

**APPLICATION FOR EXEMPTION FROM AUDIT  
LONG FORM**

NAME OF GOVERNMENT

ADDRESS

CONTACT PERSON

PHONE

EMAIL

FAX

Region One Translator Association  
231 S InterOcean  
Holyoke CO 80734  
Randy Schater  
1970-854-3118  
philcoadmin@pc.telecom.coop  
970-854-3811

For the Year Ended  
 12/31/20 18  
 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:

TITLE:

FIRM NAME (if applicable)

ADDRESS

PHONE

DATE PREPARED

(Must be Completed prior to Board approval)

RELATIONSHIP TO ENTITY

Dennis L. Oberhelman  
owner  
Dennis L. Oberhelman CPA  
3819 St Vrain Suite B Evans CO 80620  
970-506-9431  
 ation will be rejected if not signed by the preparer.  
3-21-19 Dennis L. Oberhelman  
Independent CPA

**PREPARER (SIGNATURE REQUIRED)**

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:

## PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

\* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
<b>Assets</b>							
1-1	Cash & Cash Equivalents	\$	256830	\$	-	\$	
1-2	Investments	\$	425000	\$	-	\$	
1-3	Receivables	\$	-	\$	-	\$	
1-4	Due from Other Entities or Funds	\$	-	\$	-	\$	
	All Other Assets (specify)	\$	-	\$	-	\$	
1-5		\$	-	\$	-	\$	
1-6		\$	-	\$	-	\$	
1-7		\$	-	\$	-	\$	
1-8		\$	-	\$	-	\$	
1-9		\$	-	\$	-	\$	
1-10		\$	-	\$	-	\$	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	681830	\$	-	\$	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	-	\$	-	\$	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	681830	\$	-	\$	
<b>Liabilities</b>							
1-14	Accounts Payable	\$	-	\$	-	\$	
1-15	Accrued Payroll and Related Liabilities	\$	-	\$	-	\$	
1-16	Accrued Interest Payable	\$	-	\$	-	\$	
1-17	Due to Other Entities or Funds	\$	-	\$	-	\$	
1-18	All Other Current Liabilities	\$	-	\$	-	\$	
1-19	TOTAL CURRENT LIABILITIES	\$	-	\$	-	\$	
1-20	All Other Liabilities (specify)	\$	-	\$	-	\$	
1-21		\$	-	\$	-	\$	
1-22		\$	-	\$	-	\$	
1-23		\$	-	\$	-	\$	
1-24		\$	-	\$	-	\$	
1-25		\$	-	\$	-	\$	
1-26		\$	-	\$	-	\$	
1-27		\$	-	\$	-	\$	
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	-	\$	-	\$	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	-	\$	-	\$	
<b>Fund Balance</b>							
1-30	Nonspendable Prepaid	\$	-	\$	-	\$	
1-31	Nonspendable Inventory	\$	-	\$	-	\$	
1-32	Restricted (specify)	\$	-	\$	-	\$	
1-33	Committed (specify)	\$	-	\$	-	\$	
1-34	Assigned (specify)	\$	-	\$	-	\$	
1-35	Unassigned	\$	681830	\$	-	\$	
1-36	Add lines 1-30 through 1-35 This total should be the same as line 1-33 TOTAL FUND BALANCE	\$	680830	\$	-	\$	
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	\$	681830	\$	-	\$	
<b>Assets</b>							
	Cash & Cash Equivalents	\$	-	\$	-	\$	
	Investments	\$	-	\$	-	\$	
	Receivables	\$	-	\$	-	\$	
	Due from Other Entities or Funds	\$	-	\$	-	\$	
	Other Current Assets	\$	-	\$	-	\$	
	TOTAL CURRENT ASSETS	\$	-	\$	-	\$	
	Capital Assets, net (from Part 4)	\$	-	\$	-	\$	
	Other Long Term Assets (specify)	\$	-	\$	-	\$	
		\$	-	\$	-	\$	
		\$	-	\$	-	\$	
	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	-	\$	-	\$	
	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	-	\$	-	\$	
	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	-	\$	-	\$	
<b>Liabilities</b>							
	Accounts Payable	\$	-	\$	-	\$	
	Accrued Payroll and Related Liabilities	\$	-	\$	-	\$	
	Accrued Interest Payable	\$	-	\$	-	\$	
	Due to Other Entities or Funds	\$	-	\$	-	\$	
	All Other Current Liabilities	\$	-	\$	-	\$	
	TOTAL CURRENT LIABILITIES	\$	-	\$	-	\$	
	Proprietary Debt Outstanding (from Part 4-4)	\$	-	\$	-	\$	
	Other Liabilities (specify)	\$	-	\$	-	\$	
		\$	-	\$	-	\$	
		\$	-	\$	-	\$	
	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	-	\$	-	\$	
	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	-	\$	-	\$	
<b>Net Position</b>							
	Net Investment in Capital Assets	\$	-	\$	-	\$	
	Emergency Reserves	\$	-	\$	-	\$	
	Other Designations/Reserves	\$	-	\$	-	\$	
	Restricted	\$	-	\$	-	\$	
	Undesignated/Unreserved/Unrestricted	\$	-	\$	-	\$	
	Add lines 1-30 through 1-35 This total should be the same as line 1-33 TOTAL NET POSITION	\$	-	\$	-	\$	
	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	\$	-	\$	-	\$	

