

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM**.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUTORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

<http://www.lexisnexis.com/hottopics/Colorado/>

CHECKLIST

- Has the preparer signed the application?
- Has the entity corrected all prior year deficiencies as communicated by the OSA?
- Has the application been PERSONALLY reviewed and approved by the governing body?
- Are all sections on the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
- Will this application be submitted electronically?
 - If yes, have you read and understood the Electronic Signature Policy? See policy in Part 11.
 - of--
 - If yes, have you included a resolution?
 - Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
 - Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution at the end of this form.)
- Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
 - If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

Check out our web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!

See the link below:

[Click here to go to the portal](#)

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: <https://apps.leg.co.gov/osa/lg>

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone; 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS	CHERRY HILLS HEIGHTS WATER & SANITATION DISTRICT c/o COMMUNITY RESOURCE SERVICES OF COLORADO 7995 E. PRENTICE AVE. SUITE103E GREENWOOD VILLAGE, CO 80111	For the Year Ended 12/31/24 or fiscal year ended:
CONTACT PERSON PHONE EMAIL	KIMBERLEY ALEX 860-334-7476 kalex@crsofcolorado.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:	KIMBERLEY ALEX
TITLE	DISTRICT ACCOUNTANT
FIRM NAME (if applicable)	COMMUNITY RESOURCE SERVICES OF COLORADO
ADDRESS	7995 E. PRENTICE AVE., SUITE 103E GREENWOOD VILLAGE, CO 80111
PHONE	860-334-7476

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED (No exemption shall be granted prior to the close of said fiscal year)
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DocuSigned by: 	3/24/2025
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Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS) <input checked="" type="checkbox"/>	PROPRIETARY (CASH OR BUDGETARY BASIS) <input type="checkbox"/>
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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)	\$ 27,413	
2-2	Specific ownership	\$ 1,560	
2-3	Sales and use	\$ -	
2-4	Other :	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ 331	
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	\$ 10,912	
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 (Operational Fees):	\$ 500	
2-22		\$ -	
2-23		\$ -	
2-24		\$ -	
2-25		\$ -	
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$ 40,716	

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	\$ 1,373	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 5,016	
3-7	Accounting and legal fees	\$ 23,001	
3-8	Repair and maintenance	\$ 12,859	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ 2,370	
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 (County Treasurer Fees):	\$ 412	
3-24		\$ -	
3-25		\$ -	
3-26		\$ -	
3-27		\$ -	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 45,031	

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? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<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: <small>(please only include principal amounts) (enter all amounts as positive numbers)</small>				
	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? \$ 25,000.00 Date the debt was authorized: 11/4/2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	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"/>
4-9	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? <input type="checkbox"/> <input type="checkbox"/> What are the annual lease payments? \$ -	<input type="checkbox"/>	<input 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	\$ 3,225	
5-2	Certificates of deposit	\$ -	
TOTAL CASH DEPOSITS			\$ 3,225
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
	Colotrust Plus+	\$ 211,696	
		\$ -	
		\$ -	
		\$ -	
TOTAL INVESTMENTS			\$ 211,696
TOTAL CASH AND INVESTMENTS			\$ 214,921

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"/>

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?
<i>(If 'No' is checked, skip the rest of Part 6)</i> | <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"/> |

Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions^	Deletions	Year-End Balance
Land	\$ 158,000	\$ -	\$ -	\$ 158,000
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ 150,535	\$ -	\$ 10,036	\$ 140,499
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (6400 Linear Feet of Sewer Pipe):	\$ 376,632	\$ -	\$ 15,065	\$ 361,567
Accumulated Depreciation/Amortization <i>(Please enter a negative, or credit, balance)</i>	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 685,167	\$ -	\$ 25,101	\$ 660,066

*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? | <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?

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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

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
General Fund	\$50,073.00

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

Please answer the following question by marking in the appropriate box.

- | | | | |
|------------|--|--|--------------------------------|
| 9-1 | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?
<i>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.</i> | Yes
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> |
|------------|--|--|--------------------------------|

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.

- | | | | | | | | | | |
|-----------------------|---|---------------------------------|---|---------------------|-------|--------------------|--------------|-------------------------------------|--------------------------|
| 10-1 | Is this application for a newly formed governmental entity?
If yes: Date of formation: <input style="width: 300px;" type="text"/> | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | |
| 10-2 | Has the entity changed its name in the past or current year?
If yes: Please list the NEW name: <input style="width: 300px;" type="text"/>
Please list the PRIOR name: <input style="width: 300px;" 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: 500px; height: 20px;" type="text"/> | | | | | | | | |
| 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: 500px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| 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: <input style="width: 300px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| 10-7 | Does the entity have a certified mill levy?
If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 200px;"> <tr> <td style="text-align: right; padding: 2px;">Bond redemption mills</td> <td style="text-align: center; padding: 2px;">-</td> </tr> <tr> <td style="text-align: right; padding: 2px;">General/other mills</td> <td style="text-align: center; padding: 2px;">3.722</td> </tr> <tr style="background-color: #0056b3; color: white;"> <td style="text-align: right; padding: 2px;">Total mills</td> <td style="text-align: center; padding: 2px;">3.722</td> </tr> </table> | Bond redemption mills | - | General/other mills | 3.722 | Total mills | 3.722 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bond redemption mills | - | | | | | | | | |
| General/other mills | 3.722 | | | | | | | | |
| Total mills | 3.722 | | | | | | | | |
| 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.
<input style="width: 500px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input 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
11-1	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

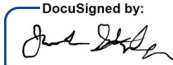
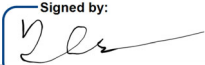

Policy - Requirements

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.

