

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

|                                       |
|---------------------------------------|
| North End Metropolitan District No. 1 |
| 1641 California St, Suite 300         |
| Denver, CO 80202                      |
|                                       |
| Dianne Miller                         |
| 303-285-5320                          |
| dmiller@ddmalaw.com                   |
| 303-285-5330                          |

For the Year Ended  
12/31/20  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL  
FAX

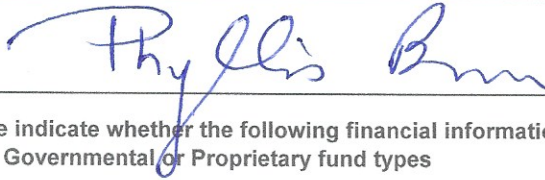
### PART 1 - CERTIFICATION OF PREPARER

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

|  |
|--|
| Phyllis Brown  |
| Director of Finance and Accounting                           |
| CRS of Colorado  |
| 7995 E Prentice Ave, Suite 103E, Greenwood Village, CO 80111 |
| 303-381-4960   |
| 2/19/2021  |

### PREPARER (SIGNATURE REQUIRED)



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

|  |  |
|--|--|
| <b>GOVERNMENTAL</b><br><small>(MODIFIED ACCRUAL BASIS)</small> | <b>PROPRIETARY</b><br><small>(CASH OR BUDGETARY BASIS)</small> |
| <input checked="" type="checkbox"/>                            | <input 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 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  | Refunds  | \$ 114                  |   |
| 2-23  |  | \$ -                    |   |
| 2-24  | <b>(add lines 2-1 through 2-23) TOTAL REVENUE</b>        | <b>\$ 114</b>           |   |

## 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  | \$ -                    |   |
| 3-3   | Payroll taxes   | \$ -                    |   |
| 3-4   | Contract services   | \$ -                    |   |
| 3-5   | Employee benefits   | \$ -                    |   |
| 3-6   | Insurance   | \$ 255                  |   |
| 3-7   | Accounting and legal fees   | \$ 5,243                |   |
| 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  | Capital outlay  | \$ -                    |   |
| 3-15  | Utility operations  | \$ -                    |   |
| 3-16  | Culture and recreation  | \$ -                    |   |
| 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/EXPENSES</b>         | <b>\$ 5,498</b>         |   |

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 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

| 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                     | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| <b>TOTAL</b>                                 | <b>\$ -</b>                      | <b>\$ -</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                      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.):  | \$ -        |
| <b>TOTAL</b>                     | <b>\$ -</b> |

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

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 |
|-----------|--------------------------------|
| General   | \$ 48,000                      |
|           |                                |
|           |                                |
|           |                                |

## 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)]?



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?



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:

Streets, street lighting, traffic & safety, sewer, water, landscaping, parks & recreation.

**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

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                                 | NO                       |
|--|--|-------------------------------------|--------------------------|
| 12-1   | If you plan to submit this form electronically, have you read the new Electronic Signature Policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Office of the State Auditor — Local Government Division - Exemption Form 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 29-1-604 (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.

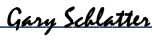

**The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:**

- 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.

## PART 11 – GOVERNING BODY APPROVAL

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.

|                       | Print Board Member's Name | I <u>Gary Schlatter</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.  |
|-----------------------|---------------------------|---|
| <b>Board Member 1</b> | Gary Schlatter            | Signed <u></u><br>Date <u>0E72CCFFDDA3B45B...</u><br>My term Expires <u>2023</u>   |
| <b>Board Member 2</b> | Kim E. DeHayes            | I <u>Kim E. DeHayes</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.<br>Signed <u></u><br>Date <u>7A0A897D7C54490...</u><br>My term Expires <u>2023</u> |
| <b>Board Member 3</b> | Vacant                    | I <u>Vacant</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.<br>Signed _____<br>Date _____<br>My term Expires <u>2023</u>   |
| <b>Board Member 4</b> | Vacant                    | I <u>Vacant</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.<br>Signed _____<br>Date _____<br>My term Expires <u>2023</u>   |
| <b>Board Member 5</b> | Vacant                    | I <u>Vacant</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.<br>Signed _____<br>Date _____<br>My term Expires <u>2023</u>   |

North End Metropolitan District No. 1 Audit Exemption Application

## Certificate Of Completion

|  |                            |
|--|----------------------------|
| Envelope Id: 2B9B4A8315C14F698FE2ECEEB707A2B2  | Status: Completed          |
| Subject: Please DocuSign: 2020 Audit Exemption Application – North End No. 1 SIGNATURE PAGE.pdf, 2020 A... |                            |
| Source Envelope:   |                            |
| Document Pages: 4  | Signatures: 8              |
| Certificate Pages: 5   | Initials: 0                |
| AutoNav: Enabled   | Envelope Originator:       |
| Envelopeld Stamping: Enabled   | Andrew Davis               |
| Time Zone: (UTC-08:00) Pacific Time (US & Canada)  | 1641 California St         |
|  | Denver, CO 80202           |
|  | adavis@ddmalaw.com         |
|  | IP Address: 50.211.249.209 |

## Record Tracking

|  |  |                    |
|--|--|--------------------|
| Status: Original<br>2/26/2021 1:57:06 PM | Holder: Andrew Davis<br>adavis@ddmalaw.com | Location: DocuSign |
|--|--|--------------------|

## Signer Events

Gary Schlatter  
gschlatter@oralabs.com  
Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
*Gary Schlatter*  
0E72CCFDDA3B45B...

Signature Adoption: Pre-selected Style  
Using IP Address: 71.205.117.195

## Timestamp

Sent: 2/26/2021 2:02:02 PM  
Viewed: 3/3/2021 12:34:27 PM  
Signed: 3/3/2021 12:34:37 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/3/2021 12:34:27 PM  
ID: d5eee059-efd9-4f0b-8d8f-407d401e5e48

Kim E. DeHayes  
kdehayes@oralabs.com  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
*Kim E. DeHayes*  
7A0A897D7C54490...

Signature Adoption: Pre-selected Style  
Using IP Address: 50.238.50.66

Sent: 2/26/2021 2:02:02 PM  
Viewed: 2/26/2021 2:04:19 PM  
Signed: 2/26/2021 2:04:36 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/26/2021 2:04:19 PM  
ID: d50dde05-2282-489b-93be-1dbe08df0fd8

| 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 |

Dianne Miller  
dmiller@ddmalaw.com  
Miller & Associates Law Offices, LLC  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 2/26/2021 2:02:03 PM  
Viewed: 2/26/2021 2:23:56 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

| <b>Witness Events</b> | <b>Signature</b> | <b>Timestamp</b> |
|-----------------------|------------------|------------------|
|-----------------------|------------------|------------------|

| <b>Notary Events</b> | <b>Signature</b> | <b>Timestamp</b> |
|----------------------|------------------|------------------|
|----------------------|------------------|------------------|

| <b>Envelope Summary Events</b> | <b>Status</b> | <b>Timestamps</b> |
|--------------------------------|---------------|-------------------|
|--------------------------------|---------------|-------------------|

|                     |                  |                      |
|---------------------|------------------|----------------------|
| Envelope Sent       | Hashed/Encrypted | 2/26/2021 2:02:03 PM |
| Certified Delivered | Security Checked | 2/26/2021 2:04:19 PM |
| Signing Complete    | Security Checked | 2/26/2021 2:04:36 PM |
| Completed           | Security Checked | 3/3/2021 12:34:37 PM |

| <b>Payment Events</b> | <b>Status</b> | <b>Timestamps</b> |
|-----------------------|---------------|-------------------|
|-----------------------|---------------|-------------------|

| <b>Electronic Record and Signature Disclosure</b> |
|---|
|---|