

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

| | |
|--------------------|---|
| NAME OF GOVERNMENT | Front Range Board of Cooperative Educational Services |
| ADDRESS | 6500 E. Arapahoe Boulder, CO 80303 |
| CONTACT PERSON | Hi Howard |
| PHONE | 720-375-5813 |
| EMAIL | c.howard@bvsd.org |
| FAX | 720-561-5039 |

For the Year Ended
12/31/2020
or fiscal year ended:

6/30/2021

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: | Gary Waller |
| TITLE | CPA |
| FIRM NAME (if applicable) | Dixon, Waller & Co., Inc. |
| ADDRESS | 164 E Main St. Trinidad, Colorado 81082 |
| PHONE | 719-846-9241 |
| DATE PREPARED | 8/19/2021 |
| RELATIONSHIP TO ENTITY | Dixon, Waller & Co., Inc. is independent as defined in 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: |
|--------------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

P

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund
NOTE: Attach additional sheets as necessary.

| 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* | |
| Assets | | | | | | | |
| 1-1 | Cash & Cash Equivalents | \$ - | \$ - | Cash & Cash Equivalents | \$ 324,220 | \$ - | |
| 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 | | \$ - | \$ - | | | | |
| 1-6 | | \$ - | \$ - | | | | |
| 1-7 | | \$ - | \$ - | Capital Assets, net (from Part 6-4) | \$ - | \$ - | |
| 1-8 | | \$ - | \$ - | Other Long Term Assets [specify...] | \$ - | \$ - | |
| 1-9 | | \$ - | \$ - | | | | |
| 1-10 | | \$ - | \$ - | | | | |
| 1-11 | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ - | \$ - | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ 324,220 | \$ - | |
| 1-12 | TOTAL DEFERRED OUTFLOWS OF RESOURCES | \$ - | \$ - | TOTAL DEFERRED OUTFLOWS OF RESOURCES | \$ - | \$ - | |
| 1-13 | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ - | \$ - | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ 324,220 | \$ - | |
| Liabilities | | | | | | | |
| 1-14 | Accounts Payable | \$ - | \$ - | Accounts Payable | \$ - | \$ - | |
| 1-15 | Accrued Payroll and Related Liabilities | \$ - | \$ - | Accrued Payroll and Related Liabilities | \$ 1,500 | \$ - | |
| 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 | \$ 1,500 | \$ - | |
| 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 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-29 | (add lines 1-19 through 1-27) TOTAL LIABILITIES | \$ - | \$ - | (add lines 1-19 through 1-27) TOTAL LIABILITIES | \$ 1,500 | \$ - | |
| 1-29 | TOTAL DEFERRED INFLOWS OF RESOURCES | \$ - | \$ - | TOTAL DEFERRED INFLOWS OF RESOURCES | \$ - | \$ - | |
| Fund Balance | | | | | | | |
| 1-30 | Nondspendable Prepaid | \$ - | \$ - | Net Investment in Capital Assets | \$ - | \$ - | |
| 1-31 | Nondspendable 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 | \$ 322,720 | \$ - | |
| 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 | \$ 322,720 | \$ - | |
| 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 | \$ 324,220 | \$ - | |

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 | | | | Tax Revenue | | | |
| 2-1 | Property (Include mills levied in Question 10-6) | \$ - | \$ - | Property (Include mills levied in Question 10-6) | \$ - | \$ - | |
| 2-2 | Specific Ownership | \$ - | \$ - | Specific Ownership | \$ - | \$ - | |
| 2-3 | Sales and Use Tax | \$ - | \$ - | Sales and Use Tax | \$ - | \$ - | |
| 2-4 | Other Tax Revenue (specify...): | \$ - | \$ - | 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 | \$ - | \$ - | Licenses and Permits | \$ - | \$ - | |
| 2-10 | Highway Users Tax Funds (HUTF) | \$ - | \$ - | Highway Users Tax Funds (HUTF) | \$ - | \$ - | |
| 2-11 | Conservation Trust Funds (Lottery) | \$ - | \$ - | Conservation Trust Funds (Lottery) | \$ - | \$ - | |
| 2-12 | Community Development Block Grant | \$ - | \$ - | Community Development Block Grant | \$ - | \$ - | |
| 2-13 | Fire & Police Pension | \$ - | \$ - | Fire & Police Pension | \$ - | \$ - | |
| 2-14 | Grants | \$ - | \$ - | Grants | \$ 181,676 | \$ - | |
| 2-15 | Donations | \$ - | \$ - | Donations | \$ - | \$ - | |
| 2-16 | Charges for Sales and Services | \$ - | \$ - | Charges for Sales and Services | \$ 155,331 | \$ - | |
| 2-17 | Rental Income | \$ - | \$ - | Rental Income | \$ - | \$ - | |
| 2-18 | Fines and Forfeits | \$ - | \$ - | Fines and Forfeits | \$ - | \$ - | |
| 2-19 | Interest/Investment Income | \$ - | \$ - | Interest/Investment Income | \$ - | \$ - | |
| 2-20 | Tap Fees | \$ - | \$ - | Tap Fees | \$ - | \$ - | |
| 2-21 | Proceeds from Sale of Capital Assets | \$ - | \$ - | Proceeds from Sale of Capital Assets | \$ - | \$ - | |
| 2-22 | All Other (specify...): | \$ - | \$ - | All Other (specify...): | \$ - | \$ - | |
| 2-23 | | \$ - | \$ - | | \$ - | \$ - | |
| 2-24 | Add lines 2-8 through 2-23 TOTAL REVENUES | \$ - | \$ - | Add lines 2-8 through 2-23 TOTAL REVENUES | \$ 337,007 | \$ - | |
| Other Financing Sources | | | | Other Financing Sources | | | |
| 2-25 | Debt Proceeds | \$ - | \$ - | Debt Proceeds | \$ - | \$ - | |
| 2-26 | Developer Advances | \$ - | \$ - | Developer Advances | \$ - | \$ - | |
| 2-27 | Other (specify...): | \$ - | \$ - | 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 | \$ - | \$ - | Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 337,007 | \$ - | GRAND TOTALS |
| | | \$ - | \$ - | | \$ 337,007 | \$ - | \$ 337,007 |

