

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

| |
|-------------------------------|
| Newell Lake Drainage District |
| c/o Verna Covey |
| 319 Bimson Ave |
| Berthoud, CO 80513 |
| Verna Covey |
| 970-420-1744 |
| vlouisec@gmail.com |

For the Year Ended
12/31/19
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: | Verna L Covey |
| TITLE | Secretary/Treasurer |
| FIRM NAME (if applicable) | |
| ADDRESS | 319 Bimson Ave, Berthoud, CO 80513 |
| PHONE | 970-420-1744 |
| (Must be prepared prior to Board | 03/31/20 |

PREPARER (SIGNATURE REQUIRED)

Verna L Covey 3-9-20

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)



PROPRIETARY
(CASH OR BUDGETARY BASIS)



P

RECEIVED

Office of the State Auditor

March 25, 2020

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 (report mills levied in Question 10-6) | \$- | |
| 2-2 | Specific ownership | \$- | |
| 2-3 | Sales and use | \$- | |
| 2-4 | Other (specify): | \$- | |
| 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 | \$- | |
| 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 | \$- | |
| 2-21 | Other (specify): | \$- | |
| 2-22 | | \$- | |
| 2-23 | | \$- | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$- | |

PART 3 - EXPENDITURES/EXPENSES

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 | \$500 | |
| 3-2 | Salaries | \$- | |
| 3-3 | Payroll taxes | \$- | |
| 3-4 | Contract services | \$- | |
| 3-5 | Employee benefits | \$- | |
| 3-6 | Insurance | \$- | |
| 3-7 | Accounting and legal fees | \$- | |
| 3-8 | Repair and maintenance | \$- | |
| 3-9 | Supplies | \$- | |
| 3-10 | Utilities and telephone | \$- | |
| 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 | \$- | |
| 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/EXPENSES | \$500 | |

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". 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.

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

| 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.

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? \$-

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 | \$2,363 | |
| 5-2 Certificates of deposit | \$10,091 | |
| Total Cash Deposits | | \$12,454 |
| Investments (if investment is a mutual fund, please list underlying investments): | | |
| _____ | \$- | |
| _____ | \$- | |
| _____ | \$- | |
| _____ | \$- | |
| Total Investments | | \$- |
| Total Cash and Investments | | \$12,454 |

Please answer the following questions by marking in the appropriate boxes

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 | \$- | \$- | \$- | \$- |
| Furniture and fixtures | \$- | \$- | \$- | \$- |
| Infrastructure | \$- | \$- | \$- | \$- |
| 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? 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 12? | | \$- |

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

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 budgeted for each fund for the year reported:

| Fund Name | Budgeted Expenditures/Expenses |
|----------------|--------------------------------|
| Administrative | \$500 |
| | |
| | |
| | |

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)]? Yes No

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? Yes No

If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year? Yes No

If yes: Please list the NEW name & PRIOR name:

10-3 Is the entity a metropolitan district? Yes No

Please indicate what services the entity provides:

10-4 Does the entity have an agreement with another government to provide services? Yes No

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 Yes No

If yes: Date Filed:

10-6 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 mills

-

General/Other mills

-

Total mills

-

Please use this space to provide any explanations or comments:

Print the names of ALL members of current governing body below.

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

| | | |
|----------------|--|--|
| Board Member 1 | Print Board Member's Name Scott K Owen -President | I <u>Scott K Owen</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>[Signature]</u> Date: <u>7/18/2020</u> |
| Board Member 2 | Print Board Member's Name Daniel Stroh -Board Member | I <u>DAN STROH</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>[Signature]</u> Date: <u>3-18-2020</u> |
| Board Member 3 | Print Board Member's Name Kirk E Bradford -Board Member | I <u>Kirk Bradford</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>[Signature]</u> Date: <u>3-17-2020</u> |
| Board Member 4 | 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: _____ |
| Board Member 5 | 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: _____ |
| 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: _____ |
| 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: _____ |