

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT ADDRESS	APPLETREE METROPOLITAN DISTRICT NO. 2 C/O SPENCER FANE LLP 1700 LINCOLN STREET, SUITE 2000 DENVER, CO 80203
CONTACT PERSON	RUSSELL W. DYKSTRA
PHONE	303-839-3800
EMAIL	rdykstra@spencerfane.com
FAX	303-839-3838

For the Year Ended  
12/31/17  
or fiscal year ended:

### 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:	LESLIE LARSEN
TITLE	PARALEGAL
FIRM NAME (if applicable)	SPENCER FANE LLP
ADDRESS	1700 LINCOLN STREET, SUITE 2000
PHONE	303-839-3814
DATE PREPARED (Must be prepared prior to Board approval)	3/20/2018

### PREPARER (SIGNATURE REQUIRED)

*[Handwritten Signature]*

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

GOVERNMENTAL

PROPRIETARY

GOVERNMENTAL FUND TYPES

PROPRIETARY FUND TYPES



# RECEIVED

Office of the State Auditor

March 31, 2018

## 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	Revenue	Amount	
2-1	Taxes: Property	\$	-	<b>Please use this space to provide any necessary explanations</b>
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):	\$	-	
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 4-4, column 2)	\$	-	
2-16	Lease proceeds	\$	-	
2-17	Developer Advances received (should agree with line 4-4)	\$	1,503	
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	<b>(add lines 2-1 through 2-23) TOTAL REVENUE</b>	\$	<b>1,503</b>	

## 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	Expenditures	Amount	
3-1	Administrative	\$	-	<b>Please use this space to provide any necessary explanations</b>
3-2	Salaries	\$	-	
3-3	Payroll taxes	\$	-	
3-4	Contract services	\$	-	
3-5	Employee benefits	\$	-	
3-6	Insurance	\$	250	
3-7	Accounting and legal fees	\$	1,253	
3-8	Repair and maintenance	\$	-	
3-9	Supplies	\$	-	
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 (should agree with Part 4)	\$	-	
3-18	Debt service interest	\$	-	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest	\$	-	
3-21	Contribution to pension plan (should agree to line 7-2)	\$	-	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$	-	
3-23	Other (specify):	\$	-	
3-24		\$	-	
3-25		\$	-	
3-26	<b>(add lines 3-1 through 3-24) TOTAL EXPENDITURES</b>	\$	<b>1,503</b>	

**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 outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																								
4-2	Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>																																								
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>																																								
4-4	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">2006-2007 Actual</th> <th style="width: 10%; text-align: center;">2007-2008 Actual</th> <th style="width: 10%; text-align: center;">2008-2009 Budget</th> <th style="width: 15%; text-align: center;">2009-2010 Budget</th> </tr> </thead> <tbody> <tr> <td>General obligation bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Revenue bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Notes/Loans</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Leases</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Developer Advances</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ 1,503</td> <td style="text-align: right;">\$ (1,503)</td> </tr> <tr> <td>Other (specify):</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$ -</b></td> <td style="text-align: right;"><b>\$ -</b></td> <td style="text-align: right;"><b>\$ 1,503</b></td> <td style="text-align: right;"><b>\$ (1,503)</b></td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">*must tie to prior year ending balance</p>		2006-2007 Actual	2007-2008 Actual	2008-2009 Budget	2009-2010 Budget	General obligation bonds	\$ -	\$ -	\$ -	\$ -	Revenue bonds	\$ -	\$ -	\$ -	\$ -	Notes/Loans	\$ -	\$ -	\$ -	\$ -	Leases	\$ -	\$ -	\$ -	\$ -	Developer Advances	\$ -	\$ -	\$ 1,503	\$ (1,503)	Other (specify):	\$ -	\$ -	\$ -	\$ -	<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,503</b>	<b>\$ (1,503)</b>		
	2006-2007 Actual	2007-2008 Actual	2008-2009 Budget	2009-2010 Budget																																							
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<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,503</b>	<b>\$ (1,503)</b>																																							

Please answer the following questions by marking the appropriate boxes.

