

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

| | | |
|----------------------------------|--|---|
| NAME OF GOVERNMENT ADDRESS | ARKANSAS VALLEY AMBULANCE DISTRICT | For the Year Ended 12/31/2024 or fiscal year ended: |
| | 7995 E. PRENTICE AVENUE, SUITE 103E GREENWOOD VILLAGE, CO 80111 | |
| CONTACT PERSON PHONE EMAIL | DIANE RODRIGUEZ | |
| | 303-381-4960 | |
| | drodriguez@crsofcolorado.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: | DIANE RODRIGUEZ |
| TITLE | DISTRICT ACCOUNTANT |
| FIRM NAME (if applicable) | COMMUNITY RESOURCE SERVICES OF COLORADO |
| ADDRESS | 7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, CO 80111 |
| PHONE | 303-381-4960 |
| RELATIONSHIP TO ENTITY | DISTRICT ACCOUNTANT |

| | | |
|--|--|--|
| PREPARER (SIGNATURE REQUIRED) | | DATE PREPARED (No exemption shall be granted prior to the close of said fiscal year) |
|  Diane Rodriguez | | 3/16/2025 |

Has the entity filed for inactive status under 1990674ABN789446, 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: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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) | |
|--|---|--|------------------|-------------|---|--|-------------|
| | | General Fund | Capital Fund | Fund* | | Fund* | Fund* |
| Assets | | | | | Assets | | |
| 1-1 | Cash & Cash Equivalents | \$ 44,424 | \$ 11,167 | \$ - | Cash & Cash Equivalents | \$ - | \$ - |
| 1-2 | Investments | \$ - | \$ - | \$ - | Investments | \$ - | \$ - |
| 1-3 | Receivables | \$ 259,297 | \$ - | \$ - | 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 | \$ - | \$ - |
| 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 | \$ 303,721 | \$ 11,167 | \$ - | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ - | \$ - |
| Deferred Outflows of Resources: | | | | | Deferred Outflows of Resources | | |
| 1-12 | [specify...] | \$ - | \$ - | \$ - | [specify...] | \$ - | \$ - |
| 1-13 | [specify...] | \$ - | \$ - | \$ - | [specify...] | \$ - | \$ - |
| 1-14 | (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS | \$ - | \$ - | \$ - | (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS | \$ - | \$ - |
| 1-15 | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ 303,721 | \$ 11,167 | \$ - | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ - | \$ - |
| Liabilities | | | | | Liabilities | | |
| 1-16 | Accounts Payable | \$ 11,550 | \$ - | \$ - | Accounts Payable | \$ - | \$ - |
| 1-17 | Accrued Payroll and Related Liabilities | \$ 3,589 | \$ - | \$ - | 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 | \$ 15,139 | \$ - | \$ - | (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 | \$ 15,139 | \$ - | \$ - | (add lines 1-22 through 1-26) TOTAL LIABILITIES | \$ - | \$ - |
| Deferred Inflows of Resources: | | | | | Deferred Inflows of Resources | | |
| 1-28 | Deferred Property Taxes | \$ 250,481 | \$ - | \$ - | Pension/OPEB Related | \$ - | \$ - |
| 1-29 | Lease related (as lessor) | \$ - | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 1-30 | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS | \$ 250,481 | \$ - | \$ - | (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 | \$ - | \$ - |
| 1-32 | Nonspendable Inventory | \$ - | \$ - | \$ - | Emergency Reserves | \$ - | \$ - |
| 1-33 | Restricted [specify...] TABOR | \$ 10,900 | \$ - | \$ - | Other Designations/Reserves | \$ - | \$ - |
| 1-34 | Committed [specify...] CAPITAL | \$ - | \$ 11,167 | \$ - | Restricted | \$ - | \$ - |
| 1-35 | Assigned [specify...] | \$ - | \$ - | \$ - | Undesignated/Unreserved/Unrestricted | \$ - | \$ - |
| 1-36 | Unassigned: | \$ 27,201 | \$ - | \$ - | | \$ - | \$ - |
| 1-37 | Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL FUND BALANCE | \$ 38,101 | \$ 11,167 | \$ - | Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL NET POSITION | \$ - | \$ - |
| 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 | \$ 303,721 | \$ 11,167 | \$ - | 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 | \$ - | \$ - |

