APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	BRISTOL GRANADA CEMETERY DISTRICT	For the Year Ended 12/31/24 or fiscal year ended:
ADDRESS	PO BOX	
	GRANADA, COLORADO	
	81041	
CONTACT PERSON	NATALIE MUSICK	
PHONE	7196882025	
EMAIL	bristolgranadacemetery@gmail.com	

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:	Natalie Musick
TITLE	Bookkeeper/board member
FIRM NAME (if applicable)	
ADDRESS	
PHONE	

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED (No exemption shall be granted prior to the close of said fiscal year)
Natalie Musick	9/20/2025

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
	☐	☑

PART 2 - REVENUES

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 the nearest dollar	Please use this space to provide any necessary explanations
2-1	Taxes:	Property (report mills levied in question 10-7)	$ 30,996	
2-2		Specific ownership	$ -	
2-3		Sales and use	$ -	
2-4		Other (specify):	$ -	
2-5	Licenses and permits		$ -	
2-6	Intergovernmental:	Grants	$ -	
2-7		Conservation Trust Funds (Lottery)	$ -	
2-8		Highway Users Tax Funds (HUTF)	$ -	
2-9		Other (specify):	$ -	
2-10	Charges for services		$ 1,200	
2-11	Fines and forfeits		$ -	
2-12	Special assessments		$ -	
2-13	Investment income		$ -	
2-14	Charges for utility services		$ -	
2-15	Debt proceeds	(should agree to table 4-4, column 'Issued during year')	$ -	
2-16	Lease proceeds		$ -	
2-17	Developer Advances received	(should agree to table 4-4, column 'Issued during year')	$ -	
2-18	Proceeds from sale of capital assets		$ -	
2-19	Fire and police pension		$ -	
2-20	Donations		$ -	
2-21	Other (specify): bank interest		$ 45	
2-22	Lot sales		$ 1,600	
2-23			$ -	
2-24			$ -	
2-25			$ -	
2-26	(add lines 2-1 through 2-25)	TOTAL REVENUES	$ 33,841	

PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar	Please use this space to provide any necessary explanations
3-1	Administrative		$ -	
3-2	Salaries		$ -	
3-3	Payroll taxes		$ -	
3-4	Contract services		$ 24,458	
3-5	Employee benefits		$ -	
3-6	Insurance		$ 441	
3-7	Accounting and legal fees		$ -	
3-8	Repair and maintenance		$ 1,285	
3-9	Supplies		$ 2,094	
3-10	Utilities and telephone		$ 2,109	
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 to table 4-4, column 'Retired during year')	$ -	
3-18	Debt service interest		$ -	
3-19	Repayment of Developer Advance Principal	(should agree to table 4-4, column 'Retired during year')	$ -	
3-20	Repayment of Developer Advance Interest		$ -	
3-21	Contribution to pension plan		$ -	
3-22	Contribution to Fire & Police Pension Assoc.		$ -	
3-23	Other (specify): Water assesment dues		$ 730	
3-24			$ -	
3-25			$ -	
3-26			$ -	
3-27			$ -	
3-28	(add lines 3-1 through 3-27)	TOTAL EXPENDITURES/EXPENSES	$ 31,117	

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) 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 'No' is checked, skip to question 4-5)* *(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)*	☐	☑
4-2	Is the debt repayment schedule attached? If no, **MUST** explain below:	☐	☐
4-3	Is the entity current in its debt service payments? If no, **MUST** explain below:	☐	☐

4-4 Please complete the following debt schedule, if applicable:
(please only include principal amounts)
(enter all amounts as positive numbers)

	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
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 as of its fiscal year-end?	☐	☑
	How much? $ -		
	Date the debt was authorized:		
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	☐	☐
If yes:	How much? $ -		
	Date of the most recent Service Plan:		
4-7	Does the entity intend to issue debt within the next calendar year?	☐	☑
If yes:	How much? $ -		
4-8	Does the entity have debt that has been refinanced that it is still responsible for?	☐	☑
If yes:	What is the amount outstanding? $ -		
4-9	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? $ -		

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	$ 40,047	
5-2	Certificates of deposit	$ -	
	TOTAL CASH DEPOSITS		$ 40,047
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
		$ -	
		$ -	
		$ -	
		$ -	
	TOTAL INVESTMENTS		$ -
	TOTAL CASH AND INVESTMENTS		$ 40,047

