

# 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  
12/31/2019  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL  
FAX

Terri Foechterle, Executive Director  
970-739-1911  
swretac5@gmail.com

6/30/2020

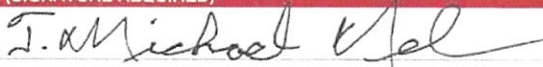
### CERTIFICATION OF PREPARER

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 ENTITY

T. Michael Nelson  
Principal  
Chadwick, Steinkirchner, Davis & Co., P.C.  
2499 Hwy. 6&50 Grand Junction, CO 81505  
970-245-3000  
5-Aug-20  
None - independent accountant.

#### PREPARER (SIGNATURE REQUIRED)



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

If Yes, date filed.

# PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

Indicate Name of Fund

NOTE: Attach additional sheets as necessary

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds	
		FUND	FUND		FUND	FUND
<b>Assets</b>				<b>Assets</b>		
1-1	Cash & Cash Equivalents	\$ 83,161	\$ -	Cash & Cash Equivalents	\$ -	\$ -
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$ -
1-3	Receivables	\$ 31,708	\$ -	Receivables	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -
1-5	All Other Assets [specify...]			Other Current Assets	\$ -	\$ -
1-6	Prepays	\$ 2,798	\$ -	Total Current Assets	\$ -	\$ -
1-7	Deposits	\$ 1,600	\$ -	Capital Assets, net (from Part 5-4)	\$ -	\$ -
1-8		\$ -	\$ -	Other Long Term Assets [specify...]	\$ -	\$ -
1-9		\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -		\$ -	\$ -
1-11	<b>(add lines 1-1 through 1-10) TOTAL ASSETS</b>	\$ 119,267	\$ -	<b>(add lines 1-1 through 1-10) TOTAL ASSETS</b>	\$ -	\$ -
1-12	<b>TOTAL DEFERRED OUTFLOWS OF RESOURCES</b>	\$ -	\$ -	<b>TOTAL DEFERRED OUTFLOWS OF RESOURCES</b>	\$ -	\$ -
1-13	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ 119,267	\$ -	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ -	\$ -
<b>Liabilities</b>				<b>Liabilities</b>		
1-14	Accounts Payable	\$ 2,577	\$ -	Accounts Payable	\$ -	\$ -
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	<b>TOTAL CURRENT LIABILITIES</b>	\$ 2,577	\$ -	<b>TOTAL CURRENT LIABILITIES</b>	\$ -	\$ -
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	<b>(add lines 1-19 through 1-27) TOTAL LIABILITIES</b>	\$ 2,577	\$ -	<b>(add lines 1-19 through 1-27) TOTAL LIABILITIES</b>	\$ -	\$ -
1-28	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$ -	\$ -	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$ -	\$ -
<b>Fund Balance</b>				<b>Net Position</b>		
1-29	Nonspendable Prepaid	\$ 4,398	\$ -	Net Investment in Capital Assets	\$ -	\$ -
1-30	Nonspendable Inventory	\$ -	\$ -		\$ -	\$ -
1-31	Restricted [specify...]	\$ -	\$ -	Emergency Reserves	\$ -	\$ -
1-32	Committed [specify...]	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -
1-33	Assigned [specify...]	\$ -	\$ -	Restricted	\$ -	\$ -
1-34	Unassigned	\$ 112,292	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -
1-35	<b>Add lines 1-30 through 1-35</b>			<b>Add lines 1-30 through 1-35</b>		
1-36	<b>This total should be the same as line 3-33</b>			<b>This total should be the same as line 3-33</b>		
1-37	<b>TOTAL FUND BALANCE</b>	\$ 116,690	\$ -	<b>TOTAL NET POSITION</b>	\$ -	\$ -
1-38	<b>Add lines 1-28, 1-29 and 1-36</b>			<b>Add lines 1-28, 1-29 and 1-36</b>		
1-39	<b>This total should be the same as line 1-13</b>			<b>This total should be the same as line 1-13</b>		
1-40	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>	\$ 119,267	\$ -	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>	\$ -	\$ -

