

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT
ADDRESS

GUNNISON SOIL CONSERVATION DISTRICT
216 N COLORADO
GUNNISON CO 81230
CONTACT PERSON
SAM LIEBL
PHONE
713-586-9277
EMAIL
GUNNISONCD2006@GMAIL.COM
FAX

For the Year Ended
12/31/2019
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:	CYNTHIA A WEST
TITLE	PUBLIC ACCOUNTANT
FIRM NAME (if applicable)	C.A. WEST BOOKKEEPING
ADDRESS	234 N MAIN 3D GUNNISON CO 81230
PHONE	970-641-5644
DATE PREPARED	03/22/20
RELATIONSHIP TO ENTITY	PAID PREPARER

PREPARER (SIGNATURE REQUIRED)

Cynthia West DocuSigned by: *Cindi West* Cindi west 4/21/2020

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	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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*		
Tax Revenue				Tax Revenue				
2-1	Property [include mills levied in Question 10-6]	\$-	\$-	Property [include mills levied in Question 10-6]	\$-	\$-		
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	TOTAL TAX REVENUE Add lines 2-1 through 2-7	\$-	\$-	TOTAL TAX REVENUE Add lines 2-1 through 2-7	\$-	\$-		
2-9	Licenses and Permits	\$-	\$-	Licenses and Permits	\$-	\$-		
2-10	Highway Users Tax Funds (HUTF) Highway Users Tax Funds (H	\$-	\$-	Highway Users Tax Funds (HUTF) Highway Users Tax Funds (H	\$-	\$-		
2-11	Conservation Trust Funds (Lottery) Conservation Trust Funds (\$-	\$-	Conservation Trust Funds (Lottery) Conservation Trust Funds (\$-	\$-		
2-12	Community Development Block Grant	\$-	\$-	Community Development Block Grant	\$-	\$-		
2-13	Fire & Police Pension	\$-	\$-	Fire & Police Pension	\$-	\$-		
2-14	Grants	\$-	\$-	Grants	\$93,595	\$-		
2-15	Donations	\$-	\$-	Donations	\$-	\$-		
2-16	Charges for Sales and Services	\$-	\$-	Charges for Sales and Services	\$12,057	\$-		
2-17	Rental Income	\$-	\$-	Rental Income	\$-	\$-		
2-18	Fines and Forfeits	\$-	\$-	Fines and Forfeits	\$-	\$-		
2-19	Interest/Investment Income	\$-	\$-	Interest/Investment Income	\$146	\$-		
2-20	Tap Fees	\$-	\$-	Tap Fees	\$-	\$-		
2-21	Proceeds from Sale of Capital Assets	\$-	\$-	Proceeds from Sale of Capital Assets	\$-	\$-		
2-22		\$-	\$-		\$24,769	\$-		
2-23		\$-	\$-		\$-	\$-		
2-24	TOTAL REVENUES Add lines 2-8 through 2-23	\$-	\$-	TOTAL REVENUES Add lines 2-8 through 2-23	\$130,567	\$-		
Other Financing Sources				Other Financing Sources				
2-25	Debt Proceeds	\$-	\$-	Debt Proceeds	\$-	\$-		
2-26	Developer Advances	\$-	\$-	Developer Advances	\$-	\$-		
2-27	Other [specify...]: Other [specify...]:	\$-	\$-	Other [specify...]: Other [specify...]:	\$-	\$-		
2-28	TOTAL OTHER FINANCING SOURCES Add lines 2-25 through 2-27	\$-	\$-	TOTAL OTHER FINANCING SOURCES Add lines 2-25 through 2-27	\$-	\$-	GRAND TOTALS	
2-29	TOTAL REVENUES AND OTHER FINANCING SOURCES Add lines 2-24 and 2-28	\$-	\$-	TOTAL REVENUES AND OTHER FINANCING SOURCES Add lines 2-24 and 2-28	\$130,567	\$-	\$130,567	

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. 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.

STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EX

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*	
	Expenditures			Expenses			
3-1	General Government	\$-	\$-	General Operating & Administrative	\$2,950	\$-	
3-2	Judicial	\$-	\$-	Salaries	\$55,166	\$-	
3-3	Law Enforcement	\$-	\$-	Payroll Taxes	\$5,558	\$-	
3-4	Fire	\$-	\$-	Contract Services	\$-	\$-	
3-5	Highways & Streets	\$-	\$-	Employee Benefits	\$-	\$-	
3-6	Solid Waste	\$-	\$-	Insurance	\$2,263	\$-	
3-7	Contributions to Fire & Police Pension Assoc.	\$-	\$-	Accounting and Legal Fees	\$617	\$-	
3-8	Health	\$-	\$-	Repair and Maintenance	\$-	\$-	
3-9	Culture and Recreation	\$-	\$-	Supplies	\$20,247	\$-	
3-10	Transfers to other districts	\$-	\$-	Utilities	\$-	\$-	
3-11	Other [specify...]:	\$-	\$-	Contributions to Fire & Police Pension Assoc.	\$-	\$-	
3-12		\$-	\$-	GRANT EXPENSE	\$21,471	\$-	
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...]:	\$-	\$-	All Other [specify...]:	\$-	\$-	
3-21		\$-	\$-		\$-	\$-	
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$-	\$-	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$108,273	\$-	GRAND TOTAL \$108,273
3-23	Interfund Transfers (In)	\$-	\$-	Net Interfund Transfers (In) Out	\$-	\$-	
3-24	Interfund Transfers Out	\$-	\$-	Other [specify...][enter negative for expense]	\$-	\$-	
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, 3-18)	\$-	\$-	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$-	\$-	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL GAAP RECONCILING ITEMS	\$-	\$-	
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	\$22,293	\$-	
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) <i>NET POSITION</i>	<i>40149</i>	<i>082</i>	
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.	<i>63124</i>		

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 |
|--|--------------------------|-------------------------------------|
| 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 type="checkbox"/> |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> |

Please use this space to provide any explanations or comments:

NO DEBT

4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts) Please complete the following debt schedule, if applicable: (please only include principal amounts) Please complete the following debt schedule, if applicable: (please only include principal amounts)

- General obligation bonds
- Revenue bonds
- Notes/Loans
- Leases
- Developer Advances
- Other (specify): Other (specify): Other (specify):

	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): Other (specify): Other (specify):	\$-	\$-	\$-	\$-
TOTAL	\$-	\$-	\$-	\$-

*must agree to prior year ending balance

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? \$- | | |
| 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? \$- | | |

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	64518	
5-2 Certificates of deposit		
TOTAL CASH DEPOSITS		64518
Investments (if investment is a mutual fund, please list underlying investments): Investments (if investment is a mutual fund, please list underlying inv		
5-3	\$-	
	\$-	
	\$-	
	\$-	
TOTAL INVESTMENTS		\$-
TOTAL CASH AND INVESTMENTS		64518

Please use this space to provide any explanations or comments:

ONLY CHECKING & SAVINGS

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"/> | <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"/> | <input type="checkbox"/> |

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box

	YES	NO
6-1 Does the entity have capitalized 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"/>

Please use this space to provide any explanations or comments:

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

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)		\$-	\$-	\$-	\$-
TOTAL		\$-	\$-	\$-	\$-

*must agree to prior year ending balance

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

	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?

Indicate the contributions from:

Tax (property, SO, sales, etc.):Tax (property, SO, sales, etc.):	\$-
State contribution amount:	\$-
Other (gifts, donations, etc.):Other (gifts, donations, etc.):	\$-
TOTAL	\$-

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

	\$-
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Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, 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	If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Fund Name	Budgeted Expenditures/Expenses
GUNNISON CONSERVATION DISTRICT	\$- 118,410.00
	\$-
	\$-
	\$-

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? requirement of TABOR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Date of formation: <input type="text"/>				
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes: NEW name <input type="text"/>				
PRIOR name <input type="text"/>				
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10-4	Please indicate what services the entity provides: <input type="text"/>			
10-5	Does the entity have an agreement with another government to provide services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes: List the name of the other governmental entity and the services provided: <input type="text"/>				
USDA NRCS provides office space and access to vehicles.				
10-6	Does the entity have a certified mill levy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):				
Bond Redemption mills <input type="text"/>				
General/Other mills <input type="text"/>				
Total mills <input type="text"/>				

Please use this space to provide any additional explanations or comments not previously included:

OSA USE ONLY

Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$61,852	Unrestricted Fund Bala	\$-	Total Tax Revenue	\$-	
Current Liabilities	\$4,059	Total Fund Balance	\$-	Revenue Paying Debt Service	\$-	
Deferred Inflow	\$-	PY Fund Balance	\$-	Total Revenue	\$-	
		Total Revenue	\$-	Total Debt Service Principal	\$-	
		Total Expenditures	\$-	Total Debt Service Interest	\$-	
		Interfund In	\$-			
		Interfund Out	\$-	Enterprise Funds		
		Proprietary		Net Position		
		Current Assets	\$-	PY Net Position	\$-	67183
		Deferred Outflow	\$-	Government-Wide		
		Current Liabilities	\$-	Total Outstanding Debt	\$-	
		Deferred Inflow	\$-	Authorized but Unissued	\$-	
		Cash & Investments	\$-	Year Authorized	12/30/1899	
		Principal Expense	\$-			
Governmental						
Total Cash & Investments	\$64,518					
Transfers In	\$-					
Transfers Out	\$-					
Property Tax	\$-					
Debt Service Principal	\$-					
Total Expenditures	\$-					
Total Developer Advances	\$-					
Total Developer Repayments	\$-					

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 body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual 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 members of the governing body below.

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

	Full 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	Jan Coury	I, <u>Jan Coury</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.	<u>Jan Coury</u> DocuSigned by: 27ACE61D03874BD... My term Expires: 2022	4/20/2020
2	Bill Ketterhagen	I, <u>Bill Ketterhagen</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.	<u>Bill Ketterhagen</u> DocuSigned by: 73EBD1252F68468... My term Expires: 2022	4/21/2020
3	Rufus Wilderson	I, <u>Rufus Wilderson</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.	<u>Rufus Wilderson</u> DocuSigned by: 5679BE0C127F457... My term Expires: 2023	4/21/2020
4	John Rozman	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 _____ My term Expires: 2023	Date: _____
5	Dan Zadra	I, <u>Dan Zadra</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.	<u>Dan Zadra</u> DocuSigned by: 893AE82F5E7E45A... My term Expires: 2023	4/20/2020
6	Brooke Vasquez	I, <u>Brooke Vasquez</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.	<u>Brooke Vasquez</u> DocuSigned by: 898D874F2E0411... My term Expires: 2022	4/20/2020
7		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 _____ My term Expires: _____	Date: _____



Gunnison Conservation District
RESOLUTION FOR EXEMPTION FROM AUDIT FOR 2019
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR THE FISCAL YEAR 2019 FOR THE GUNNISON CONSERVATION DISTRICT, STATE OF COLORADO.

WHEREAS, the Board of Supervisors of the Gunnison Conservation District wishes to claim exemption from 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 exceeds 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 Gunnison Conservation District exceeded \$750,000 for the Fiscal Year 2019; and

WHEREAS, an application for exemption from audit for the Gunnison Conservation District has been prepared Cindi West, 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 Board of Supervisors of the Gunnison Conservation District that the application for exemption from audit for the Gunnison Conservation District for the year ended December 31, 2019, has been personally reviewed and is hereby approved by a majority of the Board of Supervisors of the Gunnison Conservation District; that those members of the Gunnison Conservation District have signified their approval by signing below; and that this resolution shall be attached to, and shall become part of, the application for exemption from audit of the Gunnison Conservation District for the year ended December 31, 2019.

ADOPTED this 21st day of April, 2020.

Rufus Wilderson 21/2020
5679BE0C127F457...
Rufus Wilderson, Treasurer

Attest: Signed by:
Jan Coury 4/20/2020
27ACE61D03874BD...
Jan Coury, President

<u>Members:</u>	<u>Term Exp</u>	<u>Signature</u>
<u>Jan Coury, President.</u>	2022	DocuSigned by: <u>Jan Coury</u> <small>27ACE61D03874BD...</small> DocuSigned by:
<u>Bill Ketterhagen. VP</u>	2022	DocuSigned by: <u>Bill Ketterhagen</u> <small>73FB01252F68468...</small> DocuSigned by:
<u>Rufus Wilderson, Sec/Treasurer</u>	2023	DocuSigned by: <u>Rufus Wilderson</u> <small>5679BE0C127F457...</small> DocuSigned by:
<u>John Rozman, Member</u>	2023	
<u>Dan Zadra, Member</u>	2023	DocuSigned by: <u>Dan Zadra</u> <small>893AE82EFE7E45A...</small> DocuSigned by:
<u>Brooke Vasquez, Member</u>	2023	DocuSigned by: <u>Brooke Vasquez</u> <small>998D8474F2E0411...</small> DocuSigned by:

Certificate Of Completion

Envelope Id: 86E17B6D7D234259B98261F5DE72EF6F	Status: Sent
Subject: Please DocuSign: Application for Exemption and resolution.pdf	
Source Envelope:	
Document Pages: 10	Signatures: 13
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Sam Liebl
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	gunnisoncd2006@gmail.com
	IP Address: 199.127.203.206


Record Tracking

Status: Original	Holder: Sam Liebl	Location: DocuSign
4/20/2020 12:01:03 PM	gunnisoncd2006@gmail.com	

Signer Events

Bill Ketterhagen
 bketterhagen@hotmail.com
 Security Level: Email, Account Authentication (None)

Signature

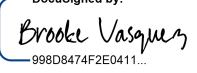
DocuSigned by:

 73FB01252F68468...
 Signature Adoption: Pre-selected Style
 Using IP Address: 97.118.151.167

Timestamp

Sent: 4/20/2020 2:06:07 PM
 Viewed: 4/21/2020 6:31:04 AM
 Signed: 4/21/2020 6:32:04 AM

Electronic Record and Signature Disclosure:
 Accepted: 4/21/2020 6:31:04 AM
 ID: da6c9413-be7e-4c5b-a7d4-dda04e8c126d

Brooke Vasquez
 brooke.vasquez@state.co.us
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 998D8474F2E0411...
 Signature Adoption: Pre-selected Style
 Using IP Address: 165.127.23.2

Sent: 4/20/2020 2:06:08 PM
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 Signed: 4/20/2020 2:22:49 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/20/2020 2:21:06 PM
 ID: 9ae16e77-89c2-46af-adc0-389916fe83c3

Cindi West
 cawest@qwestoffice.net
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 E22CC13F770640C...
 Signature Adoption: Pre-selected Style
 Using IP Address: 174.29.217.129

Sent: 4/20/2020 5:14:31 PM
 Viewed: 4/21/2020 8:22:33 AM
 Signed: 4/21/2020 8:22:56 AM

Electronic Record and Signature Disclosure:
 Accepted: 4/21/2020 8:22:33 AM
 ID: f0ac3573-8d3e-4e53-8e3d-bf5dc7b16781


Dan Zadra
 dan.zadra@state.co.us
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 893AE82EFE7E45A...
 Signature Adoption: Pre-selected Style
 Using IP Address: 165.127.23.2

Sent: 4/20/2020 2:06:08 PM
 Viewed: 4/20/2020 4:12:55 PM
 Signed: 4/20/2020 4:14:49 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/20/2020 4:12:55 PM
 ID: c7a6e278-5bf6-41b1-a519-5eee65d12672

Signer Events	Signature	Timestamp
<p>Jan Coury buckhornapps@aol.com Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  27ACE61D03874BD...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 67.143.176.59</p>	<p>Sent: 4/20/2020 2:06:07 PM Viewed: 4/20/2020 4:56:34 PM Signed: 4/20/2020 4:58:15 PM</p>

Electronic Record and Signature Disclosure:
Accepted: 3/27/2020 2:32:05 PM
ID: 86b09791-af30-41db-8070-d8db5cbaa993

<p>John Rozman rozmanranch@crestedbutte.net Security Level: Email, Account Authentication (None)</p>		Sent: 4/20/2020 2:06:08 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

<p>Rufus Wilderson rwilderson@wildersonlaw.com Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  5879BE0C127F457...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 67.143.177.3</p>	<p>Sent: 4/20/2020 2:06:08 PM Viewed: 4/21/2020 4:09:35 PM Signed: 4/21/2020 4:10:25 PM</p>
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Electronic Record and Signature Disclosure:
Accepted: 4/21/2020 4:09:35 PM
ID: 30938931-efa5-4895-8016-057781ae0152

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/20/2020 5:14:31 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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