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 # | Description | Governmental Funds | | Description | Proprietary/Fiduciary Funds | | Please use this space to provide explanation of any items on this page |
|--------|--|--------------------|-------|--|-----------------------------|---------|--|
| | | Fund* | Fund* | | Fund* | Fund* | |
| 3-1 | General Government | \$ | - | General Operating & Administrative | \$ | - | |
| 3-2 | Judicial | \$ | - | Salaries | \$ | 127,588 | |
| 3-3 | Law Enforcement | \$ | - | Payroll Taxes | \$ | 28,518 | |
| 3-4 | Fire | \$ | - | Contract Services | \$ | 68,208 | |
| 3-5 | Highways & Streets | \$ | - | Employee Benefits | \$ | - | |
| 3-6 | Solid Waste | \$ | - | Insurance | \$ | 1,870 | |
| 3-7 | Contributions to Fire & Police Pension Assoc. | \$ | - | Accounting and Legal Fees | \$ | - | |
| 3-8 | Health | \$ | - | Repair and Maintenance | \$ | - | |
| 3-9 | Culture and Recreation | \$ | - | Supplies | \$ | 53,542 | |
| 3-10 | Transfers to other districts | \$ | - | Utilities | \$ | - | |
| 3-11 | Other (specify...): | \$ | - | Contributions to Fire & Police Pension Assoc. | \$ | - | |
| 3-12 | | \$ | - | Other (specify...Misc) | \$ | 119 | |
| 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 | \$ | 279,855 | GRAND TOTAL \$ 279,855 |
| 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 | \$ | 57,152 | |
| 3-31 | Fund Balance, January 1 from December 31 prior year report | \$ | - | Net Position, January 1 from December 31 prior year report | \$ | 285,568 | |
| 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. | \$ | 322,720 | |

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 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

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? \$ -
- 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 | \$ 324,220 | |
| 5-2 Certificates of deposit | \$ - | |
| TOTAL CASH DEPOSITS | | \$ 324,220 |
| Investments (if investment is a mutual fund, please list underlying investments): | | |
| 5-3 | \$ - | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| TOTAL INVESTMENTS | | \$ - |
| TOTAL CASH AND INVESTMENTS | | \$ 324,220 |

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? YES NO

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? \$ -

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box

| | YES | NO | N/A | |
|--|-------------------------------------|--------------------------|--------------------------|--|
| 8-1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please use this space to provide any explanations or comments: |
| 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: | | | | |
| 8-2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | | | | |

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

| Fund Name | Budgeted Expenditures/Expenses |
|----------------------------------|--------------------------------|
| Front Range BOCES Operating Fund | \$ 371,661 |
| | \$ - |
| | \$ - |
| | \$ - |

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

| | YES | NO | |
|--|-------------------------------------|--------------------------|--|
| 9-1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? 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 | |
|--|-------------------------------------|-------------------------------------|--|
| 10-1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Is this application for a newly formed governmental entity? | | | |
| If yes: Date of formation: <input type="text"/> | | | |
| 10-2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Has the entity changed its name in the past or current year? | | | |
| If Yes: NEW name <input type="text"/> | | | |
| PRIOR name <input type="text"/> | | | |
| 10-3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Is the entity a metropolitan district? | | | |
| 10-4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Please indicate what services the entity provides: <input type="text"/> | | | |
| 10-5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Please use this space to provide any explanations or comments: |
| 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="text"/> | | | |
| Boulder Valley School District - Administration and Financial Services | | | |
| 10-6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| Does the entity have a certified mill levy? | | | |
| 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:

Board Resolution Regarding Front Range BOCES FY'21 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' 21 financial figures provided in the Application for Exemption from Audit, prepared by Dixon, Waller & Co., Inc. are correct
2. We as the board personally reviewed and approved this resolution and application during an open public meeting on August 19, 2021.

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.
 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:
 Submit the application in hard copy via the US Mail including original signatures.
 Submit the application electronically via email and either,
 Include a copy of an adopted resolution that documents formal approval by the Board, or
 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. | |
|---|------------------|---|---|
| 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: _____ |
| | Robbyn Fernandez | | Signed: <i>[Signature]</i> Date: 8/31/21 My term Expires: 5/22 |
| | Jeff Fugita | | Signed: _____ Date: _____ My term Expires: 5/23 |
| | Brien Hodges | | Signed: _____ Date: _____ My term Expires: 5/22 |
| | Heidi Lupinacci | | Signed: _____ Date: _____ My term Expires: 5/23 |
| | Erica Mason | | Signed: _____ Date: _____ My term Expires: 5/23 |
| | Samantha Messier | | Signed: _____ Date: _____ My term Expires: 5/23 |
| | Starla Pearson | | Signed: _____ Date: _____ My term Expires: 5/22 |

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

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 29-1-504 (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 29-1-904, 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.

| | | |
|---|-------------------------------|---|
| 1 | Full Name Robbyn Fernandez | 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: 5/22 |
| 2 | Full Name Jef Fugita | I, <u>Jef Fugita</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>Aug 2021</u> My term Expires: <u>5/23</u> |
| 3 | Full Name Brien Hodges | 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: 5/22 |
| 4 | Full Name Heidi Lupinacci | 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: 5/23 |
| 5 | Full Name Erica Mason | 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: 5/23 |
| 6 | Full Name Samantha Messier | 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: 5/23 |
| 7 | Full Name Starla Pearson | 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: 8/22 |

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

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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 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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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 | Signature | Date |
|---|------------------|--------------------|---------|
| 1 | Robbyn Fernandez | <i>[Signature]</i> | 5/22 |
| 2 | Jef Fugita | <i>[Signature]</i> | 5/23 |
| 3 | Brien Hodges | <i>[Signature]</i> | 8/30/21 |
| 4 | Heidi Lupinacci | <i>[Signature]</i> | 5/23 |
| 5 | Erica Mason | <i>[Signature]</i> | 5/23 |
| 6 | Samantha Messier | <i>[Signature]</i> | 5/23 |
| 7 | Starla Pearson | <i>[Signature]</i> | 8/22 |

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

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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. |
|---|------------------|---|
| 1 | Robbyn Fernandez | Signed _____ Date: _____ My term Expires: 5/22 |
| 2 | Jef Fugita | Signed _____ Date: _____ My term Expires: 5/23 |
| 3 | Brien Hodges | Signed _____ Date: _____ My term Expires: 5/22 |
| 4 | Heidi Lupinacci | Signed Heidi Lupinacci Date: 8/31/21 My term Expires: 5/23 |
| 5 | Erica Mason | Signed _____ Date: _____ My term Expires: 5/23 |
| 6 | Samantha Messier | Signed _____ Date: _____ My term Expires: 5/23 |
| 7 | Starla Pearson | Signed _____ Date: _____ My term Expires: 8/22 |

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES NO

2-1 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 | Robbyn Fernandez | Signed _____ Date: _____ My term Expires: 5/22 |
| 2 | Jef Fugita | Signed _____ Date: _____ My term Expires: 5/23 |
| 3 | Brien Hodges | Signed _____ Date: _____ My term Expires: 5/22 |
| 4 | Heidi Lupinacci | Signed _____ Date: _____ My term Expires: 5/23 |
| 5 | Erica Mason | Signed _____ Date: 8/31/21 My term Expires: 5/23 |
| 6 | Samantha Messier | Signed _____ Date: _____ My term Expires: 5/23 |
| 7 | Starla Pearson | Signed _____ Date: _____ My term Expires: 8/22 |

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES NO

2-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

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| 2 | Jef Fugita | Signed _____ Date: _____ My term Expires: 5/25 |
| 3 | Brien Hodges | Signed _____ Date: _____ My term Expires: 5/22 |
| 4 | Heidi Lupinacci | Signed _____ Date: _____ My term Expires: 5/23 |
| 5 | Erica Mason | Signed _____ Date: _____ My term Expires: 5/23 |
| 6 | Samantha Messier | Signed _____ Date: _____ My term Expires: 5/23 |
| 7 | Starla Pearson | Signed Starla Pearson Date: _____ My term Expires: 5/22 |

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

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|---|---------------|--|
| | Will Pierce | I, Will Pierce, 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: [Signature] Date: 8/30/21 My term Expires: 5/23 |
| | Karla Reider | I, Karla Reider, 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: [Signature] Date: 8/30/21 My term Expires: 5/22 |
| | Matt Schwartz | 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: 5/22 |
| | | 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: _____ |
| | | 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: _____ |
| | | 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: _____ |
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PART 12 - GOVERNING BODY APPROVAL

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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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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 | Will Pierce | 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: 5/23 |
| 2 | Karlan Reider | 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: 5/23 |
| 3 | Matt Schwartz | I, Matt Schwartz, 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: 8/30/21 My term Expires: 5/22 |
| 4 | | 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 | | 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 | | 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: _____ |
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