Please use this space to provide explanation of any items on this page

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Amount	Fund	Amount	Fund	
Tax Revenue				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	\$	- \$	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	\$	235,291 \$	\$	- \$	
2-15	Donations	\$	- \$	\$	- \$	
2-16	Charges for Sales and Services	\$	- \$	\$	- \$	
2-17	Rental Income	\$	- \$	\$	- \$	
2-18	Fines and Forfeits	\$	- \$	\$	- \$	
2-19	Interest/Investment Income	\$	45 \$	\$	- \$	
2-20	Tap Fees	\$	- \$	\$	- \$	
2-21	Proceeds from Sale of Capital Assets	\$	- \$	\$	- \$	
2-22	All Other (specify: ) Cash-back rewards	\$	233 \$	\$	- \$	
2-23		\$	- \$	\$	- \$	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	235,569 \$	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$
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	\$	- \$	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	\$	235,569 \$	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	- \$
						<b>GRAND TOTALS</b>
						\$ 235,569

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/EXPENSES**

Line Item	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
	Revenue	Expense	Revenue	Expense	
Expenditures			Expenses		
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	\$ 246,190	\$ -	- 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	\$ -	\$ -	- 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	\$ -	\$ -	-	\$ -	\$ -
<b>3-22 Add lines 3-1 through 3-21</b>	<b>\$ 246,190</b>	<b>\$ -</b>	<b>3-22 Add lines 3-1 through 3-21</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 246,190</b>	<b>\$ -</b>	<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>\$ 246,190</b>
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 2-28)	\$ -	\$ -
3-27	\$ -	\$ -	- Capital Outlay (from line 3-14)	\$ -	\$ -
3-28	\$ -	\$ -	- Debt Principal (from line 3-15, 3-18)	\$ -	\$ -
<b>3-29 (Add lines 3-23 through 3-28)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>TOTAL GAAP RECONCILING ITEMS</b>	<b>\$ -</b>	<b>\$ -</b>
3-30 Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures			Net Increase (Decrease) in Net Position		
Line 2-29, less line 3-22, plus line 3-29	\$ (10,621)	\$ -	Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$ -	\$ -
3-31 Fund Balance, January 1 from December 31 prior year report	\$ 127,311	\$ -	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			Net Position, December 31		
Sum of Line 3-30, 3-31, and 3-32	\$ 116,690	\$ -	Line 3-30 plus line 3-31	\$ -	\$ -
This total should be the same as line 1-36	\$ 116,690	\$ -	- This total should be the same as line 1-36	\$ -	\$ -

**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 29-1-804, C.R.S., or contact the OSA 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
4-1	Does the entity have outstanding debt?	<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 use this space to provide any explanations or comments.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	How much?		
	Date the debt was authorized.		
4-6	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	How much?		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	What is the amount outstanding?		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
	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	\$ 83,161	
5-2	Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS			\$ 83,161
Investments (if investment is a mutual fund, please list underlying investments):			
		\$ -	
		\$ -	
		\$ -	
		\$ -	
TOTAL INVESTMENTS			\$ -
TOTAL CASH AND INVESTMENTS			\$ 83,161

Please use this space to provide any explanations or comments.

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.?	<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.)? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 29-1-506, C.R.S.? If no, MUST explain:  YES  NO

6-3

Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Beginning of the year	Additions	Disposals	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 35,352	\$ -	\$ -	\$ 35,352
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative or credit balance)	\$ (34,601)	\$ (375)	\$ -	\$ (34,976)
<b>TOTAL</b>	\$ 751	\$ (375)	\$ -	\$ 376

6-4

Complete the following Capital Assets table for PROPRIETARY FUNDS:

	Beginning of the year	Additions	Disposals	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)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\*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 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, SG, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</b>	\$ -

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
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	Please indicate the amount budgeted for each fund for the year reported:			

RETACs are not required to file budgets with the DOLG

Board Signatures Attached

Fund Name	Amount
\$	-
\$	-
\$	-
\$	-

## PART 9 - TAX PAYER'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: A - election to exempt the government from the spending limitations of TABOR does not exempt the	<input type="checkbox"/>	<input type="checkbox"/>

Not applicable - not subject to TABOR.

## PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO
10-1	Is this application for a newly formed governmental entity? If yes: Date of formation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-2	Has the entity changed its name in the past or current year? If Yes: NEW name: PRIOR name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-4	Please indicate what services the entity provides:		
10-5	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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-6	Does the entity have a certified mill levy? If yes: Please provide the number of <u>mills</u> levied for the year reported (do not enter \$ amounts):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Bond Redemption mills	0.000	
	General/Other mills	0.000	
	<b>Total mills</b>	<b>0.000</b>	

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



## 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.

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. A solely 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	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	Scott Sholes, Chair ✓	_____
2	Matthew Lindsay ✓	_____
3	David Bronson ✓	_____
4	Kimmet Holland <i>unavailable</i>	_____
5	Keith Keesling ✓	_____
6	Amy Knight ✓	_____
7	Travis McGrath <i>unavailable</i>	_____

## PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES

NO

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Print the names of **ALL** members of the governing body below.

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	Full 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, Chair	Signed <u>Scott Sholes</u> Date: _____ My term Expires: <u>9/21</u>
2	Matthew Lindsay	Signed _____ Date: _____ My term Expires: <u>9/21</u>
3	David Bronson	Signed _____ Date: _____ My term Expires: <u>6/22</u>
4	Kimmeth Holland	Signed _____ Date: _____ My term Expires: <u>9/22</u>
5	Keith Keesling	Signed _____ Date: _____ My term Expires: <u>9/22</u>
6	Amy Knight	Signed _____ Date: _____ My term Expires: <u>6/22</u>
7	Travis McGrath	Signed _____ Date: _____ My term Expires: <u>9/22</u>

## 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?



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:

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

#	Full 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	Michelle Flemmings	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: 9/20
2	Bruce Evans	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: 9/20
3	Marci Jury	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: 3/21
4	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: _____ My term Expires: 9/20
5	Mike Le Roux	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: 12/20
6	Nolan Tarkington	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: 6/23
7	Gina Sanders	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: 6/22

Signature: Scott Sholes  
Scott Sholes (Aug 26, 2020 16:13 MDT)

Email: [scott.sholes@durangofire.org](mailto:scott.sholes@durangofire.org)






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-26

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5rTrg_aTS3pTOjjCbdNwBHdbrQW9OiSN

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 3:37:27 PM GMT- IP address: 172.103.39.129
-  Document emailed to Scott Sholes (scott.sholes@durangofire.org) for signature  
2020-08-21 - 3:42:32 PM GMT
-  Email viewed by Scott Sholes (scott.sholes@durangofire.org)  
2020-08-26 - 9:52:43 PM GMT- IP address: 50.30.23.2
-  Document e-signed by Scott Sholes (scott.sholes@durangofire.org)  
Signature Date: 2020-08-26 - 10:13:05 PM GMT - Time Source: server- IP address: 50.30.23.2
-  Signed document emailed to Scott Sholes (scott.sholes@durangofire.org) and Terri Foechterle (swretac5@gmail.com)  
2020-08-26 - 10:13:05 PM GMT

## 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?

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

#### Policy - Requirements

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1	Full 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: 9/21
	Scott Sholes, Chair	
2	Full 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 <u>Matthew Lindsay</u> Date: _____ My term Expires: 9/21
	Matthew Lindsay	
3	Full 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: 6/22
	David Bronson	
4	Full 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: 9/22
	Kimmie Holland	
5	Full 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: 9/22
	Keith Keesling	
6	Full 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: 6/22
	Amy Knight	
7	Full 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: 9/22
	Travis McGrath	

## 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?

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

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#	Full 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	Michelle Flemmings	Signed _____ Date _____ My term Expires: 9/20
2	Bruce Evans	Signed _____ Date _____ My term Expires: 9/20
3	Marci Jury	Signed _____ Date _____ My term Expires: 3/21
4	Scott Anderson	Signed _____ Date _____ My term Expires: 9/20
5	Mike Le Roux	Signed _____ Date _____ My term Expires: 12/20
6	Nolan Tarkington	Signed _____ Date _____ My term Expires: 6/23
7	Gina Sanders	Signed _____ Date _____ My term Expires: 6/22

Signature: Matthew Lindsay  
Matthew Lindsay (Aug 28, 2020 12:56 MDT)

Email: ffemt02@gmail.com






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-28

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfLu3tej8EvSri2Wsf347JOGkl_nX3QUN