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.?	☐	☐	☐
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.)?	☐	☐	☐

Part 5 - 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? *(If 'No' is checked, skip the rest of Part 6)*	☑	☐
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:	☑	☐

6-3

Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions^	Deletions	Year-End Balance
Land	$ 12,000	$ -	$ -	$ 12,000
Buildings	$ 3,724	$ -	$ -	$ 3,724
Machinery and equipment	$ 32,531	$ -	$ -	$ 32,531
Furniture and fixtures	$ 25,000	$ -	$ -	$ 25,000
Infrastructure	$ -	$ -	$ -	$ -
Construction In Progress (CIP)	$ -	$ -	$ -	$ -
Leased & SBITA Right-to-Use Assets	$ -	$ -	$ -	$ -
Other (explain):	$ -	$ -	$ -	$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	$ (28,333)	$ -	$ -	$ (28,333)
TOTAL	$ 44,922	$ -	$ -	$ 44,922

*Must agree to prior year-end balance

^Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

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?	☐	☑
7-2	Does the entity have a volunteer firefighters' pension plan?	☐	☑

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:	☑	☐	☐
8-2	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 appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)

Governmental/Proprietary Fund Name	Total Appropriations By Fund

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)]?**	☑	☐

Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Part 9 - If no, MUST use this space to provide any explanations

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?**	☐	☑
If yes:	**Date of formation:**		
10-2	**Has the entity changed its name in the past or current year?**	☐	☑
If yes:	**Please list the NEW name:**		
	Please list the PRIOR name:		
10-3	**Is the entity a metropolitan district?**	☐	☑
10-4	**Please indicate what services the entity provides:**		
10-5	**Does the entity have an agreement with another government to provide services?**	☐	☑
If yes:	**List the name of the other governmental entity and the services provided:**		
10-6	**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.]**	☐	☑
If yes:	**Date filed:**		
10-7	**Does the entity have a certified mill levy?**	☑	☐
If yes:	**Please provide the following mills levied for the year reported (do not report $ amounts):**		

Bond redemption mills	-
General/other mills	1.596
Total mills	1.596

		Yes	No	N/A
10-8	**If the entity is a Title 32 Special District formed 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.**	☐	☐	☐

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
11-1 **If you plan to submit this form electronically, have you read the Electronic Signature Policy?**	☑	☐

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature 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 two 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 or type 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	Board Member's Name:	Natalie Musick
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature [signature]
	My term expires: 2029	Date 09.22.25
Board Member 2	Board Member's Name:	Christina Sanchez
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature [signature]
	My term expires: 2027	Date 09.22.25
Board Member 3	Board Member's Name:	Kathy Vagher
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature [signature]
	My term expires: 2027	Date 09.22.25
Board Member 4	Board Member's Name:	
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature
	My term expires:	Date
Board Member 5	Board Member's Name:	
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature
	My term expires:	Date
Board Member 6	Board Member's Name:	
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature
	My term expires:	Date
Board Member 7	Board Member's Name:	
	I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature
	My term expires:	Date

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-605, C.R.S)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2023 FOR THE BRISTOL-GRANADA CEMETERY DISTRICT STATE OF COLORADO.

WHEREAS, the member of Bristol-Granada Cemetery District wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S. states that any local government where neither revenues nor expenditures exceed five hundred thousand dollars may, with the approval of the state auditor, be exempt from the provision of Section 29-1-703, C.R.S.; and

WHEREAS, neither revenues nor expenditures for Bristol-Granada Cemetery District exceeded $100,000 for fiscal year 2024; and

WHEREAS, an application for exemption from audit for Bristol-Granada Cemetery District has been prepared by Natalie Musick, a person skilled in governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the state auditor.

NOW THEREFORE, be it resolved/ordained by the members of the Bristol-Granada Cemetery District that the application for exemption from audit for Bristol-Granada Cemetery District for the fiscal year ended December 31, 2024, has been reviewed and is hereby approved by a majority of the members of the Bristol-Granada Cemetery District; that those members of the Bristol-Granada Cemetery District have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the Bristol-Granada Cemetery District for the fiscal year ended December 31, 2024.

ADOPTED THIS 22nd day of September, A.D. 2025.

Type or Print Names of Member of Governing Body	Date Term Expires	Signature
Natalie Musick	2029	Natalie Musick
Christine Sanchez	2027	Christine Sanchez
Kathy Vagher	2027	Kathy Vagher