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	How much? \$ 6,000,000.00		
	Date the debt was authorized: 11/7/2006		
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 checked="" 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 (do not report \$ amounts):		
	Bond Redemption		-
	General/Other		-
	<b>TOTAL</b>		<b>-</b>

## 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	\$ -	
5-2 Certificates of deposit	\$ -	
<b>Total Cash Deposits</b>		<b>\$ -</b>
5-3 Investment of Investment	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Investments</b>		<b>\$ -</b>
<b>Total Cash and Investments</b>		<b>\$ -</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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 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?  Yes       No
- 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:  Yes       No

6-3

	Beginning Balance 12/31/2019	Additions 2020	Disposals 2020	Ending Balance 12/31/2020
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*must tie to prior year ending balance

## 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 hire" firemen's pension plan?  Yes       No
- 7-2 Does the entity have a volunteer firemen's pension plan?  Yes       No

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>

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 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.?  Yes       No       N/A

If no, MUST explain:

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  Yes       No       N/A

If no, MUST explain:

If yes: Please indicate the amount appropriated for each fund for the year reported:

GENERAL FUND	\$	3,500

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

9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?

Note: A lawsuit on to exempt the government from the spending limit provisions of TABOR was filed against the government in the 2010s. The lawsuit is currently on hold. A lawsuit on to exempt the government from the spending limit provisions of TABOR was filed against the government in the 2010s. The lawsuit is currently on hold.

Printed: 11/11/2023 10:00:00 AM

## PART 10 - GENERAL INFORMATION

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:

AUTHORIZED TO PROVIDE THE FOLLOWING IMPROVEMENTS: STREETS, TRAFFIC/SAFETY PROTECTION, SANITARY SEWER, WATER, PARKS AND

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 32-1-103 (9.3)]

If yes: Date Filed:

## PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES

NO

12-1

If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

# Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

## Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures
- 2) Submit the application electronically via email and either,
  - a. Include a copy of an adopted resolution that documents formal approval by the Board, or
  - b. Include electronic signatures obtained through a software program such as DocuSign or Echosign in accordance with the requirements noted above.

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 Tony Del Grippo	I <u>TONY DEL GRIPPO</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>Tony Del Grippo</u> Date: <u>3/30/2018</u> My term Expires: <u>2018</u>	
Board Member 2	Print Board Member's Name Bruce Stokes	I <u>BRUCE STOKES</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 _____ Date: _____ My term Expires: <u>2018</u>	
Board Member 3	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 4	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 5	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 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: _____	

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	Print Board Member's Name	
1	Tony Del Grippo	I, <u>TONY DEL GRIPPO</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 _____ Date: _____ My term Expires: <u>2018</u>
2	Bruce Stokes	I, <u>BRUCE STOKES</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>3/26/2018</u> My term Expires: <u>2018</u>
3		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: _____
4		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: _____
5		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: _____
6		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: _____
7		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: _____

RESOLUTION APPROVING THE EXEMPTION FROM AUDIT  
FOR FISCAL YEAR 2011 FOR THE  
APPLETREE METROPOLITAN DISTRICT NO. 2

(revenues or expenditures did not exceed \$100,000)  
(Pursuant to Section 29-1-604, C.R.S.)

WHEREAS, the Board of Directors of the Appletree Metropolitan District No. 2 (the "District") wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

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

WHEREAS, neither revenues nor expenditures for the District exceeded \$100,000 for fiscal year 2017; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person 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 Directors of the Appletree Metropolitan District No. 1 that the application for exemption from audit for the District for the fiscal year ended December 31, 2017, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the 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 District for fiscal year ended December 31, 2017.

ADOPTED this 30 day of March, 2018.

APPLETREE METROPOLITAN DISTRICT  
NO. 2

By: Tony Del Grippo  
President

ATTEST:

\_\_\_\_\_  
Secretary

<u>Board Member Name</u>	<u>Term Expires</u>	<u>Signature</u>
Tony Del Grippo	2018	<u>Tony Del Grippo</u>
Bruce Stokes	2018	_____

RESOLUTION APPROVING THE EXEMPTION FROM AUDIT  
FOR FISCAL YEAR 2017 FOR THE  
APPLETREE METROPOLITAN DISTRICT NO. 2

(revenues or expenditures did not exceed \$100,000)  
(Pursuant to Section 29-1-604, C.R.S.)

WHEREAS, the Board of Directors of the Appletree Metropolitan District No. 2 (the "District") wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

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

WHEREAS, neither revenues nor expenditures for the District exceeded \$100,000 for fiscal year 2017; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person 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 Directors of the Appletree Metropolitan District No. 1 that the application for exemption from audit for the District for the fiscal year ended December 31, 2017, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the 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 District for fiscal year ended December 31, 2017.

ADOPTED this 30th day of March, 2018.

APPLETREE METROPOLITAN DISTRICT  
NO. 2

By: \_\_\_\_\_  
President

ATTEST:

\_\_\_\_\_  
Secretary

<u>Board Member Name</u>	<u>Term Expires</u>	<u>Signature</u>
Tony Del Grippo	2018	
Bruce Stokes	2018	