

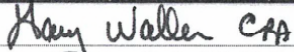
APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORMNAME OF GOVERNMENT
ADDRESSFront Range Board of Cooperative Educational Services
6500 E. Arapahoe
Boulder, CO 80303For the Year Ended
12/31/2019
or fiscal year ended:CONTACT PERSON
PHONE
EMAIL
FAXHi Howard
720-561-5039
c.howard@bvscd.org
720-561-5039

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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED
RELATIONSHIP TO ENTITYGary Waller
CPA
Dixon, Waller & Co., Inc.
164 E Main St Trinidad, Colorado 81082
719-846-9241
7/24/2020
Dixon, Waller & Co., Inc. is independent as defined by professional standards

PREPARER (SIGNATURE REQUIRED)

 Gary Waller CPA

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:

FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

		Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page	
Line #	Description	Fund*	Fund*	Description	Fund*		Fund*
Assets				Assets			
1-1	Cash & Cash Equivalents	\$	- \$ -	Cash & Cash Equivalents	\$ 266,568	\$ -	
1-2	Investments	\$	- \$ -	Investments	\$ -	\$ -	
1-3	Receivables	\$	- \$ -	Receivables	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$	- \$ -	Due from Other Entities or Funds	\$ -	\$ -	
	All Other Assets [specify...]			Other Current Assets	\$ -	\$ -	
1-5		\$	- \$ -	Total Current Assets	\$ 266,568	\$ -	
1-6		\$	- \$ -	Capital Assets, net (from Part 4-4)	\$ -	\$ -	
1-7		\$	- \$ -	Other Long Term Assets [specify...]	\$ -	\$ -	
1-8		\$	- \$ -		\$ -	\$ -	
1-9		\$	- \$ -		\$ -	\$ -	
1-10		\$	- \$ -		\$ -	\$ -	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 266,568	\$ -	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 266,568	\$ -	
Liabilities				Liabilities			
1-14	Accounts Payable	\$	- \$ -	Accounts Payable	\$ 1,000	\$ -	
1-15	Accrued Payroll and Related Liabilities	\$	- \$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -	
1-16	Accrued Interest Payable	\$	- \$ -	Accrued Interest Payable	\$ -	\$ -	
1-17	Due to Other Entities or Funds	\$	- \$ -	Due to Other Entities or Funds	\$ -	\$ -	
1-18	All Other Current Liabilities	\$	- \$ -	All Other Current Liabilities	\$ -	\$ -	
1-19	TOTAL CURRENT LIABILITIES	\$	- \$ -	TOTAL CURRENT LIABILITIES	\$ 1,000	\$ -	
1-20	All Other Liabilities [specify...]	\$	- \$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -	
1-21		\$	- \$ -	Other Liabilities [specify...]	\$ -	\$ -	
1-22		\$	- \$ -		\$ -	\$ -	
1-23		\$	- \$ -		\$ -	\$ -	
1-24		\$	- \$ -		\$ -	\$ -	
1-25		\$	- \$ -		\$ -	\$ -	
1-26		\$	- \$ -		\$ -	\$ -	
1-27		\$	- \$ -		\$ -	\$ -	
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	- \$ -	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$ 1,000	\$ -	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$ -	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	
Fund Balance				Net Position			
1-30	Nonspendable Prepaid	\$	- \$ -	Net Investment in Capital Assets	\$ -	\$ -	
1-31	Nonspendable Inventory	\$	- \$ -				
1-32	Restricted [specify...]	\$	- \$ -	Emergency Reserves	\$ -	\$ -	
1-33	Committed [specify...]	\$	- \$ -	Other Designations/Reserves	\$ -	\$ -	
1-34	Assigned [specify...]	\$	- \$ -	Restricted	\$ -	\$ -	
1-35	Unassigned:	\$	- \$ -	Undesignated/Unreserved/Unrestricted	\$ 265,568	\$ -	
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$	- \$ -	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	\$ 265,568	\$ -	
1-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	- \$ -	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ 266,568	\$ -	

