

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: 303-959-3000

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** -- A budget to GAAP reconciliation is provided in Part 3

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
 LONG FORM**

NAME OF GOVERNMENT
 ADDRESS

Haxtun Conservation District
 1280 Interocean Drive #1
 Holyoke, CO 80734

For the Year Ended
 12/31/2024
 or fiscal year ended:

CONTACT PERSON
 PHONE
 EMAIL

Andrea Calhoon
 970-854-2812 Ext 110
 Haxtuncd@gmail.com

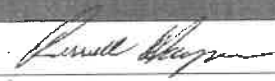
CERTIFICATION OF PREPARER

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
 RELATIONSHIP TO ENTITY

Russell R. Haynes, CPA
 Accountant
 Sandhills Accounting & Tax, LLC
 PO Box 102 Wray, CO 80758 216 S Interocean Ave Holyoke CO 80734
 9709887658
 Independent Accountant

PREPARER (SIGNATURE REQUIRED)



DATE PREPARED

(No exemption shall be granted prior to the close of said fiscal year)

3/19/2025

Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

YES

NO

If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Please indicate the name of the fund (i.e., General Fund, Debt Service Fund, etc.)

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds (Modified Accrual Basis)			Description	Proprietary/Fiduciary Funds (Cash or Budgetary Basis)	
		Fund*	Fund*	Fund*		Fund*	Fund*
	Assets				Assets		
1-1	Cash & Cash Equivalents	\$ -	\$ -	\$ -	Cash & Cash Equivalents	\$ 394,626	\$ -



4/8

1-2	Investments	\$	-	\$	-	\$	-	Investments	\$	-	\$	-
1-3	Receivables	\$	-	\$	-	\$	-	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								\$	-	\$	-
1-6	Lease Receivable (as Lessor)	\$	-	\$	-	\$	-	Total Current Assets	\$	394,626	\$	-
1-7	Other [specify...]	\$	-	\$	-	\$	-	Capital & Right to Use Assets, net (from Part 6-4)	\$	-	\$	-
1-8		\$	-	\$	-	\$	-	Other Long Term Assets [specify...]	\$	-	\$	-
1-9		\$	-	\$	-	\$	-		\$	-	\$	-
1-10		\$	-	\$	-	\$	-		\$	-	\$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	-	\$	-	\$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	394,626	\$	-
	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	\$	-	\$	-	\$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	394,626	\$	-
	Liabilities							Liabilities				
1-16	Accounts Payable	\$	-	\$	-	\$	-	Accounts Payable	\$	-	\$	-
1-17	Accrued Payroll and Related Liabilities	\$	-	\$	-	\$	-	Accrued Payroll and Related Liabilities	\$	-	\$	-
1-18	Unearned 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	\$	-	\$	-	\$	-	(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 1-22 through 1-26) TOTAL LIABILITIES	\$	-	\$	-	\$	-	(add lines 1-22 through 1-26) TOTAL LIABILITIES	\$	-	\$	-
	Deferred Inflows of Resources:							Deferred Inflows of Resources				
1-28	Deferred Property Taxes	\$	-	\$	-	\$	-	Pension/OPEB Related	\$	-	\$	-
1-29	Loans related (as lessor)	\$	-	\$	-	\$	-	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 and Right-to Use Assets	\$	394,626	\$	-
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:	\$	-	\$	-	\$	-	Undesignated/Unreserved/Unrestricted	\$	-	\$	-
1-37	Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL FUND BALANCE	\$	-	\$	-	\$	-	Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL NET POSITION	\$	394,626	\$	-
1-38	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	-	\$	-	\$	-	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	394,626	\$	-

