$ 110,749
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ 10,804	\$ (10,804)
TOTAL	\$ 213,333	\$ 6,962	\$ 10,804	\$ 209,491

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box	YES	NO	
7-1 Does the entity have an "old hire" firemen's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7-2 Does the entity have a volunteer firemen's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 as of Jan 1?

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes: Please indicate the amount appropriated for each fund for the year reported					
	Fund Name		Budgeted Expenditures		
	Ignacio - Alison - Oxford Cemetery District	\$	65,750		
		\$	-		
		\$	-		
		\$	-		

PART 9 - TAX 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, Section 20(5)]?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.				

PART 10 - GENERAL INFORMATION

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Date of formation:				
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes: NEW name				
PRIOR name				
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10-4	Please indicate what services the entity provides:			
10-5	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: List the name of the other governmental entity and the services provided:				

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

OSA USE ONLY

Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$ 55,044	Unrestricted Fund Balan	\$ -	Total Tax Revenue	\$ -	
Current Liabilities	\$ -	Total Fund Balance	\$ -	Revenue Paying Debt Service	\$ -	
Deferred Inflow	\$ 209,491	PY Fund Balance	\$ -	Total Revenue	\$ -	
		Total Revenue	\$ -	Total Debt Service Principal	\$ -	
		Total Expenditures	\$ -	Total Debt Service Interest	\$ -	
		Interfund In	\$ -			
		Interfund Out	\$ -	Enterprise Funds		
Total Cash & Investments	\$ -	Proprietary		Net Position	\$ 55,044	
Transfers In	\$ -	Current Assets	\$ 55,044	PY Net Position	\$ 57,813	
Transfers Out	\$ -	Deferred Outflow	\$ -	Government-Wide		
Property Tax	\$ -	Current Liabilities	\$ -	Total Outstanding Debt	\$ -	
Debt Service Principal	\$ -	Deferred Inflow	\$ 209,491	Authorized but Unissued	\$ -	
Total Expenditures	\$ -	Cash & Investments	\$ 55,044	Year Authorized	\$ -	
Total Developer Advances	\$ -	Principal Expense	\$ -			
Total Developer Repayments	\$ -					

PART 12 - GOVERNING BODY APPROVAL

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.

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

	Print Board Member's Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 1	Farren Webb	I, <u>Farren Webb</u> , 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>Farren Webb</u> Date: <u>3/22/17</u> My term Expires: <u>1/31/2023</u>
Board Member 2	Laura Whitl	I, <u>Laura Whitl</u> , 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>Laura Whitl</u> Date: <u>3-22-2017</u> My term Expires: <u>1/31/2019</u>
Board Member 3	Emma Shock	I, <u>Emma Shock</u> , 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>Emma Shock</u> Date: <u>3-23-2017</u> My term Expires: <u>1/31/2019</u>
Board Member 4		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7		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: _____

**Original Signatures
Verified by**

Justin L. Smith