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 | |
|--------------------------------|---|--------------------|--------------|-------|---|-----------------------------|---------|
| | | General Fund | Capital Fund | Fund* | | Fund* | Fund* |
| Tax Revenue | | | | | Tax Revenue | | |
| 2-1 | Property [include mills levied in question 10-7] | \$ 280,314 | \$ - | \$ - | Property [include mills levied in question 10-7] | \$ - | \$ - |
| 2-2 | Specific Ownership | \$ 30,198 | \$ - | \$ - | Specific Ownership | \$ - | \$ - |
| 2-3 | Sales and Use Tax | \$ - | \$ - | \$ - | Sales and Use Tax | \$ - | \$ - |
| 2-4 | Other Tax Revenue [specify...] | \$ - | \$ - | \$ - | Other Tax Revenue [specify...] | \$ - | \$ - |
| 2-5 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-6 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-7 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-8 | Add lines 2-1 through 2-7 TOTAL TAX REVENUE | \$ 310,512 | \$ - | \$ - | Add lines 2-1 through 2-7 TOTAL TAX REVENUE | \$ - | \$ - |
| 2-9 | Licenses and Permits | \$ - | \$ - | \$ - | Licenses and Permits | \$ - | \$ - |
| 2-10 | Highway Users Tax Funds (HUTF) | \$ - | \$ - | \$ - | Highway Users Tax Funds (HUTF) | \$ - | \$ - |
| 2-11 | Conservation Trust Funds (Lottery) | \$ - | \$ - | \$ - | Conservation Trust Funds (Lottery) | \$ - | \$ - |
| 2-12 | Community Development Block Grant | \$ - | \$ - | \$ - | Community Development Block Grant | \$ - | \$ - |
| 2-13 | Fire & Police Pension | \$ - | \$ - | \$ - | Fire & Police Pension | \$ - | \$ - |
| 2-14 | Grants | \$ - | \$ - | \$ - | Grants | \$ - | \$ - |
| 2-15 | Donations | \$ - | \$ - | \$ - | Donations | \$ - | \$ - |
| 2-16 | Charges for Sales and Services | \$ 51,788 | \$ - | \$ - | Charges for Sales and Services | \$ - | \$ - |
| 2-17 | Rental Income | \$ - | \$ - | \$ - | Rental Income | \$ - | \$ - |
| 2-18 | Fines and Forfeits | \$ - | \$ - | \$ - | Fines and Forfeits | \$ - | \$ - |
| 2-19 | Interest/Investment Income | \$ 742 | \$ - | \$ - | Interest/Investment Income | \$ - | \$ - |
| 2-20 | Tap Fees | \$ - | \$ - | \$ - | Tap Fees | \$ - | \$ - |
| 2-21 | Proceeds from Sale of Capital Assets | \$ - | \$ - | \$ - | Proceeds from Sale of Capital Assets | \$ - | \$ - |
| 2-22 | All Other [specify...] | \$ - | \$ - | \$ - | All Other [specify...] | \$ - | \$ - |
| 2-23 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-24 | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ 363,042 | \$ - | \$ - | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ - | \$ - |
| Other Financing Sources | | | | | Other Financing Sources | | |
| 2-25 | Debt Proceeds | \$ - | \$ 150,000 | \$ - | 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 TOTAL OTHER FINANCING SOURCES | \$ - | \$ 150,000 | \$ - | Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-30 | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 363,042 | \$ 150,000 | \$ - | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-31 | | | | | GRAND TOTALS (ALL FUNDS) | \$ | 513,042 |