Please use this space to provide explanation of any item on this page

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds			Description	Proprietary/Fiduciary Funds	
		Fund*	Fund*	Fund*		Fund*	Fund*
	Tax Revenue				Tax Revenue		
2-1	Property (include mills levied in question 10-7)	\$ -	\$ -	\$ -	Property (include mills levied in question 10-7)	\$ 40,379	\$ -
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		\$ -	\$ -	\$ -	Direct assistance	\$ 8,689	\$ -
2-6		\$ -	\$ -	\$ -		\$ -	\$ -
2-7		\$ -	\$ -	\$ -		\$ -	\$ -
2-8	Add lines 2-1 through 2-7	\$ -	\$ -	\$ -	Add lines 2-1 through 2-7	\$ 49,068	\$ -
	TOTAL TAX REVENUE	\$ -	\$ -	\$ -	TOTAL TAX REVENUE	\$ 49,068	\$ -
2-9	Licenses and Permits	\$ -	\$ -	\$ -	Licenses and Permits	\$ -	\$ -
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -
2-12	Community Development Block Grant	\$ -	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -
2-13	Fire & Police Pension	\$ -	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -
2-14	Grants	\$ -	\$ -	\$ -	Grants	\$ 56,210	\$ -
2-15	Donations	\$ -	\$ -	\$ -	Donations	\$ -	\$ -
2-16	Charges for Sales and Services	\$ -	\$ -	\$ -	Charges for Sales and Services	\$ 133,347	\$ -
2-17	Rental Income	\$ -	\$ -	\$ -	Rental Income	\$ -	\$ -
2-18	Fines and Forfeits	\$ -	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -
2-19	Interest/Investment Income	\$ -	\$ -	\$ -	Interest/Investment Income	\$ 12,401	\$ -
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 2-9 through 2-23	\$ -	\$ -	\$ -	Add lines 2-9 through 2-23	\$ 251,026	\$ -
	TOTAL REVENUES	\$ -	\$ -	\$ -	TOTAL REVENUES	\$ 251,026	\$ -
	Other Financing Sources				Other Financing Sources		
2-25	Debt Proceeds	\$ -	\$ -	\$ -	Debt Proceeds	\$ -	\$ -
2-26	Lease Proceeds	\$ -	\$ -	\$ -	Lease Proceeds	\$ -	\$ -
2-27	Developer Advances	\$ -	\$ -	\$ -	Developer Advances	\$ -	\$ -
2-28	Other (specify...)	\$ -	\$ -	\$ -	Other (specify...)	\$ -	\$ -
2-29	Add lines 2-25 through 2-28	\$ -	\$ -	\$ -	Add lines 2-25 through 2-28	\$ -	\$ -
	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -
2-30	Add lines 2-24 and 2-29	\$ -	\$ -	\$ -	Add lines 2-24 and 2-29	\$ 251,026	\$ -
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ -	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 251,026	\$ -
2-31					GRAND TOTALS (ALL FUNDS)	\$	\$ 251,026

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES FOR ALL FUNDS (LINE 2-31) 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.

Please use this space to provide explanation of any item on this page

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

Line #	Description	Governmental Funds			Description	Proprietary/Fiduciary Funds	
		Fund*	Fund*	Fund*		Fund*	Fund*
	Expenditures				Expenses		
3-1	General Government	\$ -	\$ -	\$ -	General Operating & Administrative	\$ 12,797	\$ -
3-2	Judicial	\$ -	\$ -	\$ -	Salaries	\$ -	\$ -
3-3	Law Enforcement	\$ -	\$ -	\$ -	Payroll Taxes	\$ -	\$ -
3-4	Fire	\$ -	\$ -	\$ -	Contract Services	\$ 28,800	\$ -
3-5	Highways & Streets	\$ -	\$ -	\$ -	Employee Benefits	\$ -	\$ -
3-6	Solid Waste	\$ -	\$ -	\$ -	Insurance	\$ 495	\$ -
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	\$ -	Accounting and Legal Fees	\$ 1,415	\$ -
3-8	Health	\$ -	\$ -	\$ -	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		\$ -	\$ -	\$ -	Cost of Sales	\$ 201,522	\$ -
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		\$ -	\$ -	\$ -		\$ -	\$ -
3-23		\$ -	\$ -	\$ -		\$ -	\$ -
3-24	Add lines 3-1 through 3-23	\$ -	\$ -	\$ -	Add lines 3-1 through 3-23	\$ 245,029	\$ -
	TOTAL EXPENDITURES				TOTAL EXPENSES		
3-25					GRAND TOTAL (ALL FUNDS)	\$ 245,029	\$ -
3-26	Interfund Transfers (In)	\$ -	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -
3-27	Interfund Transfers Out	\$ -	\$ -	\$ -	Other [specify...][enter negative for expense]	\$ -	\$ -
3-28	Other Expenditures (Revenues)	\$ -	\$ -	\$ -	Depreciation/Amortization	\$ -	\$ -
3-29		\$ -	\$ -	\$ -	Other Financing Sources (from line 2-23)	\$ -	\$ -
3-30		\$ -	\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -
3-31		\$ -	\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$ -	\$ -
3-32	(Add lines 3-26 through 3-31)				(Add lines 3-27, 3-30, and 3-31, subtract lines 3-28 and 3-29) TOTAL GAAP RECONCILING ITEMS	\$ -	\$ -
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$ -	\$ -			
3-33	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-30, less line 3-24, less line 3-32	\$ -	\$ -	\$ -	Net Increase (Decrease) in Net Position Line 2-30, less line 3-24, plus line 3-32, less line 3-26	\$ 5,997	\$ -
3-34	Fund Balance, January 1 from December 31 prior year report	\$ -	\$ -	\$ -	Net Position, January 1 from December 31 prior year report	\$ 388,629	\$ -
3-35	Prior Period Adjustment (MUST explain)	\$ -	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -
	Fund Balance, December 31				Net Position, December 31		
3-36	Sum of Lines 3-33, 3-34, and 3-35	\$ -	\$ -	\$ -	Sum of Lines 3-33, 3-34, and 3-35	\$ 394,626	\$ -
	This total should be the same as line 1-37.	\$ -	\$ -	\$ -	This total should be the same as line 1-37.	\$ 394,626	\$ -

IF GRAND TOTAL EXPENDITURES FOR ALL FUNDS (Line 3-25) ARE 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.

