

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

NAME OF GOVERNMENT **Norwood Fire Protection District**
ADDRESS **1605 Summit Street
P.O. Box 411
Norwood, Colorado 81423**
CONTACT PERSON **Linda Sourcie**
PHONE **970-327-4800**
EMAIL **linda@norwoodfiredistrict.org**
FAX

For the Year Ended
12/31/2016
and ending year number

1893.00

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 expenditures are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME: **Collive P. Blair Jr.**
TITLE: **CPA**
FIRM NAME (if applicable): **Blair and Associates, P.C.**
ADDRESS: **105 SE Frontier Avenue, Suite A, Cedaredge, Colorado 81413**
PHONE: **970-856-7550**
DATE PREPARED: **3/20/2017**
(Date to be completed prior to Board approval)
RELATIONSHIP TO ENTITY: **Independent Auditor**

PREPARER (SIGNATURE REQUIRED)

Collive P. Blair Jr. CPA

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 (3.3) and 32-1-104 (3), C.R.S.)

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, date filed:

P

RECEIVED
By Justin L. Smith at 10:42 am, Apr 11, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

*Indicate Name of Fund

NOTE: Enter additional check or other activity

Governmental Funds				Proprietary or Enterprise Funds				Please use this space to provide explanation of any items on this page
Line #	Description	General Fund*	Fund*	Description	Propriet Fund*	Fund*		
Assets				Assets				
1-1	Cash & Cash Equivalents	\$ 324,239	\$	-	Cash & Cash Equivalents	\$ -	\$	
1-2	Investments	\$ 161,338	\$	-	Investments	\$ 450,542	\$	
1-3	Receivables	\$ 100	\$	-	Receivables	\$ -	\$	
1-4	Due from Other Entities or Funds	\$ -	\$	-	Due from Other Entities or Funds	\$ -	\$	
	All Other Assets (specify)			-	Other Current Assets	\$ 26,604	\$	Property taxes receivable
1-5	Property Taxes Receivable	\$ 239,436	\$	-	Total Current Assets	\$ 477,146	\$	
1-6		\$ -	\$	-	Capital Assets, not (from Part)	\$ -	\$	
1-7		\$ -	\$	-	Other Long Term Assets (specify)	\$ -	\$	
1-8		\$ -	\$	-		\$ -	\$	
1-9		\$ -	\$	-		\$ -	\$	
1-10		\$ -	\$	-		\$ -	\$	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 725,113	\$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 477,146	\$	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$	-	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 725,113	\$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 477,146	\$	
Liabilities				Liabilities				
1-14	Accounts Payable	\$ 2,262	\$	-	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	\$ 2,262	\$	-	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	\$ 2,262	\$	-	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$ -	\$	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 239,436	\$	-	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 26,604	\$	
Fund Balance				Net Position				
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	\$ 483,415	\$	-	Undesignated/Unreserved/Unrestricted	\$ 450,542	\$	
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$ 483,415	\$	-	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	\$ 450,542	\$	
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	\$ 725,113	\$	-	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	\$ 477,146	\$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Description	Proprietary/Enterprise Funds		Please use this space to provide explanation of any items on this page
		General Fund*	Fund*		Pension Fund*	Fund*	
Tax Revenue				Tax Revenue			
2-1	Property	\$ 256,385	\$ -	- Property	\$ 26,810	\$ -	
2-2	Specific Ownership	\$ 18,662	\$ -	- Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	- 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	\$ 275,047	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 26,810	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	- Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (part)	\$ -	\$ -	- Highway Users Tax Funds (part)	\$ -	\$ -	
2-11	Conservation Trust Funds (part)	\$ -	\$ -	- Conservation Trust Funds (part)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	- Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	- Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ 106,964	\$ -	- Grants	\$ -	\$ -	
2-15	Donations	\$ 3,551	\$ -	- Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ 94,893	\$ -	- Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	- Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	- Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 2,683	\$ -	- Interest/Investment Income	\$ 19,873	\$ -	
2-20	Tap Fees	\$ -	\$ -	- Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	- Developer Advances	\$ -	\$ -	
2-22	All Other (specify) Fuel Tax Refunds	\$ 533	\$ -	- All Other (specify)	\$ -	\$ -	
2-23		\$ -	\$ -	-	\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 483,671	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 46,683	\$ -	
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 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	\$ 483,671	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 46,683	\$ -	\$ 530,354

