

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT ADDRESS  
**Agate Conservation District**  
**P O Box 215**  
**Simla, CO 80835**

For the Year Ended  
12/31/16  
or fiscal year ended:

CONTACT PERSON PHONE EMAIL FAX  
**Cheryl L Churchwell**  
**719 541 2359 ext 101**  
**cherylscd@fairpoint.net**  
**none**

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME: Cheryl Churchwell  
TITLE: District Manager  
FIRM NAME (if applicable): Agate Conservation District  
ADDRESS: P O Box 215  
PHONE: 719 541 2359 x 101  
DATE PREPARED (Must be prepared prior to Board approval): 2/28/2017

PREPARER (SIGNATURE REQUIRED)

*Cheryl Churchwell, District Manager*

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL  
(MODIFIED ACCRUAL BASIS)



PROPRIETARY  
(CASH OR BUDGETARY BASIS)



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**RECEIVED**

By Justin L. Smith at 12:10 pm, Mar 15, 2017

## PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Ta Property	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify): Matching Grants & Direct Assistance	\$ 31,277	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ 324	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds <span style="float: right;">(should agree with line 4-4, column 2)</span>	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received <span style="float: right;">(should agree with line 4-4)</span>	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ 175	
2-21	Other (specify): Equipment Rental	\$ 4,412	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) <b>TOTAL REVENUE</b>	\$ 36,188	

## PART 3 - EXPENDITURES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ 5,242	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 927	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ 320	
3-9	Supplies	\$ 78	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Culture and recreation	\$ -	
3-15	Utility operations	\$ -	
3-16	Capital outlay	\$ -	
3-17	Debt service principal <span style="float: right;">(should agree with Part 4)</span>	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal <span style="float: right;">(should agree with line 4-4)</span>	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan <span style="float: right;">(should agree to line 7-2)</span>	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. <span style="float: right;">(should agree to line 7-2)</span>	\$ -	
3-23	Other (specify):	\$ -	
3-24	See Itemized Expenses attached Sheet	\$ 26,170	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES</b>	\$ 32,737	

## 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? <b>If Yes, please attach a copy of the entity's Debt Repayment Schedule.</b>	<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 type="checkbox"/>	<input type="checkbox"/>

	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Please provide the following mills levied for the year reported:		
	Bond Redemption		-
	General/Other		-
	<b>TOTAL</b>		<b>-</b>

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	\$ 24,479	
5-2	Certificates of deposit	\$ 71,558	
	<b>Total Cash Deposits</b>		<b>\$ 96,037</b>
	Investments (if investment is a mutual fund, please list underlying investments):		
5-3		\$ -	
		\$ -	
		\$ -	
		\$ -	
	<b>Total Investments</b>		<b>\$ -</b>
	<b>Total Cash and Investments</b>		<b>\$ 96,037</b>

Please answer the following questions by marking in the appropriate boxes

		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.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, MUST use this space to provide any explanations:

## PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes                      No

- |            |  |                                     |                          |
|------------|--|-------------------------------------|--------------------------|
| <b>6-1</b> | Does the entity have capital assets?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>6-2</b> | 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"/> |

<b>6-3</b>	Complete the following capital assets table:	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land	\$ 1,000	\$ -	\$ -	\$ 1,000
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ 119,690	\$ -	\$ 103,329	\$ 16,361
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	<b>\$ 120,690</b>	<b>\$ -</b>	<b>\$ 103,329</b>	<b>\$ 17,361</b>

Please use this space to provide any explanations or comments:

## PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes                      No

- |            |  |                          |                                     |
|------------|--|--------------------------|-------------------------------------|
| <b>7-1</b> | Does the entity have an "old hire" firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>7-2</b> | 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.):  | \$        | -        |
| <b>TOTAL</b>                     | <b>\$</b> | <b>-</b> |
- What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?  
\$ -

Please use this space to provide any explanations or comments:

## PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes                      No                      N/A

- |            |   |                                     |                          |                          |
|------------|---|-------------------------------------|--------------------------|--------------------------|
| <b>8-1</b> | Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8-2</b> | 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
General Fund - Propriety	\$ 33,647

## PART 9 - TAXPAYER'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.

**If no, MUST explain:**

## PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes

No

**10-1** Is this application for a newly formed governmental entity?



If yes: Date of formation:

**10-2** Has the entity changed its name in the past or current year?



If yes: Please list the NEW name & PRIOR name:

**10-3** Is the entity a metropolitan district?



Please indicate what services the entity provides:

**10-4** 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:

**10-5** 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.]



If yes: Date Filed:

**Please use this space to provide any explanations or comments:**

# PART 11 - 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 \$100,000 or less must have an application prepared by a person skilled in 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  Karli Gollhofer	I <u>Karli Gollhofer</u> , attest 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>[Signature]</u> Date: <u>3/13/17</u> My term Expires: <u>2018</u>
Board Member 2	Print Board Member's Name  Dawson MacLennan	I <u>Dawson MacLennan</u> , attest 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>[Signature]</u> Date: <u>3/13/17</u> My term Expires: <u><del>2018</del> 2020</u>
Board Member 3	Print Board Member's Name  Casey C Craven	I <u>Ca</u> , attest 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>[Signature]</u> Date: <u>3/13/17</u> My term Expires: <u>2018</u>
Board Member 4	Print Board Member's Name  Joe Craven	I <u>Joe Craven</u> , attest 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>[Signature]</u> Date: <u>3/13/17</u> My term Expires: <u>2020</u>
Board Member 5	Print Board Member's Name  Glenn Benjamin	I <u>Glenn Benjamin</u> , attest 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>[Signature]</u> Date: <u>3/13/17</u> My term Expires: <u>2020</u>
Board Member 6	Print Board Member's Name	I _____, attest 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 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: _____

EXEMPTION OF AUDIT ATTACHMENT

LINE #3-24

OTHER EXPENSES ITEMIZED

Education	155.00
Election & Legal Notices Advertising	57.00
Meetings	224.00
Travel	245.00
Donations & Bonuses	.1025.00
Matching Grants Expenses	24064.00
Special Projects (LSF)	<u>400.00</u>

**Total Other Expenses** **\$26,170.00**



**Agate Conservation District**

**P O Box 215**

**Simla, CO 80835**

**719-541-2359 x 101**

**Serving Parts of Elbert, Lincoln & Arapahoe Counties**

**RESOLUTION FOR EXEMPTION FROM AUDIT**

*(PURSUANT TO Section 29-1-604, C R S)*

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2016 FOR Agate Conservation District, STATE OF COLORADO.

WHEREAS, the Board of Supervisors of Agate Conservation District wishes to claim exemption from the audit requirements of Section 19-1-603, C.R.S. and

WHEREAS, neither revenue nor expenditures for Agate Conservation District exceeded \$100,000 for Fiscal Year 2016 and

WHEREAS, an application for exemption from audit for Agate Conservation District has been prepared by Cheryl Churchwell, an individual skilled in governmental accounting and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved by the Board of Supervisors of the Agate Conservation District that the application for exemption from audit for Agate Conservation District for the fiscal year ended December 31, 2016, has been personally reviewed and is hereby approved by a majority of the Board of Supervisors of the Agate Conservation District; that those member of the Board of Supervisors have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the Agate Conservation Distirct for fiscal year ended December 31, 2016. \

ADOPTED THIS 13<sup>th</sup> day of March, A D 2016

Carly C. Crain  
-----  
Chairman

ATTEST:  
Shirley Galt  
-----  
Secretary

Printed Name of Members  
Of Governing Body

Date  
Term Expires

Signature

Casey Craven

2018

Casey C Craven

Karli Gollhofer

2018

Karli Gollhofer

Glenn Benjamin

2020

Glenn Benjamin

Joe Craven

2020

Joe Craven Joe Craven

Dawson MacLennan

2020

Dawson MacLennan

