

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

2590.00

NAME OF GOVERNMENT ADDRESS	East Cheyenne Ground Water Management District
	PO Box 193
	Cheyenne Wells CO 80810
CONTACT PERSON	Carolyn Talbert
PHONE	719-343-3129
EMAIL	
FAX	

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:	Julena Critchfield
TITLE	Accountant
FIRM NAME (if applicable)	Winfrey, County & Hays PC
ADDRESS	577 14th St Burlington CO 80807
PHONE	719-346-7216
DATE PREPARED (Must be prepared prior to Board approval)	3/21/2018

PREPARER (SIGNATURE REQUIRED)

Julena Critchfield

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

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RECEIVED

Office of the State Auditor

April 20, 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	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other	\$ -	
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	\$ 20,430	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ 11,657	
2-13	Investment income	\$ 171	
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)	\$ -	
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	\$ 32,258	

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	\$ 6,556	
3-2	Salaries	\$ 14,379	
3-3	Payroll taxes	\$ 229	
3-4	Contract services	\$ 3,525	
3-5	Employee benefits	\$ 1,969	
3-6	Insurance	\$ 100	
3-7	Accounting and legal fees	\$ 6,915	
3-8	Repair and maintenance	\$ 469	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ 1,756	
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	\$ 2,025	
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	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 37,923	

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?** Yes No
 If Yes, please attach a copy of the entity's Debt Repayment Schedule.

4-2 **Is the debt repayment schedule attached? If no, MUST explain:** Yes No

4-3 **Is the entity current in its debt service payments? If no, MUST explain:** Yes No

4-4 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):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

Yes No

4-5 **Does the entity have any authorized, but unissued, debt?** Yes No
 If yes: How much?
 Date the debt was authorized:

4-6 **Does the entity intend to issue debt within the next calendar year?** Yes No
 If yes: How much?

4-7 **Does the entity have debt that has been refinanced that it is still responsible for?** Yes No
 If yes: What is the amount outstanding?

4-8 **Does the entity have any lease agreements?** Yes No
 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? Yes No
 What are the annual lease payments?

4-9 **Does the entity have a certified Mill Levy?** Yes No
 If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

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	YEAR-END Total of ALL Checking and Savings Accounts	\$ 9,279	
5-2	Certificates of deposit	\$ 35,619	
	Total Cash Deposits		\$ 44,898
	Investments (if investment is a mutual fund, please list underlying investments):		
	<input style="width: 95%;" type="text"/>	\$ -	
5-3	<input style="width: 95%;" type="text"/>	\$ -	
	<input style="width: 95%;" type="text"/>	\$ -	
	<input style="width: 95%;" type="text"/>	\$ -	
	Total Investments		\$ -
	Total Cash and Investments		\$ 44,898

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.?** Yes No N/A

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.)?** Yes No N/A

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? 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

Complete the following capital assets table:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 6,672	\$ 2,025	\$ -	\$ 8,697
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 6,672	\$ 2,025	\$ -	\$ 8,697

*must tie to prior year ending balance

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 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.):	\$ -
TOTAL	\$ -
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

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

General	\$ 22,148

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:

Water management and education

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

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 Steve Myers	I <u>Steve Myers</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>Steve Myers</u> Date: <u>4-10-18</u> My term Expires: <u>2019</u>
Board Member 2	Print Board Member's Name Greg Talbert	I <u>Greg Talbert</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>Greg Talbert</u> Date: <u>April 10 18</u> My term Expires: <u>2019</u>
Board Member 3	Print Board Member's Name Scott Smith	I <u>Scott Smith</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>Scott Smith</u> Date: <u>4/10/18</u> My term Expires: <u>2018</u>
Board Member 4	Print Board Member's Name Mark Aldridge	I <u>Mark Aldridge</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>Mark Aldridge</u> Date: <u>April 10, 2018</u> My term Expires: <u>2018</u>
Board Member 5	Print Board Member's Name Ted Smelker	I <u>Ted Smelker</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>Therese A. Smelker</u> Date: <u>4-10-2018</u> My term Expires: <u>2018</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: _____

**Original Signatures
Verified by**

Justin L. Smith





EAST CHEYENNE GROUND WATER MANAGEMENT DISTRICT
P.O. BOX 193 * 325 West 4th Street North Room 112
Cheyenne Wells, CO 80810
Phone: 719-343-3129

Office of State Auditor
Local Government Audit Division
1525 Sherman Street, 7th floor
Denver, Co 80203

Regarding: Application for Exception

To Whom It May Concern:

I am new as manager with the East Cheyenne Ground Water District and with the budgeting procedures. In doing the budget, the District has had to expense two items that occurred in 2017. The office originally shared a location in Burlington, CO since 1975 and since has located in Cheyenne Wells, CO. ECGWMD did not receive any well or office equipment due to depreciation.

The Division of Water Resources requires the ECGWMD once a year to complete State Measurements on specified well locations and Total Flow Meter Verification. The District had to purchase additional equipment to accomplish this state requirement. An ultrasonic well sounder and water level indicator were purchased in 2017, and with this purchase has all the necessary equipment to satisfy the State unless testing requirements at this time.

In 2017 the Division of Water Resources began making changes to the Rules regarding the use of wells on the eastern plains. All other Districts had legal advice, it was at the recommendation of the Board of Directors and many well owners, that an Attorney would be needed to assist and protect the rights of the well users.

Please contact me with any questions, thank you. I feel that the 2018 budget now reflects the needs of the District, and attorney's fees were added to its 2018 budget. I apologize for this late notice.

Sincerely,


Carolyn Talbert

ECGWMD Manager