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 | |
|--------|--|--------------------|--------------|-------|---|-----------------------------|------------|
| | | General Fund | Capital Fund | Fund* | | Fund* | Fund* |
| | Expenditures | | | | Expenses | | |
| 3-1 | General Government | \$ 169,430 | \$ - | \$ - | General Operating & Administrative | \$ - | \$ - |
| 3-2 | Judicial | \$ - | \$ - | \$ - | Salaries | \$ - | \$ - |
| 3-3 | Law Enforcement | \$ - | \$ - | \$ - | Payroll Taxes | \$ - | \$ - |
| 3-4 | Fire | \$ - | \$ - | \$ - | Contract Services | \$ - | \$ - |
| 3-5 | Highways & Streets | \$ - | \$ - | \$ - | Employee Benefits | \$ - | \$ - |
| 3-6 | Solid Waste | \$ - | \$ - | \$ - | Insurance | \$ - | \$ - |
| 3-7 | Contributions to Fire & Police Pension Assoc. | \$ - | \$ - | \$ - | Accounting and Legal Fees | \$ - | \$ - |
| 3-8 | Health | \$ - | \$ - | \$ - | 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 | County treasurer fes | \$ 7,355 | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 3-13 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 3-14 | Capital Outlay | \$ - | \$ 212,964 | \$ - | Capital Outlay | \$ - | \$ - |
| | Debt Service | | | | Debt Service | | |
| 3-15 | Principal (should match amount in 4-4) | \$ - | \$ 150,000 | \$ - | Principal (should match amount in 4-4) | \$ - | \$ - |
| 3-16 | Interest | \$ - | \$ 3,613 | \$ - | Interest | \$ - | \$ - |
| 3-17 | Bond Issuance Costs | \$ - | \$ 2,491 | \$ - | 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 TOTAL EXPENDITURES | \$ 196,785 | \$ 369,068 | \$ - | Add lines 3-1 through 3-23 TOTAL EXPENSES | \$ - | \$ - |
| 3-25 | | | | | GRAND TOTAL (ALL FUNDS) | \$ | \$ 565,853 |
| 3-26 | Interfund Transfers (In) | \$ - | \$ (215,916) | \$ - | Net Interfund Transfers (In) Out | \$ - | \$ - |
| 3-27 | Interfund Transfers Out | \$ 215,916 | \$ - | \$ - | Other [specify...][enter negative for expense] | \$ - | \$ - |
| 3-28 | Other Expenditures (Revenues) | \$ - | \$ - | \$ - | Depreciation/Amortization | \$ - | \$ - |
| 3-29 | | \$ - | \$ - | \$ - | Other Financing Sources (from line 2-28) | \$ - | \$ - |
| 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) TOTAL TRANSFERS AND OTHER EXPENDITURES | \$ 215,916 | \$ (215,916) | \$ - | (Add lines 3-27, 3-30, and 3-31, subtract lines 3-28 and 3-29) TOTAL GAAP RECONCILING ITEMS | \$ - | \$ - |
| 3-33 | Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-30, less line 3-24, less line 3-32 | \$ (49,659) | \$ (3,152) | \$ - | Net Increase (Decrease) in Net Position Line 2-30, less line 3-24, plus line 3-32, less line 3-26 | \$ - | \$ - |
| 3-34 | Fund Balance, January 1 from December 31 prior year report | \$ 87,760 | \$ 14,319 | \$ - | Net Position, January 1 from December 31 prior year report | \$ - | \$ - |
| 3-35 | Prior Period Adjustment (MUST explain) | \$ - | \$ - | \$ - | Prior Period Adjustment (MUST explain) | \$ - | \$ - |
| 3-36 | Fund Balance, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37. | \$ 38,101 | \$ 11,167 | \$ - | Net Position, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37. | \$ - | \$ - |

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 | Please use this space to provide any explanations or comments | | |
|---|---|--------------------------|-------------------------------------|---|------|--|
| 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: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain: <input type="text"/> | <input type="checkbox"/> | <input 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 | \$ - | \$ - | \$ - | \$ - | |