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							
2-1	Property (include mills levied in Question 10-6)	\$	-	\$	-	\$	-
2-2	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 (HUTF)	\$	-	\$	-	\$	-
2-11	Conservation Trust Funds (Lottery)	\$	-	\$	-	\$	-
2-12	Community Development Block Grant	\$	-	\$	-	\$	-
2-13	Fire & Police Pension	\$	-	\$	-	\$	-
2-14	Grants	\$	-	\$	-	\$	-
2-15	Donations	\$	-	\$	-	\$	-
2-16	Charges for Sales and Services	\$	-	\$	-	\$	-
2-17	Rental Income	\$	-	\$	-	\$	-
2-18	Fines and Forfeits	\$	-	\$	-	\$	-
2-19	Interest/Investment Income	\$	-	\$	-	\$	-
2-20	Tap Fees	\$	-	\$	-	\$	-
2-21	Proceeds from Sale of Capital Assets	\$	-	\$	-	\$	-
2-22	All Other (specify...):	\$	-	\$	-	\$	-
2-23		\$	-	\$	-	\$	-
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	-	\$	-	\$	-
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	\$	-	\$	-	\$	-
						310,424	
							310,424

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 29-1404, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 5 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

		Governmental Funds		Proprietary/Fiduciary Funds			
Line #	Description	Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any items on this page
Expenditures				Expenses			
3-1	General Government	\$	- \$	General Operating & Administrative	\$	- \$	
3-2	Judicial	\$	- \$	Salaries	\$	127,598 \$	
3-3	Law Enforcement	\$	- \$	Payroll Taxes	\$	27,420 \$	
3-4	Fire	\$	- \$	Contract Services	\$	125,109 \$	
3-5	Highways & Streets	\$	- \$	Employee Benefits	\$	- \$	
3-6	Solid Waste	\$	- \$	Insurance	\$	1,503 \$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	- \$	Accounting and Legal Fees	\$	- \$	
3-8	Health	\$	- \$	Repair and Maintenance	\$	- \$	
3-9	Culture and Recreation	\$	- \$	Supplies	\$	14,372 \$	
3-10	Transfers to other districts	\$	- \$	Utilities	\$	- \$	
3-11	Other [specify...]:	\$	- \$	Contributions to Fire & Police Pension Assoc.	\$	- \$	
3-12		\$	- \$	Other Dues, Fees, Postage, & Printing, Travel:	\$	1,571 \$	
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	\$	297,573 \$	GRAND TOTAL \$ 297,573
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 3-28)	\$	- \$	
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	\$	12,851 \$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	- \$	Net Position, January 1 from December 31 prior year report	\$	252,717 \$	
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 1-36.	\$	- \$	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	265,568 \$	

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 OS&L 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

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 only include principal 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.

YES

NO

- 4-5 Does the entity have any authorized, but unissued, debt? ☐ YES ☒ NO

If yes: How much? \$ -

If yes: Date the debt was authorized:

- 4-6 Does the entity intend to issue debt within the next calendar year? ☐ YES ☒ NO

If yes: How much? \$ -

- 4-7 Does the entity have debt that has been refinanced that it is still responsible for? ☐ YES ☒ NO

If yes: What is the amount outstanding? \$ -

- 4-8 Does the entity have any lease agreements? ☐ YES ☒ NO

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? ☐ 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

Please use this space to provide any explanations or comments:

- 5-1 YEAR-END Total of ALL Checking and Savings accounts \$ 266,568

- 5-2 Certificates of deposit \$ -

TOTAL CASH DEPOSITS

\$ 266,568

Investments (if investment is a mutual fund, please list underlying investments):

5-3		\$ -	
		\$ -	
		\$ -	
		\$ -	
	TOTAL INVESTMENTS	\$ -	
	TOTAL CASH AND INVESTMENTS	\$ 266,568	

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.? ☐ 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

Please use this space to provide any explanations or comments:

- 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 29-1-506, 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	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	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	\$ 8,224	\$ -	\$ -	\$ 8,224
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (8,224)	\$ -	\$ -	\$ (8,224)
	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

Please use this space to provide any explanations or comments:

- 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, SD, 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 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 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: ☒ 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
Front Range BOCES Operating Fund	\$ 364,151
	\$ -
	\$ -
	\$ -

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)]? ☒ YES ☐ NO
- Note: An election to exempt the government from the spending limitations of TABOR does not exempt the

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? ☐ YES ☒ NO

If yes:

Date of formation:

- 10-2 Has the entity changed its name in the past or current year? ☐ YES ☒ NO

If Yes:

NEW name

PRIOR name

- 10-3 Is the entity a metropolitan district? ☐ YES ☒ NO

- 10-4 Please indicate what services the entity provides:

- 10-5 Does the entity have an agreement with another government to provide services? ☒ YES ☐ NO

If yes: List the name of the other governmental entity and the services provided:

Boulder Valley School District - Administration and Financial Services

- 10-6 Does the entity have a certified mill levy? ☐ YES ☒ NO

If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	0.000
General/Other mills	0.000
Total mills	0.000

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

No Assurance is Provided on these Financial Statements

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?



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.

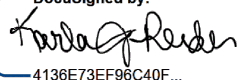
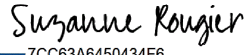
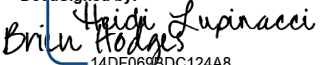
A MAJORITY of the members of the governing body must complete and sign in the column below.

	Full Name		
1		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: _____	
2	Karla Reider	I, <u>Karla Reider</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 <u>[Signature]</u> Date: <u>8/20/2020</u>	
		My term Expires: <u>4136E73EF96C40F...</u>	
3	DocuSigned by: <u>Robbyn Fernandez</u>	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	DocuSigned by: <u>Starla Pearson</u>	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	Suzanne Rougier	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 <u>DocuSigned by:</u> Date: _____	
		My term Expires: _____	
6	Will Pierce	I, <u>Suzanne Rougier</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 <u>Will Pierce</u> Date: <u>8/20/2020</u>	
		My term Expires: _____	
7	DocuSigned by: <u>Heidi Lupinacci</u>	I, <u>Heidi Lupinacci</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 <u>Heidi Lupinacci</u> Date: <u>8/20/2020</u>	
		My term Expires: <u>June, 2022</u>	

Board Resolution Regarding Front Range BOCES FY'20 Audit Exemption

As members of the board of Front Range Board of Cooperative Educational Services, a local education agency within the state of Colorado, we affirm that:

1. The FY ' 20 financial figures provided in the Application for Exemption from Audit, prepared by Dixon, Waller & Co., Inc. on July 24, 2020, are correct
2. We as the board personally reviewed and approved this resolution and application during an open public meeting on August 20, 2020.

Board Member Name	Board Member Signature
karla Reider	DocuSigned by:  4136E73EF96C40F...
DocuSigned by:  E7C3E558CF0842E...	DocuSigned by:  E7C3E558CF0842E...
DocuSigned by:  125C0EE1E6EB458...	DocuSigned by:  125C0EE1E6EB458...
Suzanne Rougier	DocuSigned by:  7CC63A6450434F6...
Will Pierce	DocuSigned by:  EB85304278A54E1
Heidi Lupinacci	DocuSigned by:  44DE0608DC124A8 1C7083EAAFBF496...

