

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

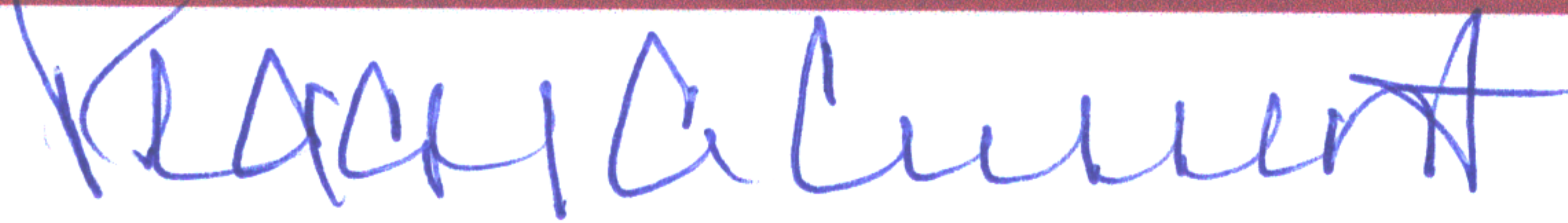
NAME OF GOVERNMENT	Ellicott Metropolitan District	For the Year Ended 12/31/16 or fiscal year ended:
ADDRESS	395 S. Ellicott Hwy Calhan, Co 80808	
CONTACT PERSON	Peggy Current	12/31/2018
PHONE	719-649-3422	
EMAIL	ellicottmetro@gmail.com	
FAX		

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:	Peggy Current
TITLE	Bookkeeper
FIRM NAME (if applicable)	
ADDRESS	395 S. Ellicott Hwy
PHONE	719-649-3422
DATE PREPARED (Must be prepared prior to Board approval)	9/6/2019

PREPARER (SIGNATURE REQUIRED)



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

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description		Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Property	\$	-	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$	-	
2-3	Sales and use	\$	-	
2-4	Other (specify):	\$	-	
2-5	Licenses and permits	\$	-	
2-6	Intergovernment Grants	\$	-	
2-7	Conservation Trust Funds (Lottery)	\$	46,015	
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)	\$	-	
2-18	Proceeds from sale of capital assets	\$	-	
2-19	Fire and police pension	\$	-	
2-20	Donations	\$	50	
2-21	Other (specify):	\$	-	
2-22		\$	-	
2-23		\$	-	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$	46,065	

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			Please use this space to provide any necessary explanations
3-2	Salaries	\$	-	
3-3	Payroll taxes	\$	-	
3-4	Contract services	\$	2,800	
3-5	Employee benefits			
3-6	Insurance	\$	2,738	
3-7	Accounting and legal fees	\$	117	
3-8	Repair and maintenance	\$	-	
3-9	Supplies	\$	1,645	
3-10	Utilities and telephone	\$	-	
3-11	Fire/Police	\$	-	
3-12	Streets and highways	\$	-	
3-13	Public health	\$	-	
3-14	Culture and recreation	\$	41,964	
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	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$	49,264	

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:	<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"/>		
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	\$ -	\$ -	\$ -	\$ -
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? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	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? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If yes:	What is being leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	What is the original date of the lease?				
	Number of years of lease?				
	Is the lease subject to annual appropriation?				
	What are the annual lease payments? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	General/Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	TOTAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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	\$ 69,505	
5-2	Certificates of deposit	\$ -	
Total Cash Deposits			\$ 69,505
	Investments (if investment is a mutual fund, please list underlying investments):		
5-3		\$ -	
		\$ -	
		\$ -	
		\$ -	
Total Investments			\$ -
Total Cash and Investments			\$ 69,505

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

If no, MUST use this space to provide any explanations:

PART 6 - CAPITAL ASSETS

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

		Yes	No		
6-1	Does the entity have capital assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
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	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

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

		Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Fund Name	Budgeted Expenditures
General Fund	\$ 32,775
Special Fund	\$ 15,656

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:

Youth Sports Programs: Football, Baseball, Basketball and Volleyball, All ages open gym. Soon to include youth soccer and wrestling programs. Field & Park Development

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:

Ellicott School District #22 use of gyms and fields.