**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? <input type="text"/> \$ - Date the debt was authorized: <input type="text"/> | <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? <input type="text"/> \$ - Date of the most recent Service Plan: <input type="text"/> | <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="text"/> \$ - | <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="text"/> \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-9 | Does the entity have any lease agreements? If yes: What is being leased? <input type="text"/> What is the original date of the lease? <input type="text"/> Number of years of lease? <input type="text"/> Is the lease subject to annual appropriation? <input type="checkbox"/> What are the annual lease payments? <input type="text"/> \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART 5 - CASH AND INVESTMENTS

| Please provide the entity's cash deposit and investment balances. | | Amount | Total | Please use this space to provide any explanations or comments |
|---|--|-----------|-----------|---|
| 5-1 | YEAR-END Total of ALL Checking and Savings accounts | \$ 55,591 | | |
| 5-2 | Certificates of deposit | \$ - | | |
| TOTAL CASH DEPOSITS | | | \$ 55,591 | |
| 5-3 | Investments <i>(if investment is a mutual fund, please list underlying investments):</i> | \$ - | | |
| | | \$ - | | |
| | | \$ - | | |
| | | \$ - | | |
| TOTAL INVESTMENTS | | | \$ - | |
| TOTAL CASH AND INVESTMENTS | | | \$ 55,591 | |

| 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 type="text"/> | <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

Please use this space to provide any explanations or comments

- 6-1 Does the entity have capitalized assets? Yes No
- (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: Yes No

| 6-3 Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS: | Balance - beginning of the year | Additions* | Deletions | Year-End Balance |
|--|---------------------------------|-------------------|-------------------|-------------------|
| Land | \$ 4,750 | \$ - | \$ - | \$ 4,750 |
| Buildings | \$ - | \$ 448,292 | \$ - | \$ 448,292 |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ 235,328 | \$ - | \$ 235,328 | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Intangible Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): Vehicle & Medical Devices | \$ 420,598 | \$ - | \$ - | \$ 420,598 |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ (82,164) | \$ (60,973) | \$ - | \$ (143,137) |
| TOTAL | \$ 578,512 | \$ 387,319 | \$ 235,328 | \$ 730,503 |

| 6-4 Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS: | Balance - beginning of the 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 line 3-14 and capitalized 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? 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 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 29-1-108 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 | \$ 216,930 |
| Capital Fund | \$ 380,235 |
| | \$ - |
| | \$ - |
| | \$ - |

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(6)]? <small>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.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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? If yes: Date of formation: <input type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10-2 | Has the entity changed its name in the past or current year? If yes: Please list the NEW name: <input type="text"/> Please list the PRIOR name: <input 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 type="text" value="AMBULANCE EMERGENCY SERVICES"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10-5 | Does the entity have an agreement with another government to provide services? If yes: List the name of the other governmental entity and the services provided: <input type="text" value="FREMONT COUNTY - EMERGENCY SERVICES"/> | <input checked="" type="checkbox"/> | <input 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 type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10-7 | Does the entity have a certified mill levy? If yes: Please provide the number of <u>mills</u> levied for the year reported (do not report \$ amounts): | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | Bond redemption mills | - | |
| | | General/other mills | 6.990 | |
| | | Total mills | 6.990 | |
| 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 type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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

| OSA USE ONLY | | | | | | | | |
|---------------------------------|----|---------------------|-------------------------|---------------------------|---------|------------------------------|----|----------|
| Entity Wide: | | General Fund | | Governmental Funds | | | | |
| Unrestricted Cash & Investments | \$ | 55,591 | Unrestricted Fund Balan | \$ | 27,201 | Total Tax Revenue | \$ | 310,512 |
| Current Liabilities | \$ | 15,139 | Total Fund Balance | \$ | 38,101 | Revenue Paying Debt Service | \$ | - |
| Deferred Inflow | \$ | 250,481 | PY Fund Balance | \$ | 87,760 | Total Revenue | \$ | 513,042 |
| | | | Total Revenue | \$ | 363,042 | Total Debt Service Principal | \$ | 150,000 |
| | | | Total Expenditures | \$ | 196,785 | Total Debt Service Interest | \$ | 3,613 |
| | | | Interfund In | \$ | - | Total Assets | \$ | 314,888 |
| | | | Interfund Out | \$ | 215,916 | Total Liabilities | \$ | 15,139 |
| Governmental | | Proprietary | | Enterprise Funds | | | | |
| Total Cash & Investments | \$ | 55,591 | Current Assets | \$ | - | Net Position | \$ | - |
| Transfers In | \$ | (215,916) | Deferred Outflow | \$ | - | PY Net Position | \$ | - |
| Transfers Out | \$ | 215,916 | Current Liabilities | \$ | - | Government-Wide | | |
| Property Tax | \$ | 280,314 | Deferred Inflow | \$ | - | Total Outstanding Debt | \$ | - |
| Debt Service Principal | \$ | 150,000 | Cash & Investments | \$ | - | Authorized but Unissued | \$ | - |
| Total Expenditures | \$ | 565,853 | Principal Expense | \$ | - | Year Authorized | | 1/0/1900 |
| Total Developer Advances | \$ | - | Total Expenses | \$ | - | | | |
| Total Developer Repayments | \$ | - | | | | | | |

