

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**


NAME OF GOVERNMENT	Crawford Water Conservancy District	For the Year Ended 12/31/2016 or fiscal year ended
ADDRESS	183 Highway 92 Crawford, CO 81415	
CONTACT PERSON	Randall W Fisher	
PHONE	970-921-4775	
EMAIL	northforkrandy@paonia.com	
FAX	970-921-5323	

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	Randall W Fisher
TITLE	CPA
FIRM NAME (if applicable)	Randall W Fisher CPA PC
ADDRESS	PO Box 489, Hotchkiss, CO 81419
PHONE	970-872-3664
DATE PREPARED <small>(Must be Completed prior to Board approval)</small>	4/3/2017
RELATIONSHIP TO ENTITY	CPA

PREPARER (SIGNATURE REQUIRED)

 4/5/17						
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.]	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, date filed:
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					



RECEIVED

By Justin L. Smith at 3:49 pm, Apr 12, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Industry Funds	
		Fund*	Fund*		Fund*	Fund*
Assets				Assets		
1-1	Cash & Cash Equivalents	\$	\$	Cash & Cash Equivalents	\$	100,718
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	\$	100,718
1-6		\$	\$	Capital Assets, net (from Part	\$	1,026,868
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	\$	1,127,586
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	\$	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	\$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	1,127,586
Liabilities				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	\$	-
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	\$	\$	Undesignated/Unreserved/Unrestricted	\$	1,127,586
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	\$	1,127,586
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	\$	1,127,586

Please use this space to provide explanation of any items on this page

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	\$ 5,580	\$ -	
2-2	Specific Ownership	\$ -	\$ -	Specific Ownership	\$ 771	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify):	\$ -	\$ -	Other Tax Revenue (specify): Sr Vet Exemption	\$ 267	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 6,618	\$ -	
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	\$ 92,588	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ 337	\$ -	
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 TOTAL REVENUES	\$ -	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 99,543	\$ -	
	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	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 99,543	\$ -	GRAND TOTALS
							\$ 99,543

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		
		Fund*	Fund*		Fund*	Fund*	
	Expenditures			Expenditures			
3-1	General Government	\$	- \$	General Operating & Administrative	\$	485 \$	-
3-2	Judicial	\$	- \$	Salaries	\$	22,626 \$	-
3-3	Law Enforcement	\$	- \$	Payroll Taxes	\$	1,799 \$	-
3-4	Fire	\$	- \$	Contract Services	\$	9,870 \$	-
3-5	Highways & Streets	\$	- \$	Employee Benefits	\$	- \$	-
3-6	Solid Waste	\$	- \$	Insurance	\$	7,596 \$	-
3-7	Contributions to Fire & Police Pension Assoc	\$	- \$	Accounting and Legal Fees	\$	6,000 \$	-
3-8	Health	\$	- \$	Repair and Maintenance	\$	29,912 \$	-
3-9	Culture and Recreation	\$	- \$	Supplies	\$	293 \$	-
3-10	Other (specify)	\$	- \$	Utilities	\$	5,765 \$	-
3-11		\$	- \$	Contributions to Fire & Police Pension Assoc.	\$	- \$	-
3-12		\$	- \$	Other (specify) Vehicle & Fuel Expense	\$	886 \$	-
3-13		\$	- \$	Director Fees & Mileage	\$	1,288 \$	-
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) Depreciation Expense	\$	13,000 \$	-
3-21		\$	- \$	Final Debt Service Payment to Bureau of Reclamation	\$	20,500 \$	-
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	- \$	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	120,020 \$	\$ 120,020
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 2-28)	\$	- \$	-
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) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$	- \$	(Line 3-25, plus line 3-27, less line 3-24, less line 3-26) 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	\$	- \$	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	\$	(20,477) \$	-
3-31	Fund Balance, January 1 from December 31 prior year report	\$	- \$	Net Position, January 1 from December 31 prior year report	\$	1,148,063 \$	-
3-32	Prior Period Adjustment (MUST explain)	\$	- \$	Prior Period Adjustment (MUST explain)	\$	- \$	-
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36.	\$	- \$	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	1,127,586 \$	-

Please use this space to provide explanation of any items on this page

GRAND TOTAL
\$ 120,020

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
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 type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain:	<input checked="" 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"/>
	If yes: 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	0.47	
	TOTAL	0.47	

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$ 100,718		
5-2	Certificates of deposit	\$ -		
	TOTAL CASH DEPOSITS		\$ 100,718	
	Investments (If investment is a mutual fund, please list underlying investments):			
5-3		\$ -		
		\$ -		
		\$ -		
		\$ -		
	TOTAL INVESTMENTS		\$ -	
	TOTAL CASH AND INVESTMENTS		\$ 100,718	
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 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"/>

Please use this space to provide any explanations or comments:

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		\$ -	\$ -	\$ -	\$ -
Buildings		\$ 1,029,312	\$ -	\$ -	\$ 1,029,312
Machinery and equipment		\$ 21,042	\$ -	\$ -	\$ 21,042
Furniture and fixtures		\$ 3,213	\$ -	\$ -	\$ 3,213
Infrastructure		\$ 12,301	\$ -	\$ -	\$ 12,301
Construction In Progress (CIP)		\$ -	\$ -	\$ -	\$ -
Other (explain):		\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative or credit balance)		\$ (26,000)	\$ -	\$ 13,000	\$ (39,000)
TOTAL		\$ 1,039,868	\$ -	\$ 13,000	\$ 1,026,868

Please use this space to provide any explanations or comments:

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, SG, 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?

		\$ -
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Please use this space to provide any explanations or comments:

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 29-1-804, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of all current governing board members below:		A MAJORITY of the governing board members must complete and sign in the column below:	
Board Member	1	Print Board Member's Name <u>HENRY LEVALEY</u>	I, <u>HENRY LEVALEY</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>Henry Levailey</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-17</u>
Board Member	2	Print Board Member's Name <u>ROBERT TRACY</u>	I, <u>ROBERT TRACY</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>Robert Tracy</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-19</u>
Board Member	3	Print Board Member's Name <u>ROBERT PEACE</u>	I, <u>ROBERT PEACE</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>Robert Peace</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-19</u>
Board Member	4	Print Board Member's Name <u>LES LINMAN</u>	I, <u>LES LINMAN</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 _____ Date: <u>4-5-17</u> My term Expires: <u>6-1-19</u>
Board Member	5	Print Board Member's Name <u>PATRICE ALONZO</u>	I, <u>PATRICE ALONZO</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>Patrice Alonzo</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-18</u>
Board Member	6	Print Board Member's Name <u>MONTY TODD</u>	I, <u>MONTY TODD</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>Monty Todd</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-18</u>
Board Member	7	Print Board Member's Name <u>LUTHER PIERER</u>	I, <u>LUTHER PIERER</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>Luther Pierer</u> Date: <u>4-5-17</u> My term Expires: <u>6-1-17</u>

**Original Signatures
Verified by**

Justin L. Smith