<p style="text-align: center;">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.</p>		
Board Member 1	Board Member's Name:	Jonah Staller
	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.	<p style="text-align: center;">DocuSigned by:</p> <p style="text-align: center;">Signature </p> <p style="text-align: center;">Date <u>3/24/2025</u></p>
	My term expires: 2025	
Board Member 2	Board Member's Name:	Tara Lynn Ryerson
	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.	<p style="text-align: center;">Signed by:</p> <p style="text-align: center;">Signature </p> <p style="text-align: center;">Date <u>3/26/2025</u></p>
	My term expires: 2027	
Board Member 3	Board Member's Name:	Russell Wilson
	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.	<p style="text-align: center;">Signature _____</p> <p style="text-align: center;">Date _____</p>
	My term expires: 2027	
Board Member 4	Board Member's Name:	Richard Miller
	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.	<p style="text-align: center;">Signature _____</p> <p style="text-align: center;">Date _____</p>
	My term expires: 2027	
Board Member 5	Board Member's Name:	Jason Lee
	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.	<p style="text-align: center;">Signed by:</p> <p style="text-align: center;">Signature </p> <p style="text-align: center;">Date <u>3/24/2025</u></p>
	My term expires: 2025	
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.	<p style="text-align: center;">Signature _____</p> <p style="text-align: center;">Date _____</p>
	My term expires: _____	
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.	<p style="text-align: center;">Signature _____</p> <p style="text-align: center;">Date _____</p>
	My term expires: _____	

Certificate Of Completion

Envelope Id: 636ED3A0-854C-4D87-86EB-413FF4A37B11

Status: Delivered

Subject: Docusign: 2024 Short Form Audit Exemption CHHWSD

Source Envelope:

Document Pages: 9

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Ashly Dorey

AutoNav: Enabled

adorey@crsofcolorado.com

Envelopeld Stamping: Enabled

IP Address: 96.88.70.121

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Record Tracking

Status: Original

Holder: Ashly Dorey

Location: DocuSign

3/24/2025 6:04:41 PM

adorey@crsofcolorado.com

Signer Events

Kim Alex

kalex@crsofcolorado.com

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:



30AAE66D48F2408...

Timestamp

Sent: 3/24/2025 6:11:46 PM

Viewed: 3/24/2025 8:16:57 PM

Signed: 3/24/2025 8:17:06 PM

Signature Adoption: Pre-selected Style

Using IP Address: 32.217.45.18

Electronic Record and Signature Disclosure:

Accepted: 11/15/2023 4:21:56 PM

ID: 42b25631-40cb-4e87-b1c4-31d671377c80

Jason Lee

jlee@wc-build.com

Mgr

West Central Builders, LLC

Security Level: Email, Account Authentication
(None)

Signed by:



3DCE1504745C4C1...

Sent: 3/24/2025 8:17:07 PM

Viewed: 3/24/2025 9:04:36 PM

Signed: 3/24/2025 9:04:54 PM

Signature Adoption: Pre-selected Style

Using IP Address: 76.155.245.92

Electronic Record and Signature Disclosure:

Accepted: 3/24/2025 9:04:35 PM

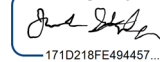
ID: 7ceba521-ba04-433c-b05b-e25e87a751fa

Jonah Staller

directorstaller@chhwsd.org

Security Level: Email, Account Authentication
(None)

DocuSigned by:



171D218FE494457...

Sent: 3/24/2025 8:17:07 PM

Viewed: 3/24/2025 8:18:01 PM

Signed: 3/24/2025 8:18:48 PM

Signature Adoption: Drawn on Device

Using IP Address: 104.28.48.73

Electronic Record and Signature Disclosure:

Accepted: 3/25/2024 12:43:38 PM

ID: a6ab368b-308f-4a59-9137-99d262318e77

Russ Wilson

directorwilson@chhwsd.org

Security Level: Email, Account Authentication
(None)

Sent: 3/24/2025 8:17:07 PM

Viewed: 3/26/2025 10:01:27 AM

Electronic Record and Signature Disclosure:

Accepted: 3/26/2025 10:01:27 AM

ID: 926eb825-4aa6-4de1-95f7-58abcd8c2fc

Signer Events	Signature	Timestamp
Tara Ryerson tgukhool@hotmail.com Security Level: Email, Account Authentication (None)	 <p>Signed by: 047A1AF84EE5495...</p>	Sent: 3/24/2025 8:17:08 PM Viewed: 3/26/2025 10:21:23 AM Signed: 3/26/2025 10:21:42 AM

Signature Adoption: Drawn on Device
 Using IP Address: 71.218.118.147
 Signed using mobile

Electronic Record and Signature Disclosure:
 Accepted: 3/26/2025 10:21:23 AM
 ID: 0bc731d9-c590-4947-bc57-4729a3034227

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/24/2025 6:11:46 PM
Certified Delivered	Security Checked	3/26/2025 10:21:23 AM
Signing Complete	Security Checked	3/26/2025 10:21:42 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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