**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*		Fund*	Fund*	
	<b>Tax Revenue</b>			<b>Tax Revenue</b>			
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	<b>Add lines 2-1 through 2-7 TOTAL TAX REVENUE</b>	\$	- \$	<b>Add lines 2-1 through 2-7 TOTAL TAX REVENUE</b>	\$	- \$	
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	\$	- \$	Grants	\$	- \$	
2-15	Donations	\$	- \$	Donations	\$	- \$	
2-16	Charges for Sales and Services	\$	- \$	Charges for Sales and Services	\$	- \$	
2-17	Rental Income <i>Tower</i>	\$ 26330	\$	Rental Income	\$	- \$	
2-18	Fines and Forfeits	\$	- \$	Fines and Forfeits	\$	- \$	
2-19	Interest/Investment Income	\$ 3509	\$	Interest/Investment Income	\$	- \$	
2-20	Tap Fees	\$	- \$	Tap Fees	\$	- \$	
2-21	Developer Advances	\$	- \$	Developer Advances	\$	- \$	
2-22	All Other (specify):	\$	- \$	All Other (specify):	\$	- \$	
2-23		\$	- \$		\$	- \$	
2-24	<b>Add lines 2-8 through 2-23 TOTAL REVENUES</b>	\$	- \$	<b>Add lines 2-8 through 2-23 TOTAL REVENUES</b>	\$	- \$	
	<b>Other Financing Sources</b>			<b>Other Financing Sources</b>			
2-25	Debt Proceeds	\$	- \$	Debt Proceeds	\$	- \$	
2-26	Proceeds from Sale of Capital Assets	\$	- \$	Proceeds from Sale of Capital Assets	\$	- \$	
2-27	Other (specify): <i>*</i>	\$ 149218	\$	Other (specify):	\$	- \$	
2-28	<b>Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES</b>	\$ 149218	\$	<b>Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES</b>	\$	- \$	
2-29	<b>Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$ 179051	\$	<b>Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$	- \$	<b>GRAND TOTALS</b>

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.

*\* Contributions From Yuma, Phillips + Sedgwick Counties*

**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*		Fund*	Fund*	
	<b>Expenditures</b>			<b>Expenditures</b>			
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	\$	- \$	- 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): <i>Audit Exemption</i>	\$	- \$	- All Other (specify):	\$	- \$	
3-21	<i>Translator Operation</i>	\$	- \$		\$	- \$	
3-22	<i>220</i> <i>137174</i> Add lines 3-1 through 3-21 <b>TOTAL EXPENDITURES</b>	\$	- \$	<i>137394</i> Add lines 3-1 through 3-21 <b>TOTAL EXPENDITURES</b>	\$	- \$	<b>GRAND TOTAL</b>
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) <b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>	\$	- \$	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25) <b>TOTAL GAAP RECONCILING ITEMS</b>	\$	- \$	
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 3-23, less line 3-24	\$	- \$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	- \$	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.	\$	- \$	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

Please use this space to provide any explanations or comments:

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 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):	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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 type="checkbox"/>	<input 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 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 type="checkbox"/>	
	If yes: What is the amount outstanding?	\$ -		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input 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 type="checkbox"/>	
	What are the annual lease payments?	\$ -		
4-9	Does the entity have a certified mill levy?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes: Please provide the following mills levied for the year reported:			
	Bond Redemption	0.00		
	General/Other	0.00		
	<b>TOTAL</b>	<b>0.00</b>		

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

AMOUNT                      TOTAL

Please use this space to provide any explanations or comments:

5-1	YEAR-END Total of ALL Checking and Savings accounts	\$ 256,830		
5-2	Certificates of deposit	\$ 425,000		
	<b>TOTAL CASH DEPOSITS</b>		<b>\$ 681,830</b>	
	Investments (if investment is a mutual fund, please list underlying investments):			
		\$ -		
		\$ -		
5-3		\$ -		
		\$ -		
	<b>TOTAL INVESTMENTS</b>		<b>\$ -</b>	
	<b>TOTAL CASH AND INVESTMENTS</b>		<b>\$ 681,830</b>	

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"/>	
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"/>	

## PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box

YES

NO

Please use this space to provide any explanations or comments:

6-1 Does the entity have capitalized assets?

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:

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		\$ 1845785	\$ -	\$ -	\$ 1845785
Furniture and fixtures		\$ -	\$ -	\$ -	\$ -
Infrastructure		\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)		\$ -	\$ -	\$ -	\$ -
Other (explain):		\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>		\$ 1845785	\$ -	\$ -	\$ 1845785

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		\$ -	\$ -	\$ -	\$ -
Furniture and fixtures		\$ -	\$ -	\$ -	\$ -
Infrastructure		\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)		\$ -	\$ -	\$ -	\$ -
Other (explain):		\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>		\$ -	\$ -	\$ -	\$ -

## PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

YES

NO

Please use this space to provide any explanations or comments:

7-1 Does the entity have an "old hire" firemen's pension plan?

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.):	\$ -
<b>TOTAL</b>	\$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ -



**PART 12 - 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 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.

Board Member	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: _____
1	Richard Starkebaum	I, <u>Richard Starkebaum</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>Richard Starkebaum</u>	Date: <u>3-25-19</u>
2	Stanley Shafer	I, <u>STANLEY SHAFER</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>Stanley Shafer</u>	Date: <u>3-25-19</u>
3	Donald P Schneider	I, <u>Donald Schneider</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>Donald Schneider</u>	Date: <u>3-27-19</u>
4	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: _____
5	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: _____
6	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: _____
7	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: _____