

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS	CHERRY HILLS HEIGHTS WATER & SANITATION DISTRICT 7995 E. PRENTICE AVENUE SUITE 103E GREENWOOD VILLAGE, CO 80111
CONTACT PERSON	PHYLLIS BROWN
PHONE	303-381-4960
EMAIL	pbrown@crsofcolorado.com

For the Year Ended
12/31/23
or fiscal year ended:

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	KIMBERLEY ALEX
TITLE	ACCOUNTING MANAGER
FIRM NAME (if applicable)	COMMUNITY RESOURCE SERVICES OF COLORADO
ADDRESS	7995 E. PRENTICE AVE. SUITE 103E GREENWOOD VILLAGE, CO 80111
PHONE	303-381-4960

PREPARER <small>(SIGNATURE REQUIRED)</small>	DATE PREPARED				
<div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <div style="font-size: 0.8em; margin-right: 5px;">DocuSigned by:</div> </div> <div style="font-size: 0.7em; margin-top: 2px;">30AAE66D48F2408...</div>	03/20/2024				
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center; padding: 2px;">GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="width: 50%; text-align: center; padding: 2px;">PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				

PART 2 - REVENUE

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

Line#	Description	Round to nearest Dollar	
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ 20,493	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 1,344	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ 263	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ 1,281	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify): Operational fees	\$ 2,000	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 25,381	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description	Round to nearest Dollar	
3-1	Administrative	\$ 527	Please use this space to provide any necessary explanations
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ 1,709	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ 23,237	
3-8	Repair and maintenance	\$ 11,617	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ 2,077	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (specify): County treasurer fees	\$ 308	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ 39,475	

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

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

	Yes	No		
4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-2 Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-3 Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>		
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)				
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

**Subscription Based Information Technology Arrangements

*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

	Yes	No
4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$ 25,000 Date the debt was authorized: 11/4/2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8 Does the entity have any lease agreements? If yes: What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

	Amount	Total
5-1 YEAR-END Total of ALL Checking and Savings Accounts	\$ 33,047	
5-2 Certificates of deposit	\$ -	
Total Cash Deposits		\$ 33,047
Investments (if investment is a mutual fund, please list underlying investments):		
ColoTrust Plus+	\$ 187,337	
	\$ -	
	\$ -	
	\$ -	
Total Investments		\$ 187,337
Total Cash and Investments		\$ 220,384

Please answer the following questions by marking in the appropriate boxes

	Yes	No	N/A
5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, **MUST** use this space to provide any explanations:

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

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

Yes No

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

6-3 Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ 158,000	\$ -	\$ -	\$ 158,000
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ 150,535	\$ -	\$ -	\$ 150,535
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain): 6400 Linear Feet of Sewer Pipe	\$ 376,632	\$ -	\$ -	\$ 376,632
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 685,167	\$ -	\$ -	\$ 685,167

*must tie to prior year ending balance

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

PART 7 - PENSION INFORMATION

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

Yes No

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

If yes: Who administers the plan?

Indicate the contributions from:

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

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

Part 7 - Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

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

Yes No N/A

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

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain: Yes No N/A

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

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$ 48,519

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

	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? <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 checked="" type="checkbox"/>	<input type="checkbox"/>

If no, MUST explain:

PART 10 - GENERAL INFORMATION

	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date of formation: <input style="width: 400px; height: 15px;" type="text"/>		
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Please list the NEW name & PRIOR name: <input style="width: 600px; height: 15px;" type="text"/>		
10-3	Is the entity a metropolitan district? Please indicate what services the entity provides: <input style="width: 600px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-4	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided: <input style="width: 600px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed: <input style="width: 450px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-6	Does the entity have a certified Mill Levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		<input style="width: 100px; height: 15px;" type="text" value="-"/>
	General/Other mills		<input style="width: 100px; height: 15px;" type="text" value="4.216"/>
	Total mills		<input style="width: 100px; height: 15px;" type="text" value="4.216"/>
		Yes	No
10-7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain. <input style="width: 600px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box		YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

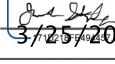

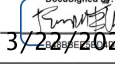
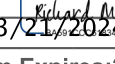
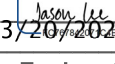
Policy - Requirements

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

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

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

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

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name	I <u>Jonah M. Staller</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/25/2024</u> My term Expires: <u>2025</u>
	Jonah M. Staller	
Board Member 2	Print Board Member's Name	I <u>Tarra Lynn Ryerson</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/25/2024</u> My term Expires: <u>2027</u>
	Tarra Lynn Ryerson	
Board Member 3	Print Board Member's Name	I <u>Russell B. Wilson</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/22/2024</u> My term Expires: <u>2027</u>
	Russell B. Wilson	
Board Member 4	Print Board Member's Name	I <u>Richard Miller</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/21/2024</u> My term Expires: <u>2027</u>
	Richard Miller	
Board Member 5	Print Board Member's Name	I <u>Jason Lee</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u></u> Date: <u>3/20/2024</u> My term Expires: <u>2025</u>
	Jason Lee	
Board Member 6	Print Board Member's Name	I _____ , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____ , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

