

**APPLICATION FOR EXEMPTION FROM AUDIT - SHORT FORM - FOR GOVERNMENTS WITH REVENUES AND EXPENDITURES OF \$100,000 OR LESS**

4219.00

Name of Government:	Mountain Village Montessori Charter School	For the Year Ended December 31, 2015 or fiscal year ended:
Address:	PO BOX 883141 Steamboat Springs CO	
Contact Person:	Michael Hayes	6/30/2016
Telephone:	970-879-6653	
Email:	michael@mvmcs.org	
Fax:		

Return to: Office of the State Auditor  
Local Government Audit Division  
1525 Sherman St., 7th Floor  
Denver, CO 80203  
Fax: 303-869-3061  
Email: OSA.LG@state.co.us  
Call (303) 869-3000 if you need help completing this form.

**RECEIVED**  
By Justin L. Smith at 3:29 pm, Sep 30, 2016

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING THE

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenues nor expenditures exceed \$750,000 in any year may qualify for an exemption. If either revenues or expenditures are \$100,000 or greater, but not more than \$750,000, you may NOT use this form. Please use the LONG FORM of this application. If both revenues and expenditures are less than \$100,000 individually, use this short form application for exemption from audit.



Please review ALL instructions prior to the completion of this form.

Instructions:

1. Prepare this form completely and accurately. Please note that there are 11 parts to this form, and all questions must be answered for the application to be considered complete.
2. File this form with the Office of the State Auditor within 3 months after the end of the year. For years ended December 31, the form **must** be received by the Office of the State Auditor by March 31.
3. The form **must** be completed by a person skilled in governmental accounting.
4. The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
  - a. Resolution of the governing body - application may be emailed, faxed, or mailed.
  - b. Original signatures - application must be mailed. Email or fax will NOT be accepted.
5. The preparer **must sign** the application that is submitted in order for it to be accepted.
6. Additional information may be attached to the exemption at the preparer's discretion.

**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:	Michael Hayes
Title:	Head of School
Firm Name (if applicable):	
Address:	PO BOX 883141 Steamboat Springs
Telephone Number:	970-879-6653
Date Prepared:	9/28/16

Preparer Signature (Required): The application will be rejected if not signed by the preparer.

*Michael Hayes*

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

**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
2-1	Taxes: Property	\$ -
2-2	Specific ownership	\$ -
2-3	Sales and use	\$ -
2-4	Other (specify):	\$ -
2-5	Licenses and permits	\$ -
2-6	Intergovernmental: Grants	\$ 52,212
2-7	Conservation Trust Funds (Lottery)	\$ -
2-8	Highway Users Tax Funds (HUTF)	\$ -
2-9	Other (specify):	\$ -
2-10	Charges for services	\$ -
2-11	Fines and forfeits	\$ -
2-12	Special assessments	\$ -
2-13	Investment income	\$ -
2-14	Charges for utility services	\$ -
2-15	Debt proceeds (should agree with line 4-3, column 2)	\$ -
2-16	Lease proceeds	\$ -
2-17	Developer Advances received (should agree with line 4-3 )	\$ -
2-18	Proceeds from sale of capital assets	\$ -
2-19	Fire and police pension	\$ -
2-20	Donations	\$ 39,000
2-21	Other (specify):	\$ -
2-22		\$ -
2-23		\$ -
2-24	(add lines 2-1 through 2-23) <b>TOTAL REVENUE</b> all sources	\$ 91,212

**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
3-1	Administrative	\$ -
3-2	Salaries	\$ 21,250
3-3	Payroll taxes	\$ -
3-4	Contract services	\$ -
3-5	Employee benefits	\$ -
3-6	Insurance	\$ -
3-7	Accounting and legal fees	\$ -
3-8	Repair and maintenance	\$ -
3-9	Supplies	\$ 69,962
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 (should agree with Part 6)	\$ -
3-17	Debt service principal (should agree with Part 4)	\$ -
3-18	Debt service interest	\$ -
3-19	Repayment of Developer Advances (should agree with line 4-3)	\$ -
3-20	Contribution to pension plan (should agree to line 7-2)	\$ -
3-21	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -
3-22	Other (specify):	\$ -
3-23		\$ -
3-24		\$ -
3-25	(add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES</b> all categories	\$ 91,212

**Note:** If Total Revenue (Line 2-24) or Total Expenditures (Line 3-25) are greater than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - Long Form".

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?				X
	Is the debt repayment schedule attached? If no, please explain:				
4-2	Is the entity current in its debt service payments? If no, please explain:				X
4-3	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
	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
4-4	Does the entity have any authorized, but unissued, debt?				X
If yes:	How much?	\$	-		
	Date the debt was authorized:				
4-5	Does the entity intend to issue debt within the next calendar year?				NA
If yes:	How much?	\$	-		
Please answer the following questions by marking the appropriate boxes.				Yes	No
4-6	Does the entity have debt that has been refinanced that it is still responsible for?				X
If yes:	What is the amount outstanding?	\$	-		
Please answer the following questions by marking the appropriate boxes.				Yes	No
4-7	Does the entity have any lease agreements?			X	
If yes:	What is being leased?		property		
	What is the original date of the lease?		7/15/16		
	Number of years of lease?		2		
	Is the lease subject to annual appropriation?				X
	What are the annual lease payments?	\$	146,544.00		
4-8	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	Checking accounts		\$	-	
5-2	Savings accounts		\$	-	
5-3	Certificates of deposit		\$	-	
	Total Cash Deposits			\$ -	
	Investments (if investment is a mutual fund, please list underlying investments):				
5-4			\$	-	
5-5			\$	-	
5-6			\$	-	
5-7			\$	-	
	Total Investments			\$ -	
	Total Cash and Investments			\$ -	
Please answer the following question by marking in the appropriate box				Yes	No
5-8	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, please explain:			X	
5-9	Please use this space to provide any explanations or comments:				

