

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Wiggins Community Pest Control District
4452 County Road 1
Wiggins, CO 80654

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

CONTACT PERSON
PHONE
EMAIL
FAX

Alan Lingo
(970)768-5502

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

David A Kauffman
CPA
Liittjohann, Kauffman and Pederson, CPAs
420 East Platte Avenue, Fort Morgan, CO 80701
(970)867-4922
3/6/2021

PREPARER (SIGNATURE REQUIRED)

David A. Kauffman, CPA

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

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

PROPRIETARY
(CASH OR BUDGETARY BASIS)



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 |
|-------|--|-------------------------|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ 19,213 |
| 2-2 | Specific ownership | \$ 3,988 |
| 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 | \$ 9,369 |
| 2-11 | Fines and forfeits | \$ - |
| 2-12 | Special assessments | \$ - |
| 2-13 | Investment income | \$ 105 |
| 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): Insurance Rebate | \$ 169 |
| 2-22 | | \$ - |
| 2-23 | | \$ - |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 32,844 |

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.

| Line# | Description | Round to nearest Dollar |
|-------|---|-------------------------|
| 3-1 | Administrative | \$ 820 |
| 3-2 | Salaries | \$ 8,264 |
| 3-3 | Payroll taxes | \$ 657 |
| 3-4 | Contract services | \$ - |
| 3-5 | Employee benefits | \$ - |
| 3-6 | Insurance | \$ 2,960 |
| 3-7 | Accounting and legal fees | \$ 890 |
| 3-8 | Repair and maintenance | \$ 1,610 |
| 3-9 | Supplies | \$ 552 |
| 3-10 | Utilities and telephone | \$ 622 |
| 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 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ 16,375 |

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: | <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 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.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? | <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 checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

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

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 | \$ 112,526 | |
| 5-2 Certificates of deposit | \$ 14,236 | |
| Total Cash Deposits | | \$ 126,762 |
| Investments (if investment is a mutual fund, please list underlying investments): | | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total Investments | | \$ - |
| Total Cash and Investments | | \$ 126,762 |

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

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.

Yes No

- 6-1 Does the entity have capital assets?
- 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:

| 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 | \$ 24,144 | \$ - | \$ - | \$ 24,144 |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ (24,144) | \$ - | \$ - | \$ (24,144) |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

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?
- 7-2 Does the entity have a volunteer firemen's pension plan?
- If yes: Who administers the plan?

Indicate the contributions from:

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

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.?
-
- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:

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

| Fund Name | Budgeted Expenditures/Expenses |
|--------------|--------------------------------|
| General Fund | \$ 25,250 |
| | |
| | |
| | |

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)]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <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> | | |

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; height: 15px;" 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: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-3 | Is the entity a metropolitan district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Please indicate what services the entity provides: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 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: <input style="width: 600px; height: 15px;" type="text"/> | | |
| 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; height: 15px;" 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 <u>mills</u> levied for the year reported (do not report \$ amounts): | | |

| | |
|-----------------------|--------------|
| Bond Redemption mills | - |
| General/Other mills | 0.451 |
| Total mills | 0.451 |

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? YES NO

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.

| 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 | Alan Lingo | I <u>Alan Lingo</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. Signed <u>Alan Lingo</u> Date: <u>3-9-2021</u> My term Expires: <u>2021</u> |
| Board Member 2 | Tom Thomas | I Tom Thomas, 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 <u>Tom Thomas</u> Date: <u>3-9-2021</u> My term Expires: 2023 |
| Board Member 3 | Ronald Geisick | I Ronald Geisick, 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 <u>Ronald Geisick</u> Date: <u>3-9-2021</u> My term Expires: 2023 |
| Board Member 4 | Dave Knievel | I Dave Knievel, 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 <u>Dave Knievel</u> Date: <u>3-9-2021</u> My term Expires: 2021 |
| Board Member 5 | Jeff Busch | I Jeff Busch, 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 <u>Jeff Busch</u> Date: <u>3-9-2021</u> My term Expires: 2023 |
| Board Member 6 | | 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 | | 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: _____ |

RESOLUTION FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2020 FOR THE WIGGINS COMMUNITY PEST CONTROL DISTRICT, STATE OF COLORADO.

WHEREAS, the Board of Directors of the Wiggins Community Pest Control 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 exceed seven hundred fifty thousand dollars may, with 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 Wiggins Community Pest Control District exceeded \$100,000.00 for Fiscal Year 2020; and

WHEREAS, an application for exemption from audit for the Wiggins Community Pest Control District has been prepared by Liittjohann, Kauffman and Pederson CPAs, an independent accountant with knowledge of 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 by the Board of Directors of the Wiggins Community Pest Control District that the application for exemption from audit for the Wiggins Community Pest Control District for the Fiscal Year ended December 31, 2020, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the Wiggins Community Pest Control District; that those members of the Wiggins Community Pest Control 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 Wiggins Community Pest Control District for the fiscal year ended December 31, 2020.

ADOPTED THIS _____ day of _____, A.D. 2021.

Attest:

Print Name:

Date:

Signature:

| | | |
|-----------------------|-----------------|-----------------------|
| <u>Ronald Geisick</u> | <u>3-9-2021</u> | <u>Ronald Geisick</u> |
| <u>Dave Kniesel</u> | <u>3-9-2021</u> | <u>Dave Kniesel</u> |
| <u>Alan Lingo</u> | <u>3-9-2021</u> | <u>alan</u> |
| <u>Tom Thomas</u> | <u>3-9-2021</u> | <u>Tom Thomas</u> |
| <u>Jeff Busch</u> | <u>3-9-2021</u> | <u>Jeff Busch</u> |



LIITTJOHANN, KAUFFMAN, and PEDERSON
Certified Public Accountants

David A. Kauffman, C.P.A., P.C.

Daniel M. Pederson, C.P.A.'s, P.C.

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors
Wiggins Community Pest Control District
Wiggins, Colorado

Management is responsible for the accompanying financial statements of the Wiggins Community Pest Control District (a local government), which comprise the balance sheet as of December 31, 2020, and the related statements of revenue and expenditures for the year then ended, included in the accompanying prescribed form in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the Colorado State Auditor, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Wiggins Community Pest Control District and Colorado State Auditor, and is not intended to be and should not be used by anyone other than these specified parties.

Fort Morgan, Colorado
March 6, 2021