Please use this space to provide explanation of any item on this page

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: N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-3 Is the entity current in its debt service payments? If no, MUST explain: N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-4 Please complete the following debt schedule, if applicable: <i>(please only include principal amounts)</i> <i>(enter all amounts as positive numbers)</i>		
General obligation bonds	\$ -	\$ -
Revenue bonds	\$ -	\$ -
Notes/Loans	\$ -	\$ -
Lease & SBITA** Liabilities (GASB 87 & 96)	\$ -	\$ -
Developer Advances	\$ -	\$ -
Other (specify):	\$ -	\$ -
TOTAL	\$ -	\$ -

Please use this space to provide any explanations or comments

**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 [Section 29-1-605(2) C.R.S.]? If yes: How much? \$ - Date the debt was authorized:	<input type="checkbox"/>	<input checked="" 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? What are the annual lease payments? \$ -	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	\$ 284,068	
5-2 Certificates of deposit	\$ 110,558	
TOTAL CASH DEPOSITS		\$ 394,626
5-3 Investments (list all investments, including bank deposits)	\$ -	

Please use this space to provide any explanations or comments

	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS	\$ -	
TOTAL CASH AND INVESTMENTS	\$ 394,626	

Please answer the following questions 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.?	<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.)? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

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

	Yes	No
6-1 Does the entity have capitalized assets? <i>(If 'No' is checked, skip the rest of Part 6)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-505, C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please use this space to provide any explanations or comments

6-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance beginning of year	Additions	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Intangible Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance beginning of year	Additions	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Intangible Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

* Must agree to prior year-end balance
 † Generally, capital asset additions should be reported as capital outlay on Exp. 3-14 and capitalized in

Generally, capital asset transactions should be reported to capital budget on line 4. If the capitalization is in accordance with the government's capitalization policy, please explain any discrepancy.

PART 7 - PENSION INFORMATION

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

		Yes	No	Please use this space to provide any explanations or comments
7-1	Does the entity have an "old hire" 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="text"/>		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-106 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)				
		Total Appropriations:			
	General fund	\$	222,811		
		\$	-		
		\$	-		
		\$	-		
		\$	-		

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))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<i>Note: An election to exempt the entity from the operating restrictions of TABOR does not exempt the entity from the State and emergency resource restrictions. All entities are subject to the requirements of TABOR.</i>			

PART 10 - GENERAL INFORMATION



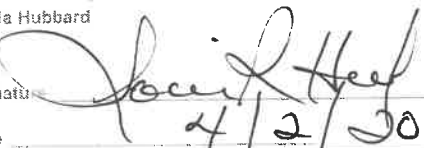

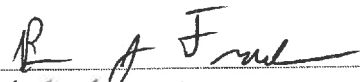
Please answer the following questions by marking in the appropriate box.

		Yes	No	Please use this space to provide any explanations or comments
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	Date of formation:	<input 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:	<input type="text"/>		
	Please list the PRIOR name:	<input type="text"/>		
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 type="text"/>		
10-5	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	List the name of the other governmental entity and the services provided:	<input type="text"/>		

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.

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 revenues and expenditures of more than \$100,000 but not more than \$750,000 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 or type the names of <u>ALL</u> members of the governing body below. A MAJORITY of the members of the governing body must sign below.	
Board Member 1	<p>Board Member's Name: Chad Kramer</p> <p>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> <p>Signature: </p> <p>Date: 4/2/25</p> <p>My term expires: _____</p>
Board Member 2	<p>Board Member's Name: Grant Edwards</p> <p>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> <p>Signature: </p> <p>Date: 4/2/25</p> <p>My term expires: _____</p>
Board Member 3	<p>Board Member's Name: Senia Hubbard</p> <p>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> <p>Signature: </p> <p>Date: 4/2/2025</p> <p>My term expires: _____</p>
Board Member 4	<p>Board Member's Name: Brett Gerk</p> <p>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> <p>Signature: </p> <p>Date: 4-2-2025</p> <p>My term expires: _____</p>
Board Member 5	<p>Board Member's Name: Lucas Schlacter</p> <p>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> <p>Signature: _____</p> <p>Date: _____</p> <p>My term expires: _____</p>
Board Member 6	<p>Board Member's Name: Brian Frank</p> <p>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> <p>Signature: </p> <p>Date: 4/2/2025</p> <p>My term expires: _____</p>