**PART 6 - CAPITAL ASSETS**

<b>Please answer the following questions by marking in the appropriate boxes.</b>					<b>Yes</b>	<b>No</b>
<b>6-1</b>	Does the entity have capital assets?					<b>X</b>
<b>If yes:</b>	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, please explain:					
	Complete the following table:					
		Balance - beginning of the year	Additions	Deletions	Year-End Balance	
	Land	\$ -	\$ -	\$ -	\$ -	
	Buildings	\$ -	\$ -	\$ -	\$ -	
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -	
	Other (explain):	\$ -	\$ -	\$ -	\$ -	
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -	
	<b>Total</b>	\$ -	\$ -	\$ -	\$ -	
<b>6-2</b>	<b>Please use this space to provide any explanations or comments:</b>					

**PART 7 - PENSION INFORMATION**

<b>Please answer the following questions by marking in the appropriate boxes.</b>					<b>Yes</b>	<b>No</b>
<b>7-1</b>	Does the entity have an "old hire" firemen's pension plan?					<b>X</b>
<b>7-2</b>	Does the entity have a volunteer firemen's pension plan?					<b>X</b>
<b>If yes:</b>	Who administers the plan?					
	Indicate the contributions from:					
		Tax (property, SO, sales, etc.):	\$ -			
		State contribution amount:	\$ -			
		Other (gifts, donations, etc.):	\$ -			
		<b>Total:</b>	\$ -			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?				\$ -	
<b>7-3</b>	<b>Please use this space to provide any explanations or comments:</b>					

**PART 8 - BUDGET INFORMATION**

<b>Please answer the following questions by marking in the appropriate boxes.</b>					<b>Yes</b>	<b>No</b>
<b>8-1</b>	Did the entity file a budget with the Department of Local Affairs for the current year? If no, please explain: Startup school in year 1, has not operated a full year					<b>X</b>
<b>8-2</b>	Did the entity pass an appropriations resolution? In no, please explain: Startup school in year 1, has not operated a full year					<b>X</b>
<b>If yes:</b>	Please indicate the amount appropriated for each fund for the year:					
		<b>Fund Name</b>	<b>Budgeted Expenditures</b>			
<b>8-3</b>	<b>Please use this space to provide any explanations or comments:</b>					

**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)]?	X	
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.			
9-2	Please use this space to provide any explanations or comments:		

**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?	X	
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?		
10-4	Please indicate what services the entity provides:		
10-5	Does the entity have an agreement with another government to provide services?	X	
If yes:	List the name of the other governmental entity and the services provided:		
10-6	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.]		X
If yes:	Date Filed:		
10-7	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		A MAJORITY of the governing board members must complete and sign in the column below.	
Board Member 1	Print Board Members Name <u>Jason Gilligan</u>	I <u>Jason Gilligan</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>9-28-16</u> Expires: <u>9-1-17</u> My term	
Board Member 2	Print Board Members Name <u>Aimee Dendrinos</u>	I <u>Aimee Dendrinos</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>9/28/16</u> Expires: _____ My term <u>2018</u>	
Board Member 3	Print Board Members Name <u>Kristen Hockford</u>	I <u>Kristen Hockford</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>9/28/16</u> Expires: <u>2018</u> My term	
Board Member 4	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ Expires: _____ My term	
Board Member 5	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ Expires: _____ My term	
Board Member 6	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ Expires: _____ My term	
Board Member 7	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ Expires: _____ My term	

**Original Signatures  
Verified by**  
  
Justin L. Smith  
  
[Signature]

r appointed board  
tion from audit.  
  
My term

**Mountain Village Montessori Charter School**  
**RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT**

(Pursuant to Section 29-1-604, C.R.S.)

RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2015 FOR THE (name of government), STATE OF COLORADO.

HEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

HEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed one hundred thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenue nor expenditures for **Mountain Village Montessori Charter School** exceeded \$100,000 for Fiscal Year 2015; and

HEREAS, an application for exemption from audit for **Mountain Village Montessori Charter School** been prepared by **Michael Hayes**, a person skilled in governmental accounting; and

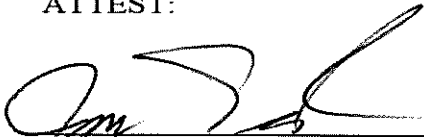
HEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the **Mountain Village Montessori Charter School Governing Board** of **Mountain Village Montessori Charter School** that the application for exemption from audit for (**Mountain Village Montessori Charter School** for the Fiscal Year ended June 30, 2016, has been personally reviewed and is hereby approved by a majority of the **Mountain Village Montessori Charter School Governing Board** of the **Mountain Village Montessori Charter School** that those members of the **Mountain Village Montessori Charter School Governing Board** 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 **Mountain Village Montessori Charter School** for the fiscal year ended June 30, 2016.

ADOPTED THIS 28 day of September A.D. 2016.

\_\_\_\_\_  
Mayor/President/Chairman, etc.

ATTEST:

  
\_\_\_\_\_  
Town Clerk, Secretary, etc.

-TREASURER

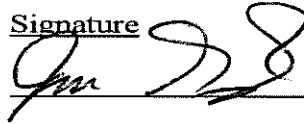
Type or Print Names of  
Members of Governing Body

Date  
Term  
Expires

Signature

Jason Gilligan

9-1-17



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_