

APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM

NAME OF GOVERNMENT
ADDRESS

Southwest Regional Emergency Medical & Trauma Advisory Council
PO Box 1841
Durango, CO 81302

For the Year Ended
12/31/2018
or fiscal year ends:

CONTACT PERSON
PHONE
EMAIL
FAX

Terri Foechterle, Executive Director
970-738-1911
swretac5@gmail.com

6/30/2019

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 expenditures are at least \$100,000 and not more than \$750,000 and that independent means someone who is separate from the entity.

NAME: T. Michael Nelson
TITLE: Principal
FIRM NAME (if applicable): Chadwick, Steinkirchner, Davis & Co., P.C.
ADDRESS: 2499 Hwy. 6&50 Grand Junction, CO 81505
PHONE: 970-245-3000
DATE PREPARED: 23-Sep-19
RELATIONSHIP TO ENTITY: None - Independent accountant.

PREPARER (SIGNATURE REQUIRED)

T. Michael Nelson

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, state when)

P

RECEIVED

Office of the State Auditor

September 27, 2019

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

City of Columbus
 2021 - 2022 Annual Financial Report

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#	
Assets				Assets			
1-1	Cash & Cash Equivalents	\$	102,413	\$	-	\$	-
1-2	Investments		\$		\$		\$
1-3	Receivables	\$	30,959	\$	-	\$	-
1-4	Due from Other Entities or Funds	\$	-	\$	-	\$	-
1-5	All Other Assets (specify...)						
1-6	Security deposit	\$	1,600	\$	-	\$	-
1-7		\$	-	\$	-	\$	-
1-8		\$	-	\$	-	\$	-
1-9		\$	-	\$	-	\$	-
1-10		\$	-	\$	-	\$	-
1-11		\$	-	\$	-	\$	-
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1-201		\$	-	\$	-	\$	-
1-202		\$	-	\$	-	\$	-
1-203		\$	-	\$	-	\$	-
1-204		\$	-	\$	-	\$	-
1-205		\$	-	\$	-	\$	-
1-206							

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 in 2-1 revenues for all funds)		\$	-	Property (include in 2-1 revenues for all funds)	\$	-
2-2	Specific Ownership		\$	-	Specific Ownership	\$	-
2-3	Sales and Use Tax	\$	-	\$	-	\$	-
2-4	Other Tax Revenue (specify)	\$	-	\$	-	\$	-
2-5		\$	-	\$	-	\$	-
2-6		\$	-	\$	-	\$	-
2-7		\$	-	\$	-	\$	-
2-8	Add lines 2-1 through 2-7	\$	-	\$	-	\$	-
	TOTAL TAX REVENUE	\$	-	\$	-	\$	-
2-9	Licenses and Permits	\$	-	\$	-	\$	-
2-10	Highway Users Tax Funds (unif.)	\$	-	\$	-	\$	-
2-11	Conservation Trust Funds (unif.)	\$	-	\$	-	\$	-
2-12	Community Development Block Grant	\$	-	\$	-	\$	-
2-13	Fire & Police Pension	\$	-	\$	-	\$	-
2-14	Grants	\$	256,277	\$	-	\$	-
2-15	Donations	\$	-	\$	-	\$	-
2-16	Charges for Sales and Services	\$	-	\$	-	\$	-
2-17	Rental Income	\$	-	\$	-	\$	-
2-18	Fines and Forfeits	\$	-	\$	-	\$	-
2-19	Interest/Investment Income	\$	54	\$	-	\$	-
2-20	Tap Fees	\$	-	\$	-	\$	-
2-21	Proceeds from Sale of Capital Assets	\$	-	\$	-	\$	-
2-22	All Other (specify)	\$	278	\$	-	\$	-
2-23		\$	-	\$	-	\$	-
2-24	Add lines 2-8 through 2-23	\$	256,609	\$	-	\$	-
	TOTAL REVENUES	\$	256,609	\$	-	\$	-
Other Financing Sources				Other Financing Sources			
2-25	Debt Proceeds	\$	-	\$	-	\$	-
2-26	Developer Advances	\$	-	\$	-	\$	-
2-27	Other (specify)	\$	-	\$	-	\$	-
2-28	Add lines 2-25 through 2-27	\$	-	\$	-	\$	-
	TOTAL OTHER FINANCING SOURCES	\$	-	\$	-	\$	-
2-29	Add lines 2-24 and 2-28	\$	-	\$	-	\$	-
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	256,609	\$	-	\$	-

GRAND TOTALS
\$ 256,609

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.

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#	
Expenditures				Expenditures			
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	\$	223,162 \$	Repair and Maintenance	\$	- \$	
3-9	Culture and Recreation		\$	Supplies	\$	- \$	
3-10	Transfers to other districts	\$	- \$	Utilities	\$	- \$	
3-11	Other [specify]	\$	- \$	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	\$	254 \$	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	\$	223,416 \$	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	- \$	\$ 223,416
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/Accounts	\$	- \$	Depreciation	\$	- \$	
3-26		\$	- \$	Other Financing Sources (plus) (less line 3-26)	\$	- \$	
3-27		\$	- \$	Capital Outlay (less line 3-14)	\$	- \$	
3-28		\$	- \$	Debt Principal (from line 3-15, 3-16)	\$	- \$	
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 3-29, less line 3-22, plus line 3-29	\$	33,193 \$	Net Increase (Decrease) in Net Position Line 3-29, less line 3-22, plus line 3-25, plus line 3-23, less line 3-24	\$	- \$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	94,118 \$	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 1-26	\$	127,311 \$	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-26	\$	- \$	