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 3:48:54 PM GMT- IP address: 172.103.39.129
-  Document emailed to Matthew Lindsay (ffemt02@gmail.com) for signature  
2020-08-21 - 3:50:19 PM GMT
-  Email viewed by Matthew Lindsay (ffemt02@gmail.com)  
2020-08-28 - 6:56:05 PM GMT- IP address: 66.102.6.151
-  Document e-signed by Matthew Lindsay (ffemt02@gmail.com)  
Signature Date: 2020-08-28 - 6:56:40 PM GMT - Time Source: server- IP address: 65.144.121.4
-  Signed document emailed to Matthew Lindsay (ffemt02@gmail.com) and Terri Foechterle (swretac5@gmail.com)  
2020-08-28 - 6:56:40 PM GMT

## PART 12 - GOVERNING BODY APPROVAL

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YES

NO

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	Kimmie Holland	
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	Amy Knight	
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	Travis McGrath	

## 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

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2	Bruce Evans	
3	Marci Jury	
4	Scott Anderson	
5	Mike Le Roux	
6	Nolan Tarkington	
7	Gina Sanders	

Signature:   
David Bronson (Aug 21, 2020 15:44 MDT)

Email: dave.bronson@psmedicalcenter.org






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-21

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA1a3Wrrv5uFOsf-9QsP_DMdbEI6fubmKI

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 5:08:31 PM GMT- IP address: 172.103.39.129
-  Document emailed to David Bronson (dave.bronson@psmedicalcenter.org) for signature  
2020-08-21 - 5:09:31 PM GMT
-  Email viewed by David Bronson (dave.bronson@psmedicalcenter.org)  
2020-08-21 - 6:12:14 PM GMT- IP address: 136.228.202.191
-  Document e-signed by David Bronson (dave.bronson@psmedicalcenter.org)  
Signature Date: 2020-08-21 - 9:44:02 PM GMT - Time Source: server- IP address: 136.228.202.191
-  Signed document emailed to Terri Foechterle (swretac5@gmail.com) and David Bronson (dave.bronson@psmedicalcenter.org)  
2020-08-21 - 9:44:02 PM GMT

## 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?

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1	Scott Shoales, Chair	
2	Matthew Lindsay	
3	David Bronson	
4	Kimmet Holland	
5	Keith Keesling	Signed <b>Keith Keesling</b> Date: _____ My term Expires: 9/22
6	Amy Knight	
7	Travis McGrath	

## PART 12 - GOVERNING BODY APPROVAL

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Signature: *Keith Keasling*

Email: dcem@fone.net






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-28

Created:	2020-08-28
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA6_UbVxmnYoL4SOZo5ZCUESKEG2DnRp8h

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-28 - 7:18:51 PM GMT- IP address: 172.103.39.129
-  Document emailed to Keith Keesling (dcem@fone.net) for signature  
2020-08-28 - 7:19:42 PM GMT
-  Email viewed by Keith Keesling (dcem@fone.net)  
2020-08-28 - 7:20:27 PM GMT- IP address: 66.102.6.131
-  Document e-signed by Keith Keesling (dcem@fone.net)  
Signature Date: 2020-08-28 - 8:08:20 PM GMT - Time Source: server- IP address: 206.123.196.168
-  Signed document emailed to Terri Foechterle (swretac5@gmail.com) and Keith Keesling (dcem@fone.net)  
2020-08-28 - 8:08:20 PM GMT

## 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?



### 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.
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- 1) Submit the application in hard copy via the US Mail including original signatures.
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  - a. Include a copy of an adopted resolution that documents formal approval by the Board, or
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**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	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	Scott Sholes, Chair	Signed _____ Date: _____ My term Expires: 9/21
2	Matthew Lindsay	Signed _____ Date: _____ My term Expires: 9/21
3	David Bronson	Signed _____ Date: _____ My term Expires: 6/22
4	Kimmet Holland	Signed _____ Date: _____ My term Expires: 9/22
5	Keith Keesling	Signed _____ Date: _____ My term Expires: 9/22
6	Amy Knight	Signed <b>Any Knight</b> Date: _____ My term Expires: 6/22
7	Travis McGrath	Signed _____ Date: _____ My term Expires: 9/22

## 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?



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

### Policy - Requirements

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

	Full 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	Michelle Flemmings	Signed _____ Date: _____ My term Expires: 9/20
2	Bruce Evans	Signed _____ Date: _____ My term Expires: 9/20
3	Marci Jury	Signed _____ Date: _____ My term Expires: 3/21
4	Scott Anderson	Signed _____ Date: _____ My term Expires: 9/20
5	Mike Le Roux	Signed _____ Date: _____ My term Expires: 12/20
6	Nolan Tarkington	Signed _____ Date: _____ My term Expires: 6/23
7	Gina Sanders	Signed _____ Date: _____ My term Expires: 6/22

