

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT

Mile Hi Regional Emergency and Trauma Advisory Council dba Mile Hi RETAC

ADDRESS

c/o Shirley Terry BSN, RN

2352 S Juniper Way

Lakewood, Co 80228

CONTACT PERSON

Shirley Terry, BSN, RN

PHONE

~~303-300-4704~~ 303.722.6734

EMAIL

shirleyterry@comcast.net

FAX

5551.00
For the Year Ended
12/31/2017
or fiscal year ended:

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:

Bruce Fosdick

TITLE

CPA

FIRM NAME (if applicable)

Bruce L. Fosdick, CPA, PC

ADDRESS

1 Oakwood Park Professional Center, Suite 205 (P.O. Box 901), Castle Rock, Co 80104

PHONE

303-688-2751

DATE PREPARED

6-Mar-18

(Must be Completed prior to Board approval)

RELATIONSHIP TO ENTITY

Independent CPA

PREPARER (SIGNATURE REQUIRED)

Bruce Fosdick, CPA

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, date filed:

P

RECEIVED
Office of the State Auditor
March 29, 2018

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds	
		General Fund	Fund*		Fund*	Fund*
Assets				Assets		
1-1	Cash & Cash Equivalents	\$ 40,697	\$ -	Cash & Cash Equivalents	\$ -	\$ -
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		\$ -	\$ -			
1-6		\$ -	\$ -	Total Current Assets	\$ -	\$ -
1-7		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$ -
1-8		\$ -	\$ -	Other Long Term Assets (specify)	\$ -	\$ -
1-9		\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -		\$ -	\$ -
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 40,697	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$ -
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 40,697	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$ -
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	\$ -	\$ -
1-19	TOTAL CURRENT LIABILITIES	\$ -	\$ -	TOTAL CURRENT LIABILITIES	\$ -	\$ -
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	\$ -	\$ -
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): TABOR	\$ 12,839	\$ -	Emergency Reserves	\$ -	\$ -
1-33	Committed: (specify)	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -
1-34	Assigned (specify)	\$ -	\$ -	Restricted	\$ -	\$ -
1-35	Unassigned:	\$ 27,858	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$ 40,697	\$ -	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	\$ -	\$ -
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	\$ 40,697	\$ -	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	\$ -	\$ -

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		
		General Fund	Fund		Fund	Fund	
Tax Revenue				Tax Revenue			
2-1	Property	\$ -	\$ -	Property	\$ -	\$ -	Please use this space to provide explanation of any items on this page
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 (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ 353,507	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ 8,294	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ 49,766	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 3	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-22	All Other (specify): Fund Raising Events	\$ 16,410	\$ -	All Other (specify):	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 427,980	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
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	\$ 427,980	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
							\$ 427,980

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

		Governmental Funds				Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
Line #	Description	Fund*	Fund*	Description	Fund*	Fund*		
	Expenditures			Expenditures				
3-1	General Government	\$	-	General Operating & Administrative	\$	-	\$	
3-2	Judicial	\$	-	Salaries	\$	-	\$	
3-3	Law Enforcement	\$	-	Payroll Taxes	\$	-	\$	
3-4	Fire	\$	-	Contract Services	\$	-	\$	
3-5	Highways & Streets	\$	-	Employee Benefits	\$	-	\$	
3-6	Solid Waste	\$	-	Insurance	\$	-	\$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	-	Accounting and Legal Fees	\$	-	\$	
3-8	Health	\$	456,664	Repair and Maintenance	\$	-	\$	
3-9	Culture and Recreation	\$	-	Supplies	\$	-	\$	
3-10	Other (specify):	\$	-	Utilities	\$	-	\$	
3-11		\$	-	Contributions to Fire & Police Pension Assoc.	\$	-	\$	
3-12		\$	-	Other (specify)	\$	-	\$	
3-13		\$	-		\$	-	\$	
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	\$	456,664	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	-	\$	GRAND TOTAL 456,664
3-23	Interfund Transfers (In)	\$	-	Net Interfund Transfers (In)	\$	-	\$	
3-24	Interfund Transfers Out	\$	-	Net Interfund Transfers Out	\$	-	\$	
3-25	Other Expenditures (Revenues):	\$	-	Depreciation	\$	-	\$	
3-26		\$	-	Other Financing Sources (Uses) (from line 2-28)	\$	-	\$	
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	\$	-	\$	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$	(28,684)	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$	-	\$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	69,381	Net Position, January 1 from December 31 prior year report	\$	-	\$	
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.	\$	40,697	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	-	\$	

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 checked="" type="checkbox"/>	
4-3 Is the entity current in its debt service payments? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)			

	Outstanding at beginning of 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 agree to prior year ending balance

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 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 enter \$ amounts):			

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	\$ 40,697	
5-2 Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS		\$ 40,697
Investments (If investment is a mutual fund, please list underlying investments):		
	\$ -	
	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS		\$ -
TOTAL CASH AND INVESTMENTS		\$ 40,697

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 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.)? 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

6-1 Does the entity have capitalized 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:

Please use this space to provide any explanations or comments:

No fixed assts.

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the year ^a	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 ^a	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	\$ -	\$ -	\$ -	\$ -

^amust agree to prior year ending balance

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

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?

