

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS

FAIRVIEW CEMETERY DISTRICT
PO BOX 961
CHEYENNE WELLS, CO 80810

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

**CONTACT PERSON
PHONE
EMAIL
FAX**

RICHARD BALL
719-767-5776
ball4@rebeltec.net
719-767-5555

PENDING

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**

RICHARD BALL
ACCOUNTANT
RICHARD BALL ACCOUNTING INC
PO BOX 961, CHEYENNE WELLS, CO 80810
7197675776
4/20/2021

PREPARER (SIGNATURE REQUIRED)

RBA

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

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.

2-1	Taxes:	Property (report mills levied in Question 10-6)	\$	24,012
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		\$	2,300
2-11	Fines and forfeits		\$	-
2-12	Special assessments		\$	-
2-13	Investment income		\$	160
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			\$ 26,472

Please use this space to provide any necessary explanations

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.

3-1	Administrative		\$	-
3-2	Salaries		\$	7,995
3-3	Payroll taxes		\$	1,484
3-4	Contract services		\$	100
3-5	Employee benefits		\$	-
3-6	Insurance		\$	1,834
3-7	Accounting and legal fees		\$	500
3-8	Repair and maintenance		\$	499
3-9	Supplies		\$	1,815
3-10	Utilities and telephone		\$	665
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): FUEL		\$	111
3-24	BANK CHARGES		\$	20
3-25			\$	-
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES			\$ 15,023

Please use this space to provide any necessary explanations

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.

		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-4	Please complete the following table, if applicable. (Please only include principal amounts; interest 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.

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt? If yes: How much? Date the debt was authorized:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-6	Does the entity intend to issue debt within the next calendar year? If yes: How much?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-7	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$ -		
4-8	Does the entity have any lease agreements? 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? What are the annual lease payments?	<input type="checkbox"/>	<input type="checkbox"/>
	\$ -		

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	\$ 79,712	
5-2	Certificates of deposit	\$ 1,000	
	Total Cash Deposits		\$ 80,712
	Investments (if investment is a mutual fund, please list underlying investments)		
5-3		\$ -	
		\$ -	
		\$ -	
	Total Investments		\$ -
	Total Cash and Investments		\$ 80,712

Please answer the following questions by marking in the appropriate boxes.

		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.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Please indicate the following capital assets by fund:

	Balance beginning of the year	Additions during the year	Dispositions	Balance end of year
Land	\$ 40,911	\$ -	\$ -	\$ 40,911
Buildings	\$ 38,081	\$ -	\$ -	\$ 38,081
Machinery and equipment	\$ 34,915	\$ -	\$ -	\$ 34,915
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 113,907	\$ -	\$ -	\$ 113,907

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? _____

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
	\$ -
What is the monthly benefit paid for 20 years of service per retiree as of Jan _____	\$ -

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	Amount
GENERAL FUND	\$ 20,498

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

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No |
|------------|---|-------------------------------------|--------------------------|
| 9-1 | Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?
<small>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.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| if yes: | Date of formation: <input style="width: 450px;" 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: **Please list the NEW name & PRIOR name:**

- | | | | |
|-------------|---|--------------------------|-------------------------------------|
| 10-3 | Is the entity a metropolitan district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Please indicate what services the entity provides: | | |

- | | | | |
|-------------|---|--------------------------|-------------------------------------|
| 10-4 | Does the entity have an agreement with another government to provide services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| if yes: | List the name of the other governmental entity and the services provided: | | |

- | | | | |
|-------------|--|--------------------------|-------------------------------------|
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| if yes: | Date Filed: <input style="width: 450px;" type="text"/> | | |

- | | | | |
|-------------|--|-------------------------------------|--------------------------|
| 10-6 | Does the entity have a certified Mill Levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------|--|-------------------------------------|--------------------------|

if yes: **Please provide the following mills levied for the year reported (do not report \$ amounts):**

Bond Redemption mills	<input style="width: 100%;" type="text"/>
General/Other mills	0.463
Total mills	0.463

Please use this space to provide any explanations of your answers.

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

Mark P. Galli
Mark P. Galli

I Mark P. Galli, 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 Mark P. Galli
Date: 4-29-2021
My term Expires: Dec. 2022

Board Member 2

Monica Wendt
Monica Wendt

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 Monica Wendt
Date: 4-29-2021
My term Expires: 12-2024

Board Member 3

Sherrie Nestor
Sherrie Nestor

I Sherrie Nestor, 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 Sherrie Nestor
Date: 4-29-2021
My term Expires: 12-2024

Board Member 4

Clark Schreiber
Clark Schreiber

I Clark Schreiber, 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 Clark Schreiber
Date: 4-29-21
My term Expires: 12-24

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: _____
My term Expires: _____

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: _____