

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

<p>NAME OF GOVERNMENT ADDRESS</p> <p>CONTACT PERSON</p> <p>PHONE</p> <p>EMAIL</p> <p>FAX</p>	<p>Brownsville Water & Sanitation District</p> <hr/> <hr/> <p>▶ Dick Murphy</p> <p>303-440-7592</p> <p>dickmurphy@gmail.com</p> <p>None</p>	<p>For the Year Ended 12/31/21</p> <p>or fiscal year ended:</p>
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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.

<p>NAME:</p> <p>TITLE</p> <p>FIRM NAME (if applicable)</p> <p>ADDRESS</p> <p>PHONE</p> <p>DATE PREPARED</p>	<p>Dick Murphy</p> <p>Treasurer</p> <p>Po Box 306, Lafayette, CO 80026</p> <p>303 440 7592</p> <p>3/22/22</p>
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PREPARER (SIGNATURE REQUIRED)

Dick R Murphy

<p>Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types</p>	<p>GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p>PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></p> <p style="text-align: center;"><input type="checkbox"/></p>
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PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ 5,160	
2-2	Specific ownership	\$ 0	
2-3	Sales and use	\$ 0	
2-4	Other (specify):	\$ 0	
2-5	Licenses and permits	\$ 0	
2-6	Intergovernmental: Grants	\$ 0	
2-7	Conservation Trust Funds (Lottery)	\$ 0	
2-8	Highway Users Tax Funds (HUTF)	\$ 0	
2-9	Other (specify):	\$ 0	
2-10	Charges for services	\$ 0	
2-11	Fines and forfeits	\$ 0	
2-12	Special assessments	\$ 0	
2-13	Investment income	\$ 0	
2-14	Charges for utility services	\$ 250.00	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ 0	
2-16	Lease proceeds	\$ 0	
2-17	Developer Advances received (should agree with line 4-4)	\$ 0	
2-18	Proceeds from sale of capital assets	\$ 0	
2-19	Fire and police pension	\$ 0	
2-20	Donations	\$ 0	
2-21	Other (specify):	\$ 0	
2-22		\$ 0	
2-23		\$ 0	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ -	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ 0	
3-2	Salaries	\$ 0	
3-3	Payroll taxes	\$ 0	
3-4	Contract services	\$ 0	
3-5	Employee benefits	\$ 0	
3-6	Insurance	\$ 1,400	
3-7	Accounting and legal fees	\$ 1,750	
3-8	Repair and maintenance	\$ 0	
3-9	Supplies	\$ 0	
3-10	Utilities and telephone	\$ 0	
3-11	Fire/Police	\$ 0	
3-12	Streets and highways	\$ 0	
3-13	Public health	\$ 0	
3-14	Capital outlay	\$ 0	
3-15	Utility operations	\$ 0	

3-16	Culture and recreation		\$	0	-
3-17	Debt service principal	(should agree with Part 4)	\$	0	-
3-18	Debt service interest		\$	0	-
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$	0	-
3-20	Repayment of Developer Advance Interest		\$	0	-
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	0	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	0	-
3-23	Other (specify):		\$		-
3-24			\$		-
3-25			\$		-
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES		\$		-

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;">No Debt</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;">No Debt</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4-4	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
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt? If yes: How much? \$ - Date the debt was authorized: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-6	Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	Does the entity have any lease agreements? If yes: What is being leased? _____ What is the original date of the lease? _____ Number of years of lease? _____ Is the lease subject to annual appropriation? _____ What are the annual lease payments? \$ -	<input type="checkbox"/>	<input 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	\$ 83,725.00	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 83,725.00
	Investments (if investment is a mutual fund, please list underlying investments):		
	Colostrast	\$ 75,885.00	
5-3		\$ -	

	\$	-	
Total Investments			\$ 75,885
Total Cash and Investments			\$ 83,725
Please answer the following questions by marking in the appropriate boxes			
	Yes	No	N/A
5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.

- 6-1 Does the entity have capital assets? Yes No
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain: Yes No

6-3 Complete the following capital assets table:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
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.

- 7-1 Does the entity have an "old hire" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' pension plan? Yes No
- If yes: Who administers the plan?

Indicate the contributions from:

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

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?

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.

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? Yes No N/A
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- 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:

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	5,105

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

Please answer the following question by marking in the appropriate box

9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.

If no, MUST explain:

PART 10 - GENERAL INFORMATION

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

10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date of formation: <input 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 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 type="text" value="None - [scribble]"/>		
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 type="text"/>		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date Filed: <input type="text"/>		
10-6	Does the entity have a certified Mill Levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		

Bond Redemption mills	-
General/Other mills	0.462
Total mills	-

Less than 1 mill

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 Signatures Policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

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

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
 - a. Include a copy of an adopted resolution that documents formal approval by the Board, or
 - b. Include electronic signatures obtained through a software program such as DocuSign or Echosign in accordance with the requirements noted above.

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Mike Learn	I <u>MICHAEL LEARN</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>[Signature]</u> Date: <u>3-27-22</u> My term Expires: <u>2024</u>
Board Member 2	Print Board Member's Name Dennis Morrow	I <u>Dennis Morrow</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>[Signature]</u> Date: <u>3-27-22</u> My term Expires: <u>2024</u>
Board Member 3	Print Board Member's Name Dick Murphy	I <u>Dick Murphy</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>[Signature]</u> Date: <u>3-27-22</u> My term Expires: <u>May 2022</u>
Board Member 4	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____