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):

State contribution amount:

Other (gifts, donations, etc.):

¹ 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 |
|-----|--|--------------------------|-------------------------------------|-------------------------------------|
| 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please use this space to provide any explanations or comments: Budgets are prepared in accordance with grant requirements of the Colorado Department of Public Health and Environment. They are prepared on the fiscal year from July 1 thru June 30th of the following year. They are not transmitted to the Colorado Department of Local Affairs. They include only the state grants to the RETAC. The Board passes a motion for their budget. For the fiscal year ending 6/30/18 the organization budgeted expenses of \$195,525 plus a transfer to Savings of \$19,005

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

Fund Name	Budgeted Expenditures
General Fund - fiscal year (July 1, 2017 - June 30, 2018)	\$ 195,525
	\$ -
	\$ -
	\$ -

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)]? 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please use this space to provide any explanations or comments:

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box

- | | | 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: <input style="width: 150px;" type="text"/> | | | |
| 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 <input style="width: 350px;" type="text"/> | | | |
| PRIOR name <input style="width: 350px;" type="text"/> | | | |
| 10-3 | Is the entity a metropolitan district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10-4 | Please indicate what services the entity provides: | <input style="width: 400px;" type="text"/> | |
| 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: | | | |
| <input style="width: 400px;" type="text" value="Colorado Department of Public Health and Environment - emergency medical care management"/> | | | |

Please use this space to provide any explanations or comments:

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 \$	40,697 Unrestricted Fund Balan \$	27,358 Total Tax Revenue \$	-
Current Liabilities \$	- Total Fund Balance \$	40,697 Revenue Paying Debt Service \$	-
Deferred Inflow \$	- PY Fund Balance \$	69,381 Total Revenue \$	427,980
	Total Revenue \$	427,980 Total Debt Service Principal \$	-
	Total Expenditures \$	456,864 Total Debt Service Interest \$	-
	Interfund In \$		
	Interfund Out \$		
	- Proprietary	- Enterprise Funds	
	- Current Assets \$	Net Position \$	-
	- Deferred Outflow \$	- PY Net Position \$	-
	- Current Liabilities \$	- Government-Wide	
	456,864 Deferred Inflow \$	- Total Outstanding Debt	\$ -
	- Cash & Investments \$	- Authorized but Unissued	\$ -
	- Principal Expense \$	- Year Authorized	\$ -

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

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.

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.

A MAJORITY of the governing board members must complete and sign in the column below.

	Print Board Member's Name	
Board Member 1	Charles W. Mains, MD - Chairman	I, <u>Charles W. Mains</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></u> Date: _____ My term Expires: _____
Board Member 2	Dylan Luyten MD, Vice Chair	I, <u>Dylan Luyten</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></u> Date: _____ My term Expires: _____
Board Member 3	Kathryn Beauchamp, MD - Secretary	I, <u>Kathryn Beauchamp</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: _____ My term Expires: _____
Board Member 4	Ross Riley - Treasurer	I, <u>Ross Riley</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></u> Date: <u>3/15/19</u> My term Expires: _____
Board Member 5	Richard Atkins	I, <u>Richard Atkins</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></u> Date: _____ My term Expires: _____
Board Member 6	Dave Baldwin	I, <u>Dave Baldwin</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></u> Date: _____ My term Expires: _____
Board Member 7	Charles Little, DO	I, <u>Charles Little</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></u> Date: <u>3/15/19</u> My term Expires: _____

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

Print the names of all current governing board

A MAJORITY of the governing board members must complete and sign in the column below.

Board Member 8	Print Board Members Name Michael Stanley	I Michael Stanley, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 9	Print Board Members Name Rich Solomon	I Rich Solomon, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 10	Print Board Members Name Jason Valing	I Jason Vahling, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: 3/20/18
Board Member 11	Print Board Members Name Carolyn Dullien <i>caroline</i>	I Carolyn Dullien, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: 3/15/18
Board Member 12	Print Board Members Name Ryan Broughton	I Ryan Broughton, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 13	Print Board Members Name Jason Butts	I Jason Butts, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 14	Print Board Members Name Burt Katubig, MD	I Burt Katubig, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: 3/15/18
Board Member 15	Print Board Members Name Kevin McVaney, MD	I Kevin McVaney, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 16	Print Board Members Name Janice Michael	I Janice Michael, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 17	Print Board Members Name Danny Wilcox	I Danny Wilcox, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: _____
Board Member 18	Print Board Members Name Cass Kilduff	I Cass Kilduff, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ My term Expires: _____	Date: 3/15/18
Board Member	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 _____ My term Expires: _____	Date: _____

**Original Signatures
Verified by**

Justin L. Smith



Bruce L. Fosdick, CPA, PC
Certified Public Accountant

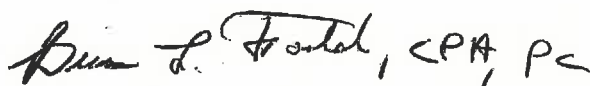
1 Oakwood Park Professional Center
Suite 205
Castle Rock, CO 80104
(303) 688-2751

To Board of Directors
Mile High Regional Medical and Trauma Advisory Council
Lakewood CO 80128

Management is responsible for the accompanying financial statements of (the) Mile High Regional Medical and Trauma Advisory Council (a governmental agency), which comprise the balance sheet as of December 31, 2017, and the related statements of revenues and expenditures for the year then ended, included in the accompanying prescribed form in accordance with accounting principles generally accepted in the United States of America. I have performed a compilation engagement in accordance with the Statement of Standards of Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. I did not audit or review the financial statements included in the accompanying prescribed form nor was I required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, I do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the Colorado State Auditor, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of (the) Mile High Regional Medical and Trauma Advisory Council and Colorado State Auditor, and is not intended to be and should not be used by anyone other than these specified parties.



Bruce L. Fosdick, CPA, PC
Castle Rock, Colorado 80104
March 7, 2018