Signature: Amy Knight  
Amy Knight (Aug 28, 2020 15:32 MDT)

Email: amyknight747@gmail.com







# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-28

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAd-MO4DThvOsSvkUkSyS7_wKYxzAdLi7Z

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 4:11:24 PM GMT- IP address: 172.103.39.129
-  Document emailed to Amy Knight (amyknight747@gmail.com) for signature  
2020-08-21 - 4:12:05 PM GMT
-  Email viewed by Amy Knight (amyknight747@gmail.com)  
2020-08-21 - 4:12:18 PM GMT- IP address: 66.102.8.103
-  Email viewed by Amy Knight (amyknight747@gmail.com)  
2020-08-28 - 9:24:28 PM GMT- IP address: 66.249.80.139
-  Document e-signed by Amy Knight (amyknight747@gmail.com)  
Signature Date: 2020-08-28 - 9:32:14 PM GMT - Time Source: server- IP address: 174.254.192.145
-  Signed document emailed to Terri Foechterle (swretac5@gmail.com) and Amy Knight (amyknight747@gmail.com)  
2020-08-28 - 9:32:14 PM GMT

## 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?

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

#### Policy - Requirements

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Print the names of **ALL** members of the governing body below.

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1	Full 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.
	Michelle Flemmings	Signed _____ Date: _____ My term Expires: 9/20
	Bruce Evans <i>Unavailable</i>	Signed _____ Date: _____ My term Expires: 9/20
	Marci Jury	Signed _____ Date: _____ My term Expires: 3/21
	Scott Anderson	Signed _____ Date: _____ My term Expires: 9/20
	Mike Le Roux	Signed _____ Date: _____ My term Expires: 12/20
	Nolan Tarkington <i>Unavailable</i>	Signed _____ Date: _____ My term Expires: 6/23
	Gina Sanders	Signed _____ Date: _____ My term Expires: 6/22

## 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

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1	Full 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.
	Michelle Flemmings	Signed: <u>Michelle Flemmings</u> Date: _____ My term Expires: <u>9/20</u>
2	Full 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.
	Bruce Evans	Signed: _____ Date: _____ My term Expires: <u>9/20</u>
3	Full 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.
	Marci Jury	Signed: _____ Date: _____ My term Expires: <u>3/21</u>
4	Full 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.
	Scott Anderson	Signed: _____ Date: _____ My term Expires: <u>9/20</u>
5	Full 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.
	Mike Le Roux	Signed: _____ Date: _____ My term Expires: <u>12/20</u>
6	Full 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.
	Nolan Tarkington	Signed: _____ Date: _____ My term Expires: <u>6/23</u>
7	Full 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.
	Gina Sanders	Signed: _____ Date: _____ My term Expires: <u>6/22</u>

Signature:   
Michelle Flemmings (Aug 21, 2020 13:05 MDT)

Email: innerdiva@me.com

# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-21

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBUCHBCAABAA1bOtwBMN_p4rnNZYp-cNjohQB1dgoJZ8C

## "SWRETAC Exemption from Audit To Sign" History

 Document created by Terri Foechterle (swretac5@gmail.com)


2020-08-21 - 4:21:15 PM GMT - IP address: 172.103.39.129

 Document emailed to Michelle Flemmings (innerdiva@me.com) for signature

2020-08-21 - 4:22:22 PM GMT

 Email viewed by Michelle Flemmings (innerdiva@me.com)

2020-08-21 - 4:23:09 PM GMT - IP address: 74.118.90.238

 Document e-signed by Michelle Flemmings (innerdiva@me.com)

Signature Date: 2020-08-21 - 7:05:37 PM GMT - Time Source: server - IP address: 74.118.90.238

 Signed document emailed to Terri Foechterle (swretac5@gmail.com) and Michelle Flemmings (innerdiva@me.com)