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 Procedures

Policy - Requirements

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

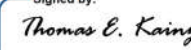
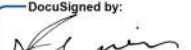
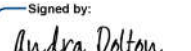
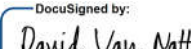
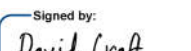
- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be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

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following 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 ALL members of the governing body below.
A MAJORITY of the members of the governing body must sign below.**

| | | | | |
|----------------|--|------------------|----------------|--|
| Board Member 1 | Board Member's Name: | Thomas Kainz | Signed by: |  |
| | 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: May 2025 | Date | 3/19/2025 | |
| Board Member 2 | Board Member's Name: | Nicole Lewis | DocuSigned by: |  |
| | 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: May 2025 | Date | 3/18/2025 | |
| Board Member 3 | Board Member's Name: | Andra Dolton | Signed by: |  |
| | 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: May 2025 | Date | 3/19/2025 | |
| Board Member 4 | Board Member's Name: | David Van Nattan | DocuSigned by: |  |
| | 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: May 2027 | Date | 3/19/2025 | |
| Board Member 5 | Board Member's Name: | David Craft | Signed by: |  |
| | 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: May 2027 | Date | 3/20/2025 | |
| Board Member 6 | Board Member's Name: | _____ | Signed by: | _____ |
| | 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: | _____ | Signed by: | _____ |
| | 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 | _____ | |

Certificate Of Completion

Envelope Id: 9F39FC01-FF6C-4BDB-9159-E7FC9DD63B55

Status: Completed

Subject: 2024 Audit Exemption AVAD.pdf

Source Envelope:

Document Pages: 9

Signatures: 1

Envelope Originator:

Certificate Pages: 1

Initials: 0

Rhonda Bilek

AutoNav: Enabled

rbilek@crsofcolorado.com

Envelopeld Stamping: Enabled

IP Address: 96.88.70.121

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original
3/18/2025 1:03:02 PM

Holder: Rhonda Bilek
rbilek@crsofcolorado.com

Location: DocuSign

Signer Events

Diane Rodriguez
drodriguez@crsofcolorado.com
Accounting Manager
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:
Diane Rodriguez
930874ADA789416...
Signature Adoption: Pre-selected Style
Using IP Address: 96.88.70.121

Timestamp

Sent: 3/18/2025 1:04:58 PM
Viewed: 3/18/2025 1:05:39 PM
Signed: 3/18/2025 1:06:11 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

| 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 | 3/18/2025 1:04:58 PM |
| Certified Delivered | Security Checked | 3/18/2025 1:05:39 PM |
| Signing Complete | Security Checked | 3/18/2025 1:06:11 PM |
| Completed | Security Checked | 3/18/2025 1:06:11 PM |
| Payment Events | Status | Timestamps |

Certificate Of Completion

Envelope Id: 43958AB7-EFF2-45B4-9B2C-547D09C67944

Status: Completed

Subject: Arkansas Valley Ambulance District - 2024_Audit_Exemption_AVAD.pdf

Source Envelope:

Document Pages: 9

Signatures: 5

Envelope Originator:

Certificate Pages: 5

Initials: 0

Rhonda Bilek

AutoNav: Enabled

rbilek@crsofcolorado.com

Envelopeld Stamping: Enabled

IP Address: 96.88.70.121

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original

Holder: Rhonda Bilek

Location: DocuSign

3/18/2025 1:07:23 PM

rbilek@crsofcolorado.com

Signer Events

Signature

Timestamp

Andra Dolton

adolton@avad.care

Security Level: Email, Account Authentication
(None)

Signed by:


77498017EB80472...

Signature Adoption: Pre-selected Style

Using IP Address: 216.147.126.22

Signed using mobile

Sent: 3/18/2025 1:13:05 PM

Resent: 3/19/2025 8:18:38 AM

Viewed: 3/19/2025 9:44:34 AM

Signed: 3/19/2025 9:44:59 AM

Electronic Record and Signature Disclosure:

Accepted: 3/19/2025 9:44:34 AM

ID: 27151e94-d768-4c6a-92e7-79f36c6009e5

David Craft

dcraft@avad.care

Security Level: Email, Account Authentication
(None)

Signed by:


F1BE169408BE4F7...

Signature Adoption: Pre-selected Style

Using IP Address: 24.248.5.7

Sent: 3/18/2025 1:13:05 PM

Resent: 3/19/2025 8:18:39 AM

Viewed: 3/20/2025 5:12:16 AM

Signed: 3/20/2025 5:13:53 AM

Electronic Record and Signature Disclosure:

Accepted: 3/20/2025 5:12:16 AM

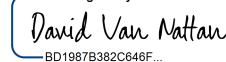
ID: ab314a21-52af-4a2e-917a-70003b4baafe

David Van Nattan

dvan@avad.care

Security Level: Email, Account Authentication
(None)

DocuSigned by:


BD1987B382C646F...

Signature Adoption: Pre-selected Style

Using IP Address: 71.211.12.193

Sent: 3/18/2025 1:13:06 PM

Resent: 3/19/2025 8:18:39 AM

Viewed: 3/19/2025 1:36:46 PM

Signed: 3/19/2025 1:37:14 PM

Electronic Record and Signature Disclosure:

Accepted: 3/27/2023 3:56:39 PM

ID: 21551d01-7962-43ea-b1d9-04aa7aa46cd5

Nicole Lewis

nlewis@avad.care

Security Level: Email, Account Authentication
(None)

DocuSigned by:


28C4A84BDC7240F...

Signature Adoption: Drawn on Device

Using IP Address: 66.36.126.50

Signed using mobile

Sent: 3/18/2025 1:13:06 PM

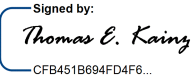
Viewed: 3/18/2025 1:14:04 PM

Signed: 3/18/2025 1:14:17 PM

Electronic Record and Signature Disclosure:

Accepted: 3/18/2025 1:14:04 PM

ID: 39297da7-6e42-4802-bcc2-1f8517b15a60

| Signer Events | Signature | Timestamp |
|---|--|--|
| Thomas E. Kainz tkainz@avad.care Security Level: Email, Account Authentication (None) |  <p>Signed by: <i>Thomas E. Kainz</i> <small>CFB451B694FD4F6...</small></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 66.118.52.94</p> | Sent: 3/18/2025 1:13:06 PM Viewed: 3/19/2025 5:31:01 AM Signed: 3/19/2025 5:32:36 AM |

Electronic Record and Signature Disclosure:
 Accepted: 5/27/2022 8:46:17 AM
 ID: f5c8ea6d-161b-4d55-970c-91eedfeb7fec

| 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 |

| | | |
|---|---|----------------------------|
| Diane Rodriguez drodriguez@crsofcolorado.com Accounting Manager Security Level: Email, Account Authentication (None) | <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;"> COPIED </div> | Sent: 3/18/2025 1:13:07 PM |
|---|---|----------------------------|

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

| Witness Events | Signature | Timestamp |
|-------------------------|------------------|----------------------|
| | | |
| Notary Events | Signature | Timestamp |
| | | |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 3/18/2025 1:13:07 PM |
| Certified Delivered | Security Checked | 3/19/2025 5:31:01 AM |
| Signing Complete | Security Checked | 3/19/2025 5:32:36 AM |
| Completed | Security Checked | 3/20/2025 5:13:53 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
| | | |

Electronic Record and Signature Disclosure