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

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of ALL current governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	Marnie Pagan	<p>I <u>Marnie Pagan</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.</p> <p>Signed: <u></u> Date: <u>9/9/19</u></p>
Board Member 2	Christy Hamilton	<p>I <u>Christy Hamilton</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.</p> <p>Signed: <u></u> Date: <u>9-9-19</u></p>
Board Member 3	Desiree Howarth	<p>I <u>Desiree Howarth</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.</p> <p>Signed: <u></u> Date: <u>09-09-2019</u></p>
Board Member 4	Victoria Howarth	<p>I <u>Victoria Howarth</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.</p> <p>Signed: <u></u> Date: <u>9/9/19</u></p>
Board Member 5	Angel Cordero	<p>I <u>Angel Cordero</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.</p> <p>Signed: <u></u> Date: <u>09/09/19</u></p>
Board Member 6	Print Board Member's Name	<p>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.</p> <p>Signed: _____ Date: _____</p>
Board Member 7	Print Board Member's Name	<p>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.</p> <p>Signed: _____ Date: _____</p>

Resolution/Ordinance for Exemption from Audit

(Pursuant to Section 29-1-604, C.R.S.)

A Resolution/Ordinance approving an Exemption from Audit for fiscal year 2018 for the Ellicott Metropolitan District, State of Colorado.

WHEREAS, the Ellicott Metropolitan Board of Ellicott Metropolitan District wishes to claim exemption from the audit requirements of Section 29-1-603; and

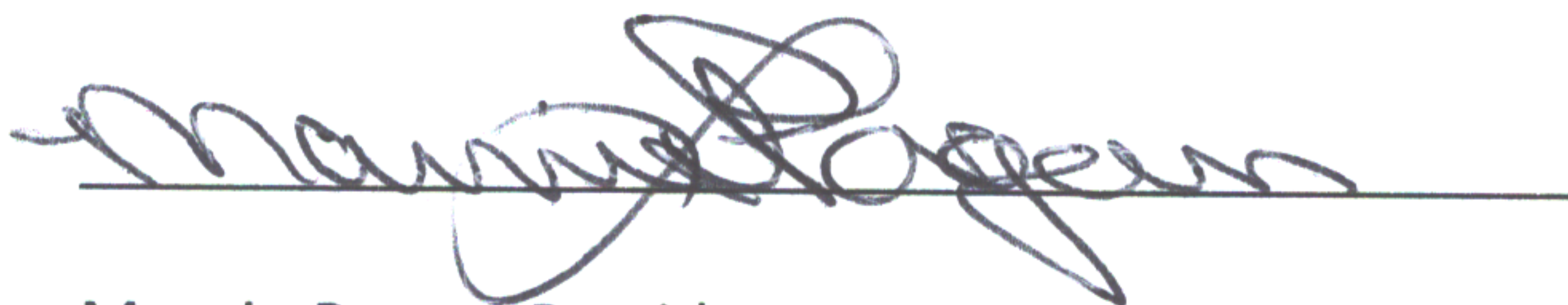
WHEREAS, neither revenue nor expenditures for Ellicott Metropolitan District exceeded \$100,000 for the Fiscal Year 2018 and

WHEREAS, an application for exemption from audit fro Ellicott Metropolitan District has been prepared by Peggy Current, a skilled in governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

