

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

NAME OF GOVERNMENT: Fremont County Regional GIS Authority
 ADDRESS: PO Box 533
 Canon City, CO 81212
 CONTACT PERSON: Robert Bush
 PHONE: 719-276-7434
 EMAIL: bob.bush@fremontco.com
 FAX:

For the Year Ended
 12/31/2016
 or fiscal year ended

7931.00

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

NAME: David Wancura CPA
 TITLE: CPA
 FIRM NAME (if applicable): David Wancura CPA, PC
 ADDRESS: 509 Greenwood Avenue, Canon City, CO 81212
 PHONE: 719-269-8306
 DATE PREPARED: 3/15/2017
(Must be Completed prior to Board approval)
 RELATIONSHIP TO ENTITY: Certified Public Accountant

PREPARER (SIGNATURE REQUIRED)

David Wancura

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

YES	NO	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

P

RECEIVED
 By Justin L. Smith at 9:52 am, 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/Fiduciary Funds	
		Fund*	Fund*		General Fund*	Fund*
Assets				Assets		
1-1	Cash & Cash Equivalents	\$	\$	Cash & Cash Equivalents	\$	188,715 \$
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	\$	188,715 \$
1-6		\$	\$	Capital Assets, net (from Part 6)	\$	50,930 \$
1-7		\$	\$	Other Long Term Assets (specify)	\$	- \$
1-8		\$	\$	Accumulated Depreciation	\$	(37,067) \$
1-9		\$	\$		\$	- \$
1-10		\$	\$		\$	- \$
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	\$	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	202,578 \$
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	\$	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	\$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	202,578 \$
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	\$	7,987 \$
1-19	TOTAL CURRENT LIABILITIES	\$	\$	TOTAL CURRENT LIABILITIES	\$	7,987 \$
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	\$	7,987 \$
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	\$	194,591 \$
1-36	Add lines 1-30 through 1-35 This total should be the same as line 1-33 TOTAL FUND BALANCE	\$	\$	Add lines 1-30 through 1-35 This total should be the same as line 1-33 TOTAL NET POSITION	\$	194,591 \$
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	\$	202,578 \$

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*		General Fund*	Fund*	
	Tax Revenue			Tax Revenue			
2-1	Property	\$ -	\$ -	Property	\$ -	\$ -	
2-2	Specific Ownership	\$ -	\$ -	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	\$ -	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
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 (CTF)	\$ -	\$ -	Conservation Trust Funds (CTF)	\$ -	\$ -	
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	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ 487	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-22	All Other (specify):	\$ -	\$ -	All Other (specify):	\$ -	\$ -	
2-23		\$ -	\$ -	GIS Services	\$ 315,310	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 315,797	\$ -	
	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	\$ 315,797	\$ -	GRAND TOTALS
							\$ 315,797

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		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		General Fund*	Fund*	
Expenditures				Expenditures			
3-1	General Government	\$	\$	General Operating & Administrative	\$ 45,813	\$	
3-2	Judicial	\$	\$	Salaries	\$ 176,043	\$	
3-3	Law Enforcement	\$	\$	Payroll Taxes	\$ 13,466	\$	
3-4	Fire	\$	\$	Contract Services	\$	\$	
3-5	Highways & Streets	\$	\$	Employee Benefits	\$ 6,704	\$	
3-6	Solid Waste	\$	\$	Insurance	\$ 2,102	\$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	\$	Accounting and Legal Fees	\$ 6,605	\$	
3-8	Health	\$	\$	Repair and Maintenance	\$	\$	
3-9	Culture and Recreation	\$	\$	Supplies	\$ 4,825	\$	
3-10	Other (specify)	\$	\$	Utilities	\$ 1,166	\$	
3-11		\$	\$	Contributions to Fire & Police Pension Assoc.	\$	\$	
3-12		\$	\$	Other (specify)	\$	\$	
3-13		\$	\$	GIS Data	\$ 112,078	\$	
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)	\$	\$	
3-21		\$	\$		\$	\$	
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	\$	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 368,802	\$	\$ 368,802
3-23	Interfund Transfers (In)	\$	\$	Net Interfund Transfers (In)	\$	\$	
3-24	Interfund Transfers (Out)	\$	\$	Net Interfund Transfers (Out)	\$	\$	
3-25	Other Expenditures (Revenues)	\$	\$	Depreciation	\$ 1,825	\$	
3-26		\$	\$	Other Financing Sources (Uses) (from line 3-28)	\$	\$	
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 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL GAAP RECONCILING ITEMS	\$ (1,825)	\$	
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 3-29, less line 3-24	\$ (54,829)	\$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	\$	Net Position, January 1 from December 31 prior year report	\$ 249,420	\$	
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.	\$ 194,591	\$	

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 type="checkbox"/>	<input type="checkbox"/>		
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)				
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Please use this space to provide any explanations or comments.

