

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	EASTERN RIO BLANCO COUNTY TEL SVC 911 CO	For the Year Ended 12/31/16 or fiscal year ended:
ADDRESS	PO BOX 1460 MEEKER, CO 81641-1460	
CONTACT PERSON	MIKE COOK	7917.00
PHONE	970-878-9620	
EMAIL		
FAX	970-878-3127	

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	MARLO COATES
TITLE	CERTIFIED PUBLIC ACCOUNTANT
FIRM NAME (if applicable)	COLOCPA SERVICES, PC
ADDRESS	PO BOX 770, RANGELY, CO 81648
PHONE	970-675-2222
DATE PREPARED (Must be prepared prior to Board approval)	3/16/2017

PREPARER (SIGNATURE REQUIRED)

Marlo Coates

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> <input checked="" type="checkbox"/>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> <input type="checkbox"/>
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RECEIVED

By Justin L. Smith at 9:51 am, Apr 11, 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	Property	\$	
2-2	Business operations	\$	
2-3	Fees and Licenses	\$	
2-4	Other (specify)	\$	
2-5	Permits and permits	\$	
2-6	Warehousing/Storage	\$	
2-7	Conservation Land Funds (CLF)	\$	
2-8	Highway Users Tax Funds (HUTF)	\$	
2-9	Other (specify)	\$	
2-10	Charges for services	\$	41,697
2-11	Fines and forfeits	\$	
2-12	Special assessments	\$	
2-13	Investment income	\$	72
2-14	Charges for utility services	\$	
2-15	Lease proceeds	\$	
2-16	Lease proceeds	\$	
2-17	Developer Advances received	\$	
2-18	Proceeds from sale of capital assets	\$	
2-19	Fire and Police Pension	\$	
2-20	Donations	\$	
2-21	Other (specify)	\$	
2-22		\$	
2-23		\$	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$	41,769

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	\$	9,238
3-2	Salaries	\$	
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	\$	
3-10	Utilities and telephones	\$	
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	\$	
3-18	Debt service interest	\$	
3-19	Repayment of Developer Advance Principal	\$	
3-20	Repayment of Developer Advance Interest	\$	
3-21	Contribution to pension plan	\$	
3-22	Contribution to Fire & Police Pension Assoc.	\$	
3-23	Other (specify)	\$	
3-24	SERVICE SUPPLIER	\$	3,700
3-25	CAPITAL OUTLAY TO OTHER AGENCIES	\$	22,242
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$	35,175

If **TOTAL REVENUE** (Line 2-24) or **TOTAL EXPENDITURES** (Line 3-26) 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 any outstanding debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes, please attach a copy of the entity's Debt Repayment Schedule.				
4-2	Is the debt repayment schedule attached? If no, (why?) 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"/>	
4-4	Please complete the following debt schedule, if applicable. (Please only include general obligations/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	-	-	-
	Municipal Loans	-	-	-
	Leases	-	-	-
	Development Advances	-	-	-
	Other (specify)	-	-	-
	TOTAL	-	-	-
Please answer the following questions by marking the appropriate boxes.				
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 reauthorized 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 term 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			
	TOTAL			

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	GAFFEND amount in ALL Checking and Savings Accounts	\$ 74,608	
5-2	Certificate of deposit	\$ 36,705	
	Total Cash Deposits		\$ 111,313
	Investments (if investment is a mutual fund, please list underlying investments)		
5-3		\$	
		\$	
		\$	
		\$	
	Total Investments		\$
	Total Cash and Investments		\$ 111,313

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 24-75-501, 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.)?	<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
6-1	Does the entity have capital assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-306 C.R.S.? If no, MUST explain.	<input type="checkbox"/>	<input type="checkbox"/>
6-3	Complete the following capital assets table:		
		Balance, beginning of the year	Additions (must be included in Part 5)
		Dispositions	Year-End Balance
	Land	\$ -	\$ -
	Buildings	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -
	Construction in Progress (CIP)	\$ -	\$ -
	Other (explain)	\$ -	\$ -
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -
	TOTAL	\$ -	\$ -

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
7-1	Does the entity have an old age retirement pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7-2	Does the entity have a voluntary investment pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Who administers the plan?		
	Indicate the contributions from:		
	Tax approved, S.O. sales, etc.	\$ -	
	State contribution amount	\$ -	
	Other (tuition, donations, etc.)	\$ -	
	TOTAL	\$ -	
	What is the monthly benefit paid for 20 years of service per retired 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
8-1	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"/>
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
GENERAL	\$ 36,819

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

		Yes	No
9-1	Is this 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.

If no, MUST explain:

PART 10 - GENERAL INFORMATION

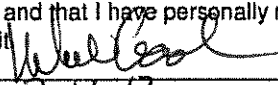

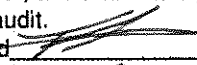

Please answer the following questions by marking in the appropriate boxes.

		Yes	No
10-1	Is this application for a newly formed governmental entity?	<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:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Please indicate what services the entity provides:		
10-4	Does the entity have an agreement with another government to provide services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	List the name of the other governmental entity and the services provided: TOWN OF MEEKER, RIO BLANCO COUNTY SHERIFF'S OFFICE, RIO BLANCO COUNTY, RIO BLANCO FIRE PROTECTION DISTRICT, MEEKER HOSPITAL DISTRICT-ASSIST IN MAINTAINING 911 SERVICES		
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 MICHAEL COOK	I <u>Michael Cook</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></u> Date: <u>3-16-17</u> My term Expires: <u>1-8-19</u>
Board Member 2	Print Board Member's Name DREW VARLAND	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 3	Print Board Member's Name WADE BRADFIELD	I <u>D. Wade Bradfield</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></u> Date: <u>3-21-17</u> My term Expires: <u>1-8-19</u>
Board Member 4	Print Board Member's Name TERRY SKIDMORE	I <u>TERRY SKIDMORE</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></u> Date: <u>3-21-17</u> My term Expires: <u>1-8-2019</u>
Board Member 5	Print Board Member's Name SI WOODRUFF	I <u>SI WOODRUFF</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></u> Date: <u>3/20/17</u> My term Expires: <u>1-8-19</u>
Board Member 6	Print Board Member's Name BOB HERVEY	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: _____

**Original Signatures
Verified by**

Justin L. Smith