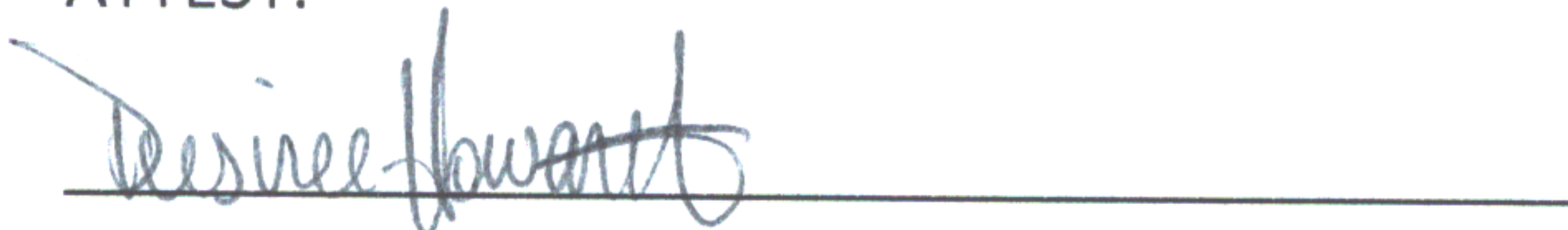
NOW THEREFORE, be it resolve/ordained by the Ellicott Metropolitan Board of the Ellicott Metropolitan District that the application for exemption from audit for Ellicott Metropolitan District for the Fiscal Year ended December 31, 2018, has been personally reviewed and is hereby approved by a majority of the Ellicott Metropolitan Board of the Ellicott Metropolitan District; that those members of the Ellicott Metropolitan Board have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application from audit of the Ellicott Metropolitan District for the fiscal year ended December 31, 2018

