

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

**NAME OF GOVERNMENT  
ADDRESS**

Town of Sheridan Lake
PO Box 1254
Sheridan Lake, CO. 81071
Sharon Arns
719-729-3431
sharonarns@gmail.com
719-729-3432

For the Year Ended  
12/31/18  
or fiscal year ended:

**CONTACT PERSON  
PHONE  
EMAIL  
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:  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE  
DATE PREPARED**

Sharon Arns
Bookkeeper
PO Box 1254 Sheridan Lake, CO 81071
719-729-3431
3/15/19

**PREPARER** (SIGNATURE REQUIRED)

Sharon Arns

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 type="checkbox"/>	<input checked="" 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 proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar
2-1	<b>Taxes: Property</b> (report mills levied in Question 10-6)	\$ 3,306
2-2	Specific ownership	\$ 478
2-3	Sales and use	\$ -
2-4	Other (specify): Cigarette Tax, Dist Mineral Lease, Dist Sev Tax	\$ 1,309
2-5	Licenses and permits	\$ -
2-6	Intergovernmental: Grants	\$ -
2-7	Conservation Trust Funds (Lottery)	\$ 861
2-8	Highway Users Tax Funds (HUTF)	\$ 8,353
2-9	Other (specify): Motor Vehicle Registration	\$ 406
2-10	Charges for services	\$ -
2-11	Fines and forfeits	\$ -
2-12	Special assessments	\$ -
2-13	Investment income	\$ 374
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	<b>(add lines 2-1 through 2-23) TOTAL REVENUE</b>	<b>\$ 15,087</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 on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar
3-1	Administrative	\$ 1,102
3-2	Salaries	\$ -
3-3	Payroll taxes	\$ -
3-4	Contract services	\$ -
3-5	Employee benefits	\$ -
3-6	Insurance	\$ 5,947
3-7	Accounting and legal fees	\$ 1,400
3-8	Repair and maintenance	\$ -
3-9	Supplies	\$ -
3-10	Utilities and telephone	\$ 3,368
3-11	Fire/Police	\$ -
3-12	Streets and highways	\$ 2,052
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>\$ 13,869</b>

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this for 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

- 4-1 Does the entity have outstanding debt?   
 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:

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

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
General obligation bonds	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

Yes

- 4-5 Does the entity have any authorized, but unissued, debt?   
 If yes: How much? \$ -  
 Date the debt was authorized:
- 4-6 Does the entity intend to issue debt within the next calendar year?   
 If yes: How much? \$ -
- 4-7 Does the entity have debt that has been refinanced that it is still responsible for?   
 If yes: What is the amount outstanding? \$ -
- 4-8 Does the entity have any lease agreements?   
 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?   
 What are the annual lease payments? \$ -

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

5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ 42,447
5-2	Certificates of deposit	\$ 62,379

### Total Cash Deposits

Investments (if investment is a mutual fund, please list underlying investments):

		\$ -
5-3		\$ -
		\$ -
		\$ -

### Total Investments

### Total Cash and Investments

Please answer the following questions by marking in the appropriate boxes

Yes

No

- 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?
- 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 use this space to provide any explanations:

## PART 6 - CAPITAL ASSETS

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

Yes

- 6-1 Does the entity have capital 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:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions
Land	\$ 1,650	\$ -	\$ -
Buildings	\$ 59,550	\$ -	\$ -
Machinery and equipment	\$ 26,083	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 87,283</b>	<b>\$ -</b>	<b>\$ -</b>

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

- 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>	<b>\$</b>	<b>-</b>
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

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

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

General Fund	\$	84,162
Fire Fund	\$	13,161
Lottery Fund	\$	14,976

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

Please answer the following question by marking in the appropriate box

Yes

**9-1** Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section

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

**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:**

**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?

If yes: **Date Filed:**

**10-6** Does the entity have a certified Mill Levy?

If yes:

**Please provide the following mills levied for the year reported (do not report \$ amounts):**

Bond Redemption mills  
General/Other mills  
Total mills


**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

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 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 C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing board.
- 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 email addresses of all individual board members who signed the document. The signature history must also show the individuals' email addresses and IP addresses.
- 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. All 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

Print the names of ALL current governing board members below.		A <u>MAJORITY</u> of the governing board members must complete and sign in the column
Board Member 1	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 2	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 3	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 4	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed and that I have personally reviewed and approve this application for exemption Signed _____ Date: _____ My term Expires: _____

## RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2018 FOR THE TOWN OF SHERIDAN LAKE, STATE OF COLORADO.

WHEREAS, the Town Council of the Town of Sheridan Lake 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 provision of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenue nor expenditures for the Town of Sheridan Lake exceeded \$100,000 for Fiscal Year 2018; and

WHEREAS, an application for exemption from audit for the Town of Sheridan Lake has been prepared by Sharon Arns, 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/ordained by the Town Council of the Town of Sheridan Lake that the application for exemption from audit for the Town of Sheridan Lake for the Fiscal Year ended December 31, 2018, has been personally reviewed and is hereby approved by a majority of the Town Council of the Town of Sheridan Lake; that those members of the Town Council 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 Town of Sheridan Lake for the fiscal year ended December 31, 2018.

  
Jerome F Weber, Mayor

ATTEST:

  
Alexandria Specht, City Clerk

Alexandria Specht, City Clerk

**Members of Governing Body**

**Date Term Expires**

**Signature**

\_\_\_\_\_  
Jason Specht

N/A

  
\_\_\_\_\_  
Jason Specht

\_\_\_\_\_  
Jay Wilson

N/A

  
\_\_\_\_\_  
Jay Wilson