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? \$		
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 checked="" type="checkbox"/>	<input type="checkbox"/>
If yes: What is being leased? office space		
What is the original date of the lease? 4/1/2006		
Number of years of lease? 5-one year renewals		
Is the lease subject to annual appropriation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What are the annual lease payments? \$ 18,240		
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	0.00	
General/Other	0.00	
TOTAL	0.00	

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	\$ 23,856	
5-2 Certificates of deposit	\$ 164,859	
TOTAL CASH DEPOSITS		\$ 188,715
Investments (if investment is a mutual fund, please list underlying investments)		
5-3	\$ -	
	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS	\$ -	
TOTAL CASH AND INVESTMENTS	\$ -	188,715

Please use this space to provide any explanations or comments:

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	
6-1 Does the entity have capitalized assets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please use this space to provide any explanations or comments.
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	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 38,142	\$ 12,788	\$ -	\$ 50,930
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (35,242)	\$ (1,825)	\$ -	\$ (37,067)
TOTAL	\$ 2,900	\$ 10,963	\$ -	\$ 13,863

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"/>	Please use this space to provide any explanations or comments:
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, GO 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? \$ -

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments.
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"/>	
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			
	Enterprise	\$	410,890		
		\$	-		
		\$	-		
		\$	-		

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

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments.
9-1	Is the 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.

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments.
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: NEW name:				
PRIOR name:				
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes: List the name of the other governmental entity and the services provided:				
GIS Services to Fremont County, City of Canon City, Fremont Sanitation Dist and the Fremont 911 Authority.				

Please use this space to provide any additional explanations or comments not previously included:

OSA USE ONLY

Entity Wide:	General Fund:	Governmental Funds:	Notes:
Unrestricted Cash & Investments \$ 188,715	Unrestricted Fund Balance \$ 7,987	Total Tax Revenue \$ -	
Current Liabilities \$ -	Total Fund Balance \$ -	Revenue Paying Debt Service \$ -	
Deferred Inflow \$ -	PY Fund Balance \$ -	Total Revenue \$ -	
	Total Revenue \$ -	Total Debt Service Principal \$ -	
	Total Expenditures \$ -	Total Debt Service Interest \$ -	
	Interfund In \$ -		
	Interfund Out \$ -	Enterprise Funds:	
Governmental:	Proprietary \$ -	Net Position \$ 194,591	
Total Cash & Investments \$ -	Current Assets \$ 188,715	PY Net Position \$ 249,420	
Transfers In \$ -	Deferred Outflow \$ -	Government-Wide:	
Transfers Out \$ -	Current Liabilities \$ 7,987	Total Outstanding Debt \$ -	
Property Tax \$ -	Deferred Inflow \$ -	Authorized but Unissued \$ -	
Debt Service Principal \$ -	Cash & Investments \$ 188,715	Year Authorized \$ -	
Total Expenditures \$ -	Principal Expense \$ -		
Total Developer Advances \$ -			
Total Developer Repayments \$ -			

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 29-1-604, 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.

All Officers of the governing board members must complete and sign in the column below.

	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 1	Stacey Seifert	I, <u>Stacey Seifert</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>Stacey Seifert</u> Date: <u>3/30/17</u> My term Expires: _____ May 2017
Board Member 2	Adam Lancaster	I, <u>Adam Lancaster</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>3/29/17</u> My term Expires: _____ May 2018
Board Member 3	Bill Jackson	I, <u>William F. Jackson</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>William F. Jackson</u> Date: <u>3/29/17</u> My term Expires: _____ May 2018
Board Member 4	Clint Allen	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: _____ May 2019
Board Member 5	Jim Cox	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: _____ May 2019
Board Member 6	Tom McCormick	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: _____ May 2018
Board Member 7	Don Palumbo	I, <u>Don Palumbo</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>Don Palumbo</u> Date: <u>3/30/2017</u> My term Expires: _____ May 2018

Board Member 8	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.
	Tony Adamic	Signed <u>Tony Adamic</u> Date: <u>3/29/2017</u> My term Expires: <u>May 2018</u>
Board Member 9	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.
	Dennis Wied	Signed _____ Date: _____ My term Expires: _____ May 2017 _____
Board Member 10	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.
Board Member 11	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.
Board Member 12	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.

**Original Signatures
Verified by**

Justin L. Smith



a

a