Certificate Of Completion

Envelope Id: 9D2C327FC1F64C4F820407B93FD82E50	Status: Completed
Subject: Please DocuSign: Signed FR BOCES Audit Exemption and Resolution.pdf	
Source Envelope:	
Document Pages: 11	Signatures: 16
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AutoNav: Enabled	Envelope Originator:
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Signer Events

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Brien Hodges bhodges4@cherrycreekschools.org Security Level: Email, Account Authentication (None)	DocuSigned by:  1C7063EAAFBF496... Signature Adoption: Pre-selected Style Using IP Address: 73.3.182.152	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 2:09:02 PM Signed: 8/20/2020 2:12:40 PM Freeform Signing

Electronic Record and Signature Disclosure:
Accepted: 8/20/2020 2:09:02 PM
ID: 629dd625-2d62-4155-8844-a7ad4da826e1

Heidi Lupinacci heidi.lupinacci@ccsdre1.org Security Level: Email, Account Authentication (None)	DocuSigned by:  14DF069BDC124A8... Signature Adoption: Pre-selected Style Using IP Address: 65.154.247.50	Sent: 8/20/2020 2:04:36 PM Viewed: 8/20/2020 2:11:33 PM Signed: 8/20/2020 2:15:59 PM Freeform Signing
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Electronic Record and Signature Disclosure:
Accepted: 8/20/2020 2:11:33 PM
ID: fc1b7081-19ed-436d-b416-adb0acfe322c

Karla Reider kreider@sd27j.net Security Level: Email, Account Authentication (None)	DocuSigned by:  4136E73EF96C40F... Signature Adoption: Drawn on Device Using IP Address: 65.121.54.67	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 3:08:22 PM Signed: 8/20/2020 3:14:12 PM Freeform Signing
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Electronic Record and Signature Disclosure:
Accepted: 8/20/2020 3:08:22 PM
ID: 436cf9d8-2128-4a1a-9b98-f80d3514c1fb

Robbyn Fernandez robbyn.fernandez@bvdsd.org Security Level: Email, Account Authentication (None)	DocuSigned by:  E7C3E558CF0842E... Signature Adoption: Pre-selected Style Using IP Address: 73.34.207.83	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 2:14:44 PM Signed: 8/20/2020 2:15:33 PM Freeform Signing
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Electronic Record and Signature Disclosure:
Accepted: 8/20/2020 2:14:44 PM
ID: 8b83b5ee-a1c2-4271-8914-ed4af51440cc

Signer Events	Signature	Timestamp
Starla Pearson sjsieveke-pearson@aurorak12.org Security Level: Email, Account Authentication (None)	DocuSigned by: <i>Starla Pearson</i> 125C0EE1E9EB458... Signature Adoption: Pre-selected Style Using IP Address: 184.96.6.238	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 2:07:59 PM Signed: 8/20/2020 2:10:40 PM Freeform Signing
Electronic Record and Signature Disclosure: Accepted: 8/20/2020 2:07:59 PM ID: cde67232-e87d-4d09-b6ee-7efdc045dcac		
Suzanne Rougier smrougier@aurorak12.org Security Level: Email, Account Authentication (None)	DocuSigned by: <i>Suzanne Rougier</i> 7CC3A6450434F6... Signature Adoption: Pre-selected Style Using IP Address: 199.254.165.82	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 2:10:31 PM Signed: 8/20/2020 2:12:12 PM Freeform Signing
Electronic Record and Signature Disclosure: Accepted: 8/20/2020 2:10:31 PM ID: ec1eb88c-5d65-462a-b3cc-d32f34865252		
Will Pierce wpierce@sd27j.net Security Level: Email, Account Authentication (None)	DocuSigned by: <i>Will Pierce</i> FB65304278A54F1... Signature Adoption: Pre-selected Style Using IP Address: 65.121.54.67	Sent: 8/20/2020 2:04:35 PM Viewed: 8/20/2020 3:12:44 PM Signed: 8/20/2020 3:15:48 PM Freeform Signing
Electronic Record and Signature Disclosure: Accepted: 8/20/2020 3:12:44 PM ID: 75f0d4d6-896f-4c92-9499-0dfbe6f4c3be		
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	8/20/2020 2:04:36 PM
Certified Delivered	Security Checked	8/20/2020 3:12:44 PM
Signing Complete	Security Checked	8/20/2020 3:15:48 PM
Completed	Security Checked	8/20/2020 3:15:48 PM
Payment Events	Status	Timestamps
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