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) 889-3000 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? YES NO
- 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 use the following 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)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must agree 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
- How much? \$ -
- Date the debt was authorized: _____
- 4-6 Does the entity intend to issue debt within the next calendar year? YES NO
- How much? _____
- 4-7 Does the entity have debt that has been refinanced that it is still responsible for? YES NO
- What is the amount outstanding? \$ -
- 4-8 Does the entity have any lease agreements? YES NO
- 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? \$ -

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	\$ 102,413	
5-2 Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS		\$ 102,413
Investments (if investment is a mutual fund, please list and explain in comments)	\$ -	
	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS	\$ -	
TOTAL CASH AND INVESTMENTS	\$ -	102,413

- Please answer the following question by marking in the appropriate box.
- 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.)? If no, MUST explain. YES NO N/A

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? YES NO

6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 26-1-505 C.R.S.? If no, MUST explain. YES NO

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	\$ 35,352	\$ -	\$ -	\$ 35,352
Furniture and fixtures		\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (see Other assets)	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (see Other assets) or credit balance	\$ (34,161)	\$ (440)	\$ -	\$ (34,601)
TOTAL	\$ 1,191	\$ (440)	\$ -	\$ 751

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 (see Other assets)	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (see Other assets) 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 law" firemen's pension plan? YES NO

7-2 Does the entity have a voluntary firemen's pension plan? YES NO

If yes, Who administers the plan?

Indicate the contributions from:

Employee contributions (see 6-2)	\$	-
State contribution amount	\$	-
Other (see 6-2)	\$	-
TOTAL	\$	-

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

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 additional explanations or comments. RETACs are not required to file budgets with the DOLG

- 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.
- 8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:
- 8-3 Please indicate the amount budgeted for each fund for the year reported

Fund Name	Budgeted Expenditures
General Fund	\$ -
	\$ -
	\$ -
	\$ -

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 additional explanations or comments. Not applicable - not subject to TABOR

- 9-1 Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box

YES NO

Please use this space to provide any additional explanations or comments.

- 10-1 Is this application for a newly formed governmental entity?
Date of formation: _____
- 10-2 Has the entity changed its name in the past or current year?
NEW name: _____
PRIOR name: _____
- 10-3 Is the entity a metropolitan district?
- 10-4 Please indicate what services the entity provides:

- 10-5 Does the entity have an agreement with another government to provide services?
List the name of the other governmental entity and the services provided:

- 10-6 Does the entity have a certified mill levy?
Please provide the number of mills levied for the year reported (do not enter \$ amounts).
Bond Redemption mills _____
General/Other mills _____
Total mills 0.000

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	\$	102,413	Unrestricted Fund Balan	\$	125,711	Total Tax Revenue	-
Current Liabilities	\$	7,661	Total Fund Balance	\$	127,311	Revenue Paying Debt Service	256,609
Deferred Inflow	\$	-	PY Fund Balance	\$	94,118	Total Revenue	256,609
			Total Revenue	\$	256,609	Total Debt Service Principal	-
			Total Expenditures	\$	223,416	Total Debt Service Interest	254
			Interfund In	\$	-		
Governmental			Interfund Out	\$	-	Enterprise Funds	
Total Cash & Investments	\$	102,413	- Proprietary	\$	-	Net Position	-
Transfers In	\$		- Current Assets	\$	-	PY Net Position	-
Transfers Out	\$		- Deferred Outflow	\$	-	Government-Wide	
Property Tax	\$		- Current Liabilities	\$	-	Total Outstanding Debt	-
Debt Service Principal	\$		Deferred Inflow	\$	-	Authorized but Unissued	-
Total Expenditures	\$	223,416	- Cash & Investments	\$	-	Year Authorized	-
Total Developer Advances	\$		- Principal Expense	\$	-		
Total Developer Repayments	\$						

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?

YES NO

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.

Signatures of the certifier and approval of the governing body: 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 in the best of their knowledge and a accurate and full. See additional pages provided.

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.
1	SCOTT SHOLES	Signed: <u>SCOTT SHOLES</u> Date: <u>9/25/2019</u> My term Expires: <u>6/22/2021</u>
2	MARY JO SEITER	Signed: <u>MARY JO SEITER</u> Date: <u>9/25/19</u> My term Expires: <u>6/22</u>
3		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: _____ My term Expires: _____
4	Amy L. Knight	Signed: <u>Amy L. Knight</u> Date: <u>9/25/19</u> My term Expires: <u>1/30/2020</u>
5		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: _____ My term Expires: _____
6		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: _____ My term Expires: _____
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: _____ Date: _____ My term Expires: _____

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?

YES NO

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

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 - 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 this 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: _____ My term Expires: _____
1	Matthew D. Lindsay	I, <u>Matthew D. Lindsay</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 _____ Date: <u>9/25/19</u> My term Expires: <u>6/21</u>
2	Scott Anderson	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: <u>9-25-19</u> My term Expires: <u>9/20</u>
3	Keith Keesling	I, <u>Keith Keesling</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 _____ Date: <u>9-25-19</u> My term Expires: <u>9/19</u>
4		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: _____ My term Expires: _____
5		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: _____ My term Expires: _____
6		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: _____ My term Expires: _____
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 _____ Date: _____ My term Expires: _____

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES NO

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YES NO

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

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- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 28-1-604 (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.
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 - 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 this 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 28-1-204, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by the 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	Signature	Date	My term Expires
1	DAVID D. BRONSON	DAVID BRONSON	9/25/19	6/22
2	MIKE LE ROUX	MIKE LE ROUX	9/25/19	11/20
3	MARCI JURY	MARCI JURY	9/25/19	3/21
4				
5				
6				
7				