

# APPLICATION FOR EXEMPTION FROM AUDIT

## LONG FORM

### FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

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 for 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) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of 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 SUBMISSIONS 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.

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

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

### 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 of 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 