

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Seibert Fire Protection District
PO Box 162
Seibert CO 80834
Charlene Sayles
970-664-2323

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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED

Julena Critchfield
Accountant
Winfrey, County & Hays PC
577 14th St Burlington CO 80807
719-346-7216
10/10/2020

PREPARER (SIGNATURE REQUIRED)

Julena Critchfield

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"/>

P

RECEIVED

Office of the State Auditor

March 30, 2020

I forgot to file in term limit date on original that I sent yesterday

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:		
2-2	Property (report mills levied in Question 10-6)	\$ 60,441	Please use this space to provide any necessary explanations.
2-3	Specific ownership	\$ 6,360	
2-4	Sales and use	\$ -	
2-5	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental:	\$ -	
2-7	Grants	\$ -	
2-8	Conservation Trust Funds (Lottery)	\$ -	
2-9	Highway Users Tax Funds (HUTF)	\$ -	
2-10	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	\$ 2,987	
2-15	Debt proceeds	\$ -	
2-16	Lease proceeds (should agree with line 4-4, column 2)	\$ -	
2-17	Developer Advances received	\$ -	
2-18	Proceeds from sale of capital assets (should agree with line 4-4)	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ 4,410	
2-21	Other (specify):	\$ -	
2-22		\$ 332	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 74,530	

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		
3-2	Salaries	\$ 2,044	Please use this space to provide any necessary explanations.
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ 1,419	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ 10,297	
3-8	Repair and maintenance	\$ 250	
3-9	Supplies	\$ 13,042	
3-10	Utilities and telephone	\$ 2,194	
3-11	Fire/Police	\$ 5,388	
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	\$ -	
3-18	Debt service interest (should agree with Part 4)	\$ -	
3-19	Repayment of Developer Advance Principal	\$ -	
3-20	Repayment of Developer Advance Interest (should agree with line 4-4)	\$ -	
3-21	Contribution to pension plan	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (Pensions paid): (should agree to line 7-2)	\$ -	
3-24		\$ 6,931	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ 41,565	

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

4-4 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		
5-2	Certificates of deposit	\$ 198,448	
	Total Cash Deposits	\$ 118,508	
	Investments (if investment is a mutual fund, please list underlying investments):		\$ 316,956
5-3	Ameritrade	\$ 45,479	
		\$ -	
		\$ -	
	Total Investments	\$ -	
	Total Cash and Investments		\$ 45,479
			\$ 362,435

- 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.

- 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	\$ 4,000	\$ -	\$ -	\$ 4,000
Buildings	\$ 64,296	\$ -	\$ -	\$ 64,296
Machinery and equipment	\$ 390,112	\$ 6,297	\$ -	\$ 396,409
Furniture and fixtures	\$ 10,176	\$ -	\$ -	\$ 10,176
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 468,584	\$ 6,297	\$ -	\$ 474,881

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.

- 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?

Self

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ 7,155
State contribution amount:	\$ 4,410
Other (gifts, donations, etc.):	\$ -
TOTAL	\$ 11,565

What is the monthly benefit paid for 20 years of service per retiree as of Jan

\$ 58

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.

- 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
General	\$ 31,850
Pension	\$ 6,960

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

Please answer the following question by marking in the appropriate box

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.

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 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	4.812
Total mills	4.812

Please use this space to provide any explanations or comments:

Print the names of ALL members of current governing body below.
Print Board Member's Name

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

Board Member 1

Gerald Guy

Gerald Guy

I Gerald Guy, 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 *Gerald Guy*

Date: 3/24/2020

My term Expires: 5/2020

Board Member 2

Print Board Member's Name

Ervin Jones

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: _____

My term Expires: _____

Board Member 3

Print Board Member's Name

~~Richard Horner~~

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: _____

My term Expires: _____

Board Member 4

Print Board Member's Name

Jack Bancroft
Ryan

R. Bancroft

I Ryan Bancroft, 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 *R. Bancroft*

Date: 3/19/2020

My term Expires: 5/2020

Board Member 5

Print Board Member's Name

Ryan Jarnagin

Ryan Jarnagin

I Ryan Jarnagin, 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 *Ryan Jarnagin*

Date: 3/24/2020

My term Expires: 5/2020

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: _____

My term Expires: _____

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: _____

My term Expires: _____