2020-08-21 - 7:05:37 PM GMT

## 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?



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

#### Policy - Requirements

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#	Full 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	Michelle Flemmings	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: 9/20
2	Bruce Evans	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: 9/20
3	Marci Jury	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>Mj</u> Date _____ My term Expires: 3/21
4	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 _____ My term Expires: 9/20
5	Mike Le Roux	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: 12/20
6	Nolan Tarkington	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: 6/23
7	Gina Sanders	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: 6/22

Signature:   
Marci jury (Aug 25, 2020 19:49 MDT)

Email: marci.jury@psmedicalcenter.org






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-26

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAeSAZ_ANLpLCV5_tanCmSSjyrcAL8KEV9

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 4:27:33 PM GMT- IP address: 172.103.39.129
-  Document emailed to Marci jury (marci.jury@psmedicalcenter.org) for signature  
2020-08-21 - 4:28:02 PM GMT
-  Email viewed by Marci jury (marci.jury@psmedicalcenter.org)  
2020-08-21 - 5:25:02 PM GMT- IP address: 199.116.211.10
-  Document e-signed by Marci jury (marci.jury@psmedicalcenter.org)  
Signature Date: 2020-08-26 - 1:49:03 AM GMT - Time Source: server- IP address: 64.188.179.192
-  Signed document emailed to Terri Foechterle (swretac5@gmail.com) and Marci jury (marci.jury@psmedicalcenter.org)  
2020-08-26 - 1:49:03 AM GMT

## 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?



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

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1	Full 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: 9/20
	Michelle Flemmings	
2	Full 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: 9/20
	Bruce Evans	
3	Full 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: 3/21
	Marci Jury	
4	Full 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 <u>scott anderson</u> Date: _____ My term Expires: 9/20
	Scott Anderson	
5	Full 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: 12/20
	Mike Le Roux	
6	Full 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: 6/23
	Nolan Tarkington	
7	Full 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: 6/22
	Gina Sanders	

Signature: Scott Anderson  
Scott Anderson (Aug 28, 2020 10:27 PDT)

Email: svfire1@gmail.com






# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-28

Created:	2020-08-28
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAe2-gyWjVYgaLm46esmKsV-H8IKu4DCfA

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-28 - 4:59:42 PM GMT- IP address: 172.103.39.129
-  Document emailed to Scott Anderson (svfire1@gmail.com) for signature  
2020-08-28 - 5:02:20 PM GMT
-  Email viewed by Scott Anderson (svfire1@gmail.com)  
2020-08-28 - 5:25:17 PM GMT- IP address: 66.249.80.139
-  Document e-signed by Scott Anderson (svfire1@gmail.com)  
Signature Date: 2020-08-28 - 5:27:59 PM GMT - Time Source: server- IP address: 107.77.229.92
-  Signed document emailed to Terri Foechterle (swretac5@gmail.com) and Scott Anderson (svfire1@gmail.com)  
2020-08-28 - 5:27:59 PM GMT

## 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?



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2	Bruce Evans	
3	Marci Jury	
4	Scott Anderson	
5	Mike Le Roux	Mike Le Roux
6	Nolan Tarkington	
7	Gina Sanders	

Signature:



Email: mleroux@archuletacounty.org

# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-24

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAh8rDwGaW0L24wEckootCganjawVnwd_K

## "SWRETAC Exemption from Audit To Sign" History

-  Document created by Terri Foechterle (swretac5@gmail.com)  
2020-08-21 - 4:33:21 PM GMT - IP address: 172.103.39.129
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-  Document e-signed by Mike Le Roux (mleroux@archuletaconomy.org)  
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## 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.

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 revenues 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	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  Michelle Flemmings	Signed _____ Date: _____ My term Expires: 9/20
2  Bruce Evans	Signed _____ Date: _____ My term Expires: 9/20
3  Marci Jury	Signed _____ Date: _____ My term Expires: 3/21
4  Scott Anderson	Signed _____ Date: _____ My term Expires: 9/20
5  Mike Le Roux	Signed _____ Date: _____ My term Expires: 12/20
6  Nolan Tarkington	Signed _____ Date: _____ My term Expires: 6/23
7  Gina Sanders	Signed <u>Virginia Sanders</u> Date: _____ My term Expires: 6/22

Signature: Virginia Sanders  
Virginia Sanders (Aug 28, 2020 15:39 MDT)

Email: virginiasanders@centura.org







# SWRETAC Exemption from Audit To Sign

Final Audit Report

2020-08-28

Created:	2020-08-21
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
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