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/Enterprise Funds		Please use this space to provide explanation of any items on this page.
		General Fund*	Fund*		Fund*	Fund*	
3-1	General Government	\$ 49,289	\$ -	General Operating & Administrative	\$ -	\$ -	
3-2	Judicial	\$ -	\$ -	Salaries	\$ -	\$ -	
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$ -	\$ -	
3-4	Fire	\$ 54,856	\$ -	Contract Services	\$ -	\$ -	
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	\$ 10,924	\$ -	
3-6	Solid Waste	\$ -	\$ -	Insurance	\$ -	\$ -	
3-7	Contributions to Fire & Police Pension Assoc.	\$ 26,810	\$ -	Accounting and Legal Fees	\$ -	\$ -	
3-8	Health	\$ -	\$ -	Repair and Maintenance	\$ -	\$ -	
3-9	Culture and Recreation	\$ -	\$ -	Supplies	\$ -	\$ -	
3-10	Other (specify):	\$ -	\$ -	Utilities	\$ -	\$ -	
3-11	Ambulance	\$ 105,647	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-12		\$ -	\$ -	Other (specify) Miscellaneous	\$ 2,790	\$ -	
3-13		\$ -	\$ -	Capital Outlay	\$ -	\$ -	
3-14	Capital Outlay	\$ 192,384	\$ -	Debt Service	\$ -	\$ -	
	Debt Service			Principal	\$ -	\$ -	
3-15	Principal	\$ -	\$ -	Interest	\$ -	\$ -	
3-16	Interest	\$ -	\$ -	Bond Issuance Costs	\$ -	\$ -	
3-17	Bond Issuance Costs	\$ -	\$ -	Developer Principal Repayments	\$ -	\$ -	
3-18	Developer Principal Repayments	\$ -	\$ -	Developer Interest Repayments	\$ -	\$ -	
3-19	Developer Interest Repayments	\$ -	\$ -	All Other (specify)	\$ -	\$ -	
3-20	All Other (specify):	\$ -	\$ -		\$ -	\$ -	
3-21		\$ -	\$ -		\$ -	\$ -	
3-22	Add lines 3-1 through 3-21	\$ 428,986	\$ -	Add lines 3-1 through 3-21	\$ 13,714	\$ -	
	TOTAL EXPENDITURES			TOTAL EXPENDITURES			442,700
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 (Less) (from line 2-30)	\$ -	\$ -	
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 Line 2-29, less line 3-22, plus line 3-29	\$ 54,685	\$ -	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$ 32,969	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 376,447	\$ -	Net Position, January 1 from December 31 prior year report	\$ 417,573	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ 52,283	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Residual transfer to combine the Ambulance Fund into the Fire/General Fund
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-35.	\$ 483,415	\$ -	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-35.	\$ 450,542	\$ -	

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 DSA Local Government Division at (303) 869-3960 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-3	Is the entity current in its debt service payments? If no, MUST explain.	<input type="checkbox"/>	<input checked="" 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	\$ -	\$ -	\$ -	\$ -
4-5	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	How much?	\$ -			
	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"/>		
	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"/>		
	What is the amount outstanding?	\$ -			
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	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 checked="" type="checkbox"/>		
	What are the annual lease payments?	\$ -			
4-9	Does the entity have a certified mill levy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Please provide the following mills levied for the year reported:				
	Bond Redemption	0.00			
	General/Other	10.60			
	TOTAL	10.60			

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	\$ 242,636		
5-2	Certificates of deposit	\$ 81,603		
	TOTAL CASH DEPOSITS		\$ 324,239	
	Investments (If investment is a mutual fund, please list underlying investments)			
	Wells Fargo	\$ 161,338		
5-3	FPPA	\$ 450,542		
		\$ -		
		\$ -		
	TOTAL INVESTMENTS		\$ 611,880	
	TOTAL CASH AND INVESTMENTS		\$ 936,119	
Please answer the following question by marking in the appropriate box.		YES	NO	N/A
5-4	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Please use this space to provide any explanations or comments:

- 6-1 Does the entity have capitalized assets? YES NO
- 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 YES NO

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ 13,000	\$ -	\$ -	13,000
Buildings	\$ 214,228	\$ -	\$ -	214,228
Machinery and equipment	\$ 1,147,668	\$ 192,384	\$ -	1,340,052
Furniture and fixtures	\$ 4,818	\$ -	\$ -	4,818
Infrastructure	\$ -	\$ -	\$ -	-
Construction In Progress (CIP)	\$ -	\$ -	\$ -	-
Other (explain):	\$ -	\$ -	\$ -	-
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	-
TOTAL	\$ 1,379,714	\$ 192,384	\$ -	1,572,098

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	\$ -	\$ -	\$ -	-

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? YES NO
- 7-2 Does the entity have a volunteer firemen's pension plan? YES NO

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, CO sales, etc.):	\$ 26,810
State contribution amount:	\$ -
Other (CAs, donations, etc.):	\$ -
TOTAL	\$ 26,810

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	
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"/>	Please use this space to provide any explanations or comments:
8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-103 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
General Fund	\$ 531,703
Pension Fund	\$ 24,320
	\$ -
	\$ -

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

Please answer the following question by marking in the appropriate box

	YES	NO	
9-1 Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please use this space to provide any explanations or comments:

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box

	YES	NO	
10-1 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:
10-2 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?	<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? If yes: List the name of the other governmental entity and the services provided:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Describe in this space to provide any additional or additional governmental entities previously included:

OSA USE ONLY

Entity Wide:	General Fund	Governmental Funds	Notes
Unrestricted Cash & Investments \$	936,119	Unrestricted Fund Balance \$ 483,415	Total Tax Revenue \$ 275,047
Current Liabilities \$	2,262	Total Fund Balance \$ 483,415	Revenue Paying Debt Service \$ -
Deferred Inflow \$	266,040	PY Fund Balance \$ 376,447	Total Revenue \$ 483,671
		Total Revenue \$ 483,671	Total Debt Service Principal \$ -
		Total Expenditures \$ 428,986	Total Debt Service Interest \$ -
		Interfund In \$ -	
		Interfund Out \$ -	
Governmental		Enterprise Funds	
Total Cash & Investments \$	485,577	Net Position \$ 450,542	
Transfers In \$	-	PY Net Position \$ 417,573	
Transfers Out \$	-	Proprietary	
Property Tax \$	256,395	Current Assets \$ 477,146	
Debt Service Principal \$	-	Deferred Outflow \$ -	
Total Expenditures \$	428,986	Current Liabilities \$ -	
Total Developer Advances \$	-	Deferred Inflow \$ 28,604	
Total Developer Repayments \$	-	Cash & Investments \$ 450,542	
		Principal Expense \$ -	

PART 12 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are duly elected or appointed officers of the local government. (If governing board members may be verified. Also by signing, the board member certifies that the "Request for Exemption from Audit" has been prepared and submitted. Section 20-1-204 (C.R.S.) which states that a governmental agency with revenues and expenditures of \$100,000 or more must have an audit or prescribed audit procedure conducted. Lack of knowledge of governmental accounting, compared to the best of their knowledge and a accurate and true. Use additional pages if needed.

Print the names of all governing board members below.

Signature of the Auditor

Signature of the General Manager

Board Member 1
 Print Board Member's Name
 CARRISSA KIMBLE

I, CARRISSA KIMBLE, 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: C. Kimble Date: 3/27/17
 My term Expires: MAY 2020

Board Member 2
 Print Board Member's Name
 JOHN HUEBNER

I, JOHN HUEBNER, 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: John Huebner Date: 3/27/17
 My term Expires: MAY 2018

Board Member 3
 Print Board Member's Name
 JAMES M. WELLS

I, JAMES M. WELLS, 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: James M. Wells Date: 3/27/17
 My term Expires: MAY 2020

Board Member 4
 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 5
 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 6
 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 7
 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: _____

**Original Signatures
 Verified by**
 Justin L. Smith