ADOPTED THIS 9th day of September, A.D. 2019

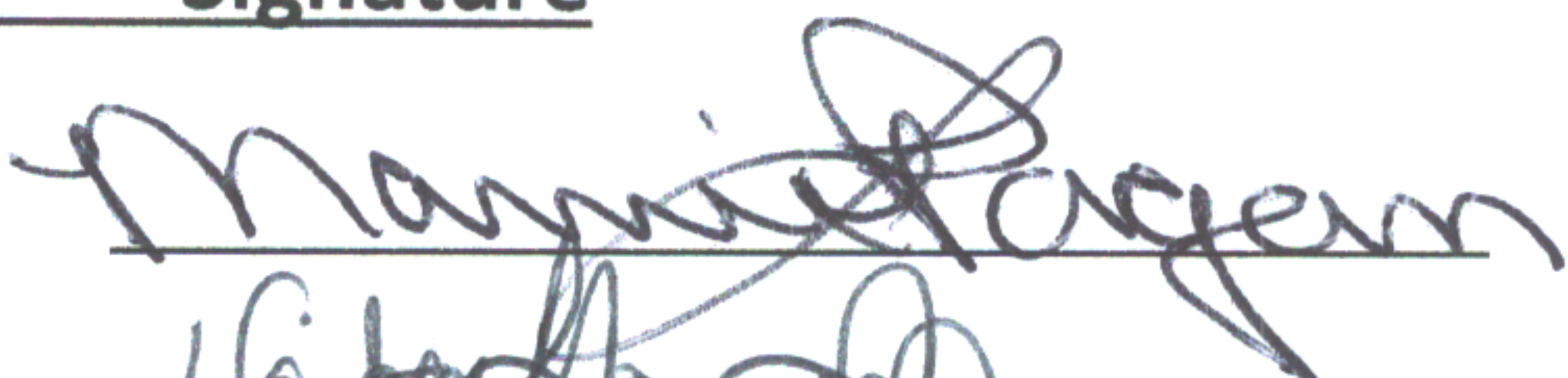
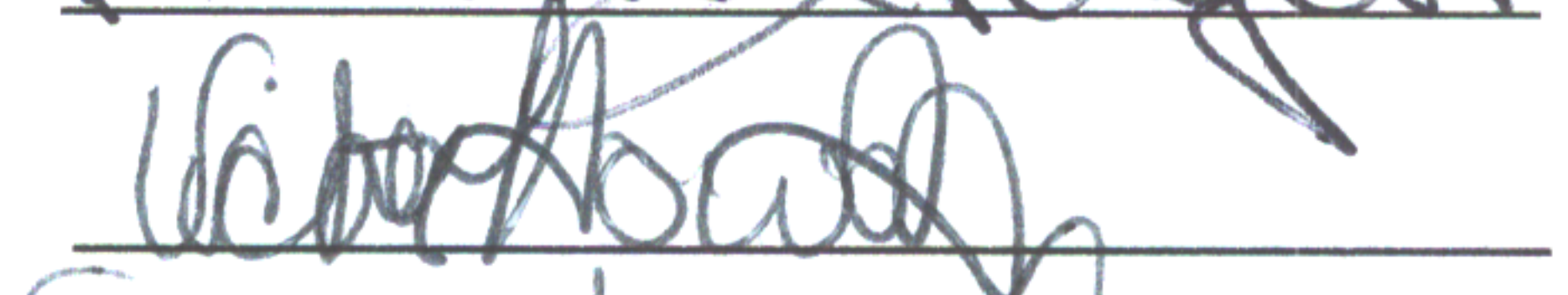
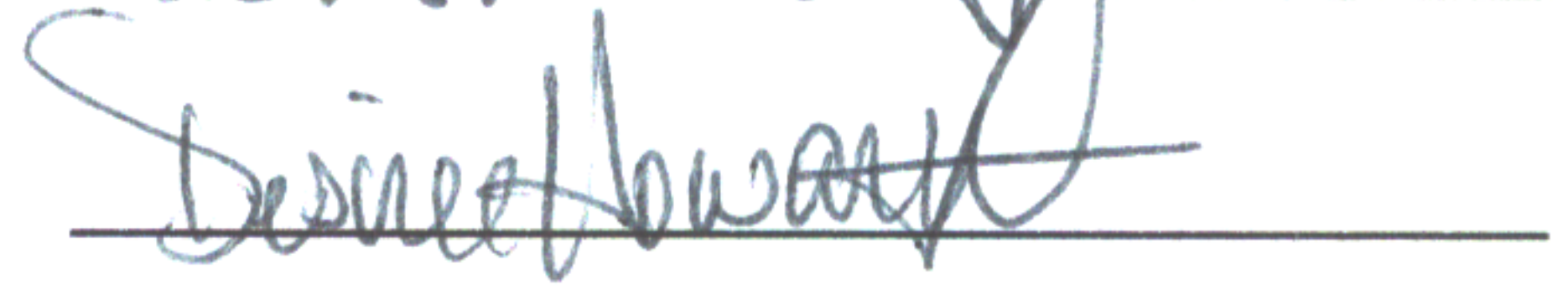
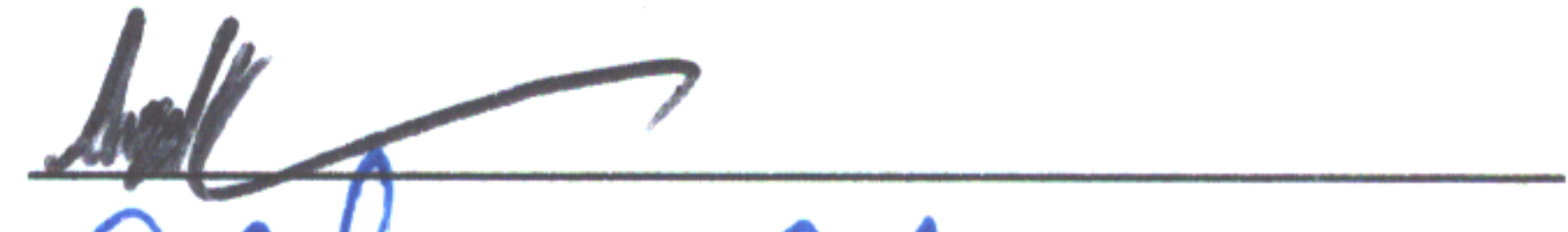
A handwritten signature in black ink, appearing to read "Marnie Pagan", written over a horizontal line.

Marnie Pagan, President

ATTEST:

A handwritten signature in black ink, appearing to read "Desiree Howarth", written over a horizontal line.

Desiree Howarth, Secretary

<u>Members of Governing Body</u>	<u>Date Term Expires</u>	<u>Signature</u>
Marnie Pagan	May 2022	
Victoria Howarth	May 2020	
Desiree Howarth	May 2020	
Angel Cordero	May 2020	
Christy Hamilton	May 2020	