

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT
ADDRESS

Southwest Regional Emergency Medical & Trauma Advisory Council
61661 Grand View Ct
Montrose, CO 81401

For the Year Ended
12/31/2021
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX

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

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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED
RELATIONSHIP TO ENTITY

Lisa Hemann
Principal
Chadwick, Steinkirchner, Davis & Co., P.C.
2499 Hwy. 6&50 Grand Junction, CO 81505
970-245-3000
27-Dec-21
None - independent accountant.

PREPARER (SIGNATURE REQUIRED)

See accompanying compilation report.

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		Please use this space to provide explanation of any items on this page
		General Fund	Fund*		Fund*	Fund*	
Assets				Assets			
1-1	Cash & Cash Equivalents	143,773.27	\$ -	Cash & Cash Equivalents	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$ -	
1-3	Receivables	12,500.00	\$ -	Receivables	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -	
1-5	Property Tax Receivable	\$ -	\$ -	Other Current Assets [specify...]	\$ -	\$ -	
	All Other Assets [specify...]						
1-6		\$ -	\$ -		\$ -	\$ -	
1-7		\$ -	\$ -	Total Current Assets	\$ -	\$ -	
1-8		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$ -	
1-9		\$ -	\$ -	Other Long Term Assets [specify...]	\$ -	\$ -	
1-10		\$ -	\$ -		\$ -	\$ -	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 156,273	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$ -	
Deferred Outflows of Resources				Deferred Outflows of Resources			
1-12	[specify...]	\$ -	\$ -	[specify...]	\$ -	\$ -	
1-13	[specify...]	\$ -	\$ -	[specify...]	\$ -	\$ -	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ -	\$ -	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ -	\$ -	
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 156,273	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$ -	
Liabilities				Liabilities			
1-16	Accounts Payable	25,247.14	\$ -	Accounts Payable	\$ -	\$ -	
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -	
1-18	Unearned Property Tax Revenue	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -	
1-19	Due to Other Entities or Funds	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$ -	
1-20	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -	
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 25,247	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ -	\$ -	
1-22	All Other Liabilities [specify...]	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -	
1-23		\$ -	\$ -	Other Liabilities [specify...]	\$ -	\$ -	
1-24		\$ -	\$ -		\$ -	\$ -	
1-25		\$ -	\$ -		\$ -	\$ -	
1-26		\$ -	\$ -		\$ -	\$ -	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 25,247	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ -	\$ -	
Deferred Inflows of Resources				Deferred Inflows of Resources			
1-28	Deferred Property Taxes	\$ -	\$ -	Pension Related	\$ -	\$ -	
1-29	Other [specify...]	\$ -	\$ -	Other [specify...]	\$ -	\$ -	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	\$ -	
Fund Balance				Net Position			
1-31	Nonspendable Prepaid	\$ -	\$ -	Net Investment in Capital Assets	\$ -	\$ -	
1-32	Nonspendable Inventory	\$ -	\$ -				
1-33	Restricted [specify...]	\$ -	\$ -	Emergency Reserves	\$ -	\$ -	
1-34	Committed [specify...]	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -	
1-35	Assigned [specify...]	\$ -	\$ -	Restricted	\$ -	\$ -	
1-36	Unassigned:	131,026.13	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	
1-37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ 131,026	\$ -	TOTAL NET POSITION	\$ -	\$ -	
1-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 156,273	\$ -	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ -	\$ -	

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
		General 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	\$ -	\$ -	Add lines 2-1 through 2-7	\$ -	\$ -	
	TOTAL TAX REVENUE	\$ -	\$ -	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	217,514.84	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	26.40	\$ -	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	\$ 217,541	\$ -	Add lines 2-8 through 2-23	\$ -	\$ -	
	TOTAL REVENUES	\$ 217,541	\$ -	TOTAL REVENUES	\$ -	\$ -	
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	\$ -	\$ -	Add lines 2-25 through 2-27	\$ -	\$ -	
	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28	\$ 217,541	\$ -	Add lines 2-24 and 2-28	\$ -	\$ -	
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 217,541	\$ -	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 217,541

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
		General Fund	Fund*		Fund*	Fund*	
	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	203,205.06	\$ -	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 (should match amount in 4-4)	\$ -	\$ -	Principal (should match amount in 4-4)	\$ -	\$ -	
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	\$ 203,205	\$ -	Add lines 3-1 through 3-21	\$ -	\$ -	
	TOTAL EXPENDITURES			TOTAL EXPENSES			GRAND TOTAL
3-23	Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -	\$ 203,205
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)	\$ -	\$ -	
3-29	(Add lines 3-23 through 3-28)			(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS	\$ -	\$ -	
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, less line 3-29	\$ 14,336	\$ -	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ -	\$ -	
3-31	Fund Balance, July 1 from June 30 prior year report	116,690.00	\$ -	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 Lines 3-30, 3-31, and 3-32			Sum of Lines 3-30, 3-31, and 3-32			
	This total should be the same as line 1-37.	\$ 131,026	\$ -	This total should be the same as line 1-37.	\$ -	\$ -	

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 [Section 29-1-605(2) C.R.S.]? 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	143,773.27	
5-2	Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS			\$ 143,773
Investments (if investment is a mutual fund, please list underlying investments):			
		\$ -	
		\$ -	
		\$ -	
		\$ -	
TOTAL INVESTMENTS			\$ -
TOTAL CASH AND INVESTMENTS			\$ 143,773

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6-3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:				
		Balance - beginning of the year ¹	Additions ²	Deletions	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)		\$ (34,976)	\$ (376)	\$ -	\$ (35,352)
TOTAL		\$ 376	\$ (376)	\$ -	\$ 0
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:				
		Balance - beginning of the year ³	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		\$ -	\$ -	\$ -	\$ -

¹ Must agree to prior year-end balance
² Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

PART 7 - PENSION INFORMATION

*		YES	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7-2	Does the entity have a volunteer firefighters' pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	Who administers the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	Please use this space to provide any explanations or comments:
8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RETACs are not required to file budgets with the DOLG.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Please indicate the amount appropriated for each fund separately for the year reported				
Governmental/Proprietary Fund Name	Total Appropriations By Fund			
	\$	-		
	\$	-		
	\$	-		
	\$	-		

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

Please answer the following question by marking in the appropriate box	YES	NO	Please use this space to provide any explanations or comments:
9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? <small>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.</small>	<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	Please use this space to provide any explanations or comments:						
10-1 Is this application for a newly formed governmental entity? If yes: Date of formation: <input style="width: 150px; height: 30px;" type="text"/>	<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 <input style="width: 350px; height: 25px;" type="text"/> PRIOR name <input style="width: 350px; height: 25px;" type="text"/>	<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: <input style="width: 400px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
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 style="width: 400px; height: 25px;" type="text"/>	<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"/>							
<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Bond Redemption mills</td> <td style="border-bottom: 1px solid black; width: 50px; text-align: right;">0.000</td> </tr> <tr> <td>General/Other mills</td> <td style="border-bottom: 1px solid black; text-align: right;">0.000</td> </tr> <tr> <td style="background-color: #0056b3; color: white; padding: 2px;">Total mills</td> <td style="border-bottom: 1px solid black; text-align: right; background-color: #0056b3; color: white;">0.000</td> </tr> </table>	Bond Redemption mills	0.000	General/Other mills	0.000	Total mills	0.000			
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.

OSA USE ONLY

Entity Wide:		General Fund		Governmental Funds		Notes		
Unrestricted Cash & Investments	\$	143,773	Unrestricted Fund Balance	\$	131,026	Total Tax Revenue	\$	-
Current Liabilities	\$	25,247	Total Fund Balance	\$	131,026	Revenue Paying Debt Service	\$	-
Deferred Inflow	\$	-	PY Fund Balance	\$	116,690	Total Revenue	\$	217,541
			Total Revenue	\$	217,541	Total Debt Service Principal	\$	-
			Total Expenditures	\$	203,205	Total Debt Service Interest	\$	-
			Interfund In	\$	-			
Governmental			Interfund Out	\$	-	Enterprise Funds		
Total Cash & Investments	\$	143,773	- Proprietary			Net Position	\$	-
Transfers In	\$		- Current Assets	\$		- PY Net Position	\$	-
Transfers Out	\$		- Deferred Outflow	\$		- Government-Wide		
Property Tax	\$		- Current Liabilities	\$		- Total Outstanding Debt	\$	-
Debt Service Principal	\$		Deferred Inflow	\$		- Authorized but Unissued	\$	-
Total Expenditures	\$	203,205	- Cash & Investments	\$		- Year Authorized		1/0/1900
Total Developer Advances	\$		- Principal Expense	\$				
Total Developer Repayments	\$							

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:

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

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional sheets 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, <u>Scott Sholes</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>Scott Sholes</u> Date: <u>2/2/22</u> My term Expires: <u>9/24</u>
2	Full Name	I, <u>Matt Lindsay</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>Matthew Lindsay</u> Date: <u>2/2/2022</u> My term Expires: <u>6/23</u>
3	Full Name	I, <u>Keith Keesling</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 _____ Date: _____ My term Expires: <u>9/22</u>
4	Full Name	I, <u>Tyler George</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 _____ Date: _____ My term Expires: <u>9/22</u>
5	Full Name	I, <u>Amy Knight</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 _____ Date: _____ My term Expires: <u>6/22</u>
6	Full Name	I, <u>Mike Le Roux</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 _____ Date: _____ My term Expires: <u>12/23</u>
7	Full Name	I, <u>Bruce Evans</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 _____ 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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- 2) Submit the application electronically via email and either,
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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.

1	Full Name	I, <u>Brigid O'Holleran</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 _____ Date: _____ My term Expires: 9/22
2	Full Name	I, <u>Michelle Flemmings</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 _____ Date: _____ My term Expires: 9/23
3	Full Name	I, <u>Travis McGrath</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 _____ Date: _____ My term Expires: 9/22
4	Full Name	I, <u>Virginia Sanders</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 _____ Date: _____ My term Expires: 6/22
5	Full Name	I, <u>Scott Anderson</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 _____ Date: _____ My term Expires: 9/23
6	Full Name	I, <u>Mary Fox</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 _____ Date: _____ My term Expires: 3/24
7	Full Name	I, <u>Nolan Tarkington</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 _____ Date: _____ My term Expires: 6/22

Signature: Scott Sholes
Scott Sholes (Feb 2, 2022 15:02 MST)

Email: scott.sholes@durangofire.org

Signature: Matthew Lindsay
Matthew Lindsay (Feb 2, 2022 15:11 MST)

Email: mlindsay@swhealth.org

Signature:

Email: dcem@fone.ne

Application for Exemption from Audit

Interim Agreement Report










2022-02-03

Created:	2022-02-02
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Out for Signature
Transaction ID:	CBJCHBCAABAAUSTQpfE6jhaDUn7sJZE32UTgHZa8y_dT

Agreement History

Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.

"Application for Exemption from Audit" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-02 - 9:14:44 PM GMT- IP address: 209.206.73.196
-  Document emailed to Scott Sholes (scott.sholes@durangofire.org) for signature
2022-02-02 - 9:17:02 PM GMT
-  Email viewed by Scott Sholes (scott.sholes@durangofire.org)
2022-02-02 - 9:59:08 PM GMT- IP address: 50.30.23.2
-  Document e-signed by Scott Sholes (scott.sholes@durangofire.org)
Signature Date: 2022-02-02 - 10:02:57 PM GMT - Time Source: server- IP address: 50.30.23.2
-  Document emailed to Matthew Lindsay (mlindsay@swhealth.org) for signature
2022-02-02 - 10:02:58 PM GMT
-  Email viewed by Matthew Lindsay (mlindsay@swhealth.org)
2022-02-02 - 10:10:21 PM GMT- IP address: 65.144.121.4
-  Document e-signed by Matthew Lindsay (mlindsay@swhealth.org)
Signature Date: 2022-02-02 - 10:11:07 PM GMT - Time Source: server- IP address: 65.144.121.4
-  Document emailed to dcem@fone.ne for signature
2022-02-02 - 10:11:09 PM GMT
-  Email sent to dcem@fone.ne bounced and could not be delivered
2022-02-02 - 10:11:16 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.

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

1	Full Name	Signature	Date
	Scott Sholes	I, <u>Scott Sholes</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 _____ My term Expires: <u>9/24</u>	_____
	Matt Lindsay	I, <u>Matt Lindsay</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 _____ My term Expires: <u>6/23</u>	_____
	Keith Keesling	I, <u>Keith Keesling</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>K</u> _____ My term Expires: <u>9/22</u>	<u>02/02/2022</u>
	Tyler George	I, <u>Tyler George</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 _____ My term Expires: <u>9/22</u>	_____
	Amy Knight	I, <u>Amy Knight</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 _____ My term Expires: <u>6/22</u>	_____
	Mike Le Roux	I, <u>Mike Le Roux</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 _____ My term Expires: <u>12/23</u>	_____
	Bruce Evans	I, <u>Bruce Evans</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 _____ 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

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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	Brigid O'Holleran	I, <u>Brigid O'Holleran</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 _____ Date: _____ My term Expires: 9/22
2	Michelle Flemmings	I, <u>Michelle Flemmings</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 _____ Date: _____ My term Expires: 9/23
3	Travis McGrath	I, <u>Travis McGrath</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 _____ Date: _____ My term Expires: 9/22
4	Virginia Sanders	I, <u>Virginia Sanders</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 _____ Date: _____ My term Expires: 6/22
5	Scott Anderson	I, <u>Scott Anderson</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 _____ Date: _____ My term Expires: 9/23
6	Mary Fox	I, <u>Mary Fox</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 _____ Date: _____ My term Expires: 3/24
7	Nolan Tarkington	I, <u>Nolan Tarkington</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 _____ Date: _____ My term Expires: 6/22

Signature: 
Keith Keesling (Feb 3, 2022 14:04 MST)

Email: dcem@fone.net






Application for Exemption from Audit for Signature

Final Audit Report

2022-02-03

Created:	2022-02-02
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMPBM1FH0B-6WH6r1_WXOA9IXeFTy5KTF

"Application for Exemption from Audit for Signature" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-02 - 10:19:01 PM GMT- IP address: 209.206.73.196
-  Document emailed to Keith Keesling (dcem@fone.net) for signature
2022-02-02 - 10:19:37 PM GMT
-  Email viewed by Keith Keesling (dcem@fone.net)
2022-02-02 - 10:20:36 PM GMT- IP address: 74.125.212.195
-  Document e-signed by Keith Keesling (dcem@fone.net)
Signature Date: 2022-02-03 - 9:04:56 PM GMT - Time Source: server- IP address: 209.203.144.2
-  Agreement completed.
2022-02-03 - 9:04:56 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.

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

	Full Name	
1	Scott Sholes	I, <u>Scott Sholes</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 _____ Date: _____ My term Expires: 9/24
2	Matt Lindsay	I, <u>Matt Lindsay</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 _____ Date: _____ My term Expires: 6/23
3	Keith Keesling	I, <u>Keith Keesling</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 _____ Date: _____ My term Expires: 9/22
4	Tyler George	I, <u>Tyler George</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>Tyler George</u> Date: <u>02/03/2022</u> My term Expires: 9/22
5	Amy Knight	I, <u>Amy Knight</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 _____ Date: _____ My term Expires: 6/22
6	Mike Le Roux	I, <u>Mike Le Roux</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 _____ Date: _____ My term Expires: 12/23
7	Bruce Evans	I, <u>Bruce Evans</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 _____ Date: _____ My term Expires: 9/22

tg

Signature: Tyler George
Tyler George (Feb 3, 2022 08:18 MST)

Email: tyler.george@silvertonrescue.org

Signature:

Email: amyknight747@gmail.co

Signature:

Email: mleroux@archuletacounty.org

Application for Exemption from Audit for Signature

Interim Agreement Report






2022-02-05

Created:	2022-02-02
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Out for Signature
Transaction ID:	CBJCHBCAABAAQ6Ys1UTdrrroFeF7d-h7i733o-EZjLE11

Agreement History

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"Application for Exemption from Audit for Signature" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-02 - 9:29:08 PM GMT - IP address: 209.206.73.196
-  Document emailed to Tyler George (tyler.george@silvertonrescue.org) for signature
2022-02-02 - 9:30:48 PM GMT
-  Email viewed by Tyler George (tyler.george@silvertonrescue.org)
2022-02-03 - 3:17:17 PM GMT - IP address: 74.125.212.199
-  Document e-signed by Tyler George (tyler.george@silvertonrescue.org)
Signature Date: 2022-02-03 - 3:18:25 PM GMT - Time Source: server- IP address: 184.96.193.36
-  Document emailed to amyknight747@gmail.co for signature
2022-02-03 - 3:18:26 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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Policy - Requirements

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6	Mike Le Roux	I, <u>Mike Le Roux</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 _____ Date: _____ My term Expires: <u>12/23</u>
7	Bruce Evans	I, <u>Bruce Evans</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>Bruce Evans</u> Date: <u>02/04/2022</u> 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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	Brigid O'Holleran	I, <u>Brigid O'Holleran</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 _____ Date: _____ My term Expires: 9/22
2	Michelle Flemmings	I, <u>Michelle Flemmings</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 _____ Date: _____ My term Expires: 9/23
3	Travis McGrath	I, <u>Travis McGrath</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 _____ Date: _____ My term Expires: 9/22
4	Virginia Sanders	I, <u>Virginia Sanders</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 _____ Date: _____ My term Expires: 6/22
5	Scott Anderson	I, <u>Scott Anderson</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 _____ Date: _____ My term Expires: 9/23
6	Mary Fox	I, <u>Mary Fox</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 _____ Date: _____ My term Expires: 3/24
7	Nolan Tarkington	I, <u>Nolan Tarkington</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 _____ Date: _____ My term Expires: 6/22

Signature: *Bruce Evans*

Email: bevens@upperpinefpd.org






SWRETAC Application for Exemption (1)

Final Audit Report

2022-02-04

Created:	2022-02-04
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAtL8vymmyiweE9qfJzSPj9kZgSZA6cHC

"SWRETAC Application for Exemption (1)" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-04 - 7:41:24 PM GMT- IP address: 209.206.73.196
-  Document emailed to Bruce Evans (bevans@upperpinefpd.org) for signature
2022-02-04 - 7:42:06 PM GMT
-  Email viewed by Bruce Evans (bevans@upperpinefpd.org)
2022-02-04 - 7:54:02 PM GMT- IP address: 72.249.237.138
-  Document e-signed by Bruce Evans (bevans@upperpinefpd.org)
Signature Date: 2022-02-04 - 11:24:37 PM GMT - Time Source: server- IP address: 72.249.237.138
-  Agreement completed.
2022-02-04 - 11:24:37 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

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

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

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

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

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

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

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

1	Full Name	I, <u>Brigid O'Holleran</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 _____ Date: _____ My term Expires: 9/22
2	Michelle Flemmings	I, <u>Michelle Flemmings</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>Michelle Flemmings</u> Date: <u>2/4/22</u> My term Expires: 9/23
3	Travis McGrath	I, <u>Travis McGrath</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 _____ Date: _____ My term Expires: 9/22
4	Virginia Sanders	I, <u>Virginia Sanders</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 _____ Date: _____ My term Expires: 6/22
5	Scott Anderson	I, <u>Scott Anderson</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 _____ Date: _____ My term Expires: 9/23
6	Mary Fox	I, <u>Mary Fox</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 _____ Date: _____ My term Expires: 3/24
7	Nolan Tarkington	I, <u>Nolan Tarkington</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 _____ Date: _____ My term Expires: 6/22

Signature:  Michelle Flemmings (Feb 4, 2022 16:23 MST)

Email: innerdiva@me.com






SWRETAC Application for Exemption (1)

Final Audit Report

2022-02-04

Created:	2022-02-04
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuM8Nt9LIXAC3BvaKqR4CNeuEyQo4n8cs

"SWRETAC Application for Exemption (1)" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-04 - 7:39:00 PM GMT- IP address: 209.206.73.196
-  Document emailed to Michelle Flemmings (innerdiva@me.com) for signature
2022-02-04 - 7:39:57 PM GMT
-  Email viewed by Michelle Flemmings (innerdiva@me.com)
2022-02-04 - 8:27:17 PM GMT- IP address: 172.225.198.123
-  Document e-signed by Michelle Flemmings (innerdiva@me.com)
Signature Date: 2022-02-04 - 11:23:32 PM GMT - Time Source: server- IP address: 143.131.12.174
-  Agreement completed.
2022-02-04 - 11:23:32 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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 - 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.

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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.

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: _____
	Brigid O'Holleran	I, <u>Brigid O'Holleran</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 _____ My term Expires: 9/22	Date: _____
	Michelle Flemmings	I, <u>Michelle Flemmings</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 _____ My term Expires: 9/23	Date: _____
	Travis McGrath	I, <u>Travis McGrath</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>Travis McGrath</u> My term Expires: 9/22	Date: <u>2/3/22</u>
	Virginia Sanders	I, <u>Virginia Sanders</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>Virginia Sanders</u> My term Expires: 6/22	Date: <u>Virginia Sanders</u>
	Scott Anderson	I, <u>Scott Anderson</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>scott anderson</u> My term Expires: 9/23	Date: <u>2/3/22</u>
	Mary Fox	I, <u>Mary Fox</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 _____ My term Expires: 3/24	Date: _____
	Nolan Tarkington	I, <u>Nolan Tarkington</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 _____ My term Expires: 6/22	Date: _____

Signature: Travis McGrath
Travis McGrath (Feb 3, 2022 07:26 MST)

Email: travismcgrath@centura.org

Signature: Virginia Sanders
Virginia Sanders (Feb 3, 2022 09:41 MST)

Email: virginiasanders@centura.org

Signature: Scott Anderson
Scott Anderson (Feb 3, 2022 13:09 MST)

Email: sanderson@swhealth.org












Application for Exemption for Signatures

Final Audit Report

2022-02-03

Created:	2022-02-02
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAzy75E2wsQltcjrpv72R1tfPsjCmYgeTV

"Application for Exemption for Signatures" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-02 - 9:48:44 PM GMT- IP address: 209.206.73.196
-  Document emailed to Travis McGrath (travismcgrath@centura.org) for signature
2022-02-02 - 9:49:59 PM GMT
-  Email viewed by Travis McGrath (travismcgrath@centura.org)
2022-02-03 - 2:23:23 PM GMT- IP address: 119.13.206.98
-  Document e-signed by Travis McGrath (travismcgrath@centura.org)
Signature Date: 2022-02-03 - 2:26:43 PM GMT - Time Source: server- IP address: 66.97.162.10
-  Document emailed to Virginia Sanders (virginiasanders@centura.org) for signature
2022-02-03 - 2:26:44 PM GMT
-  Email viewed by Virginia Sanders (virginiasanders@centura.org)
2022-02-03 - 4:38:18 PM GMT- IP address: 119.13.212.72
-  Document e-signed by Virginia Sanders (virginiasanders@centura.org)
Signature Date: 2022-02-03 - 4:41:32 PM GMT - Time Source: server- IP address: 66.97.162.10
-  Document emailed to Scott Anderson (sanderson@swhealth.org) for signature
2022-02-03 - 4:41:34 PM GMT
-  Email viewed by Scott Anderson (sanderson@swhealth.org)
2022-02-03 - 4:46:41 PM GMT- IP address: 166.137.163.25
-  Document e-signed by Scott Anderson (sanderson@swhealth.org)
Signature Date: 2022-02-03 - 8:09:36 PM GMT - Time Source: server- IP address: 166.137.163.15
-  Agreement completed.
2022-02-03 - 8:09:36 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

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- 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.

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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	Brigid O'Holleran	I, <u>Brigid O'Holleran</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 _____ Date: _____ My term Expires: 9/22
2	Michelle Flemmings	I, <u>Michelle Flemmings</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 _____ Date: _____ My term Expires: 9/23
3	Travis McGrath	I, <u>Travis McGrath</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 _____ Date: _____ My term Expires: 9/22
4	Virginia Sanders	I, <u>Virginia Sanders</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 _____ Date: _____ My term Expires: 6/22
5	Scott Anderson	I, <u>Scott Anderson</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 _____ Date: _____ My term Expires: 9/23
6	Mary Fox	I, <u>Mary Fox</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>Mary Fox</u> Date: <u>2/2/2022</u> My term Expires: 3/24
7	Nolan Tarkington	I, <u>Nolan Tarkington</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>Nolan Tarkington</u> Date: <u>2/22/2022</u> My term Expires: 6/22

Signature: Memi Fox
Memi Fox (Feb 2, 2022 15:20 MST)

Email: mary.fox@psmedicalcenter.org

Signature: [Handwritten Signature]

Email: ntarkington@animassurgical.com









Application for Exemption from Audit

Final Audit Report

2022-02-02

Created:	2022-02-02
By:	Terri Foechterle (swretac5@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_3XJU3RQZAvEBJdtmLiQQSCpp6EDIVcG

"Application for Exemption from Audit" History

-  Document created by Terri Foechterle (swretac5@gmail.com)
2022-02-02 - 9:55:33 PM GMT- IP address: 209.206.73.196
-  Document emailed to Memi Fox (mary.fox@psmedicalcenter.org) for signature
2022-02-02 - 9:56:29 PM GMT
-  Email viewed by Memi Fox (mary.fox@psmedicalcenter.org)
2022-02-02 - 10:07:00 PM GMT- IP address: 13.52.61.199
-  Document e-signed by Memi Fox (mary.fox@psmedicalcenter.org)
Signature Date: 2022-02-02 - 10:20:47 PM GMT - Time Source: server- IP address: 199.116.211.2
-  Document emailed to Nolan Tarkington (ntarkington@animassurgical.com) for signature
2022-02-02 - 10:20:49 PM GMT
-  Email viewed by Nolan Tarkington (ntarkington@animassurgical.com)
2022-02-02 - 10:21:58 PM GMT- IP address: 206.123.207.82
-  Document e-signed by Nolan Tarkington (ntarkington@animassurgical.com)
Signature Date: 2022-02-02 - 10:25:48 PM GMT - Time Source: server- IP address: 206.123.207.82
-  Agreement completed.
2022-02-02 - 10:25:48 PM GMT



February 7, 2022

Board of Directors
Southwest Regional Emergency & Trauma Advisory Council
Durango, Colorado

Management is responsible for the accompanying financial statements of Southwest Regional Emergency & Trauma Advisory Council (a governmental non-profit) which comprise the balance sheet as of June 30, 2021 and the related operating statement and supplementary information for the year then ended included in the accompanying prescribed form in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements or supplementary information included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements and supplementary information included in the accompanying prescribed form.

These financial statements and supplementary information included in the accompanying prescribed form are presented in accordance with the requirements of the Colorado Local Government Audit Division, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Organization and the Colorado Local Government Audit Division, and is not intended to be and should not be used by anyone other than these specified parties.

Chadwick, Steinkirchner, Davis & Co., P.C.