Certificate Of Completion

Envelope Id: 03D4070447544D709BBE68DBAA805BBA
Subject: Complete with DocuSign: 2023 Audit Exemption - Cherry Hills Heights.pdf
Source Envelope:
Document Pages: 8 Signatures: 6
Certificate Pages: 5 Initials: 0
AutoNav: Enabled
Envelopeld Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
Ashly Dorey
adorey@crsofcolorado.com
IP Address: 71.229.134.167

Record Tracking

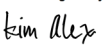
Status: Original
3/20/2024 7:28:46 AM
Holder: Ashly Dorey
adorey@crsofcolorado.com

Location: DocuSign

Signer Events

Kim Alex
kalex@crsofcolorado.com
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

30AAE66D48F2408...

Timestamp

Sent: 3/20/2024 8:06:32 AM
Viewed: 3/20/2024 8:07:11 AM
Signed: 3/20/2024 8:07:28 AM

Signature Adoption: Pre-selected Style
Using IP Address: 96.88.70.121

Electronic Record and Signature Disclosure:
Accepted: 11/15/2023 3:21:56 PM
ID: 42b25631-40cb-4e87-b1c4-31d671377c80

Jason Lee
directorlee@chhwsd.org
President
CHH water & sanitation district
Security Level: Email, Account Authentication (None)

DocuSigned by:

FC767842071C4B8...

Sent: 3/20/2024 8:07:29 AM
Viewed: 3/20/2024 9:44:06 AM
Signed: 3/20/2024 9:44:15 AM

Signature Adoption: Pre-selected Style
Using IP Address: 205.145.149.211

Electronic Record and Signature Disclosure:
Accepted: 1/26/2024 2:50:01 PM
ID: 5e59ed6f-427b-4de6-97c6-bf57ff725676

Richard Miller
directormiller@chhwsd.org
Security Level: Email, Account Authentication (None)

DocuSigned by:


BA591CCC81834A5...

Sent: 3/20/2024 9:44:16 AM
Viewed: 3/21/2024 8:25:03 AM
Signed: 3/21/2024 8:25:20 AM

Signature Adoption: Pre-selected Style
Using IP Address: 73.78.117.61

Electronic Record and Signature Disclosure:
Accepted: 3/21/2024 8:25:03 AM
ID: 6ac440d0-8f31-42fd-83b0-377522b22054


Russ Wilson
directorwilson@chhwsd.org
Security Level: Email, Account Authentication (None)

DocuSigned by:

B48BBEE5ED4D4B9...

Sent: 3/21/2024 8:25:21 AM
Viewed: 3/22/2024 7:24:01 AM
Signed: 3/22/2024 7:25:50 AM

Signature Adoption: Drawn on Device
Using IP Address: 73.78.203.72
Signed using mobile

Electronic Record and Signature Disclosure:
Accepted: 3/22/2024 7:24:01 AM
ID: 3412478c-96fe-428a-b48d-3fc7f38a07f1

Signer Events	Signature	Timestamp
<p>Tarra Ryerson directorryerson@chhwsd.org Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  4AB4AB313FC14F7...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 174.29.33.74</p>	<p>Sent: 3/22/2024 7:25:52 AM Resent: 3/22/2024 7:32:23 AM Viewed: 3/25/2024 9:26:05 AM Signed: 3/25/2024 9:26:24 AM</p>

Electronic Record and Signature Disclosure:
Accepted: 3/25/2024 9:26:05 AM
ID: 88fa31fd-faf3-458c-b704-4f82cff49e59

Jonah Staller
directorstaller@chhwsd.org
Security Level: Email, Account Authentication (None)

DocuSigned by:

171D218FE494457...

Signature Adoption: Drawn on Device
Using IP Address: 104.28.48.75
Signed using mobile

Sent: 3/25/2024 9:26:25 AM
Viewed: 3/25/2024 11:43:38 AM
Signed: 3/25/2024 11:44:16 AM

Electronic Record and Signature Disclosure:
Accepted: 3/25/2024 11:43:38 AM
ID: a6ab368b-308f-4a59-9137-99d262318e77

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/20/2024 8:06:32 AM
Envelope Updated	Security Checked	3/22/2024 7:32:22 AM
Certified Delivered	Security Checked	3/25/2024 11:43:38 AM
Signing Complete	Security Checked	3/25/2024 11:44:16 AM
Completed	Security Checked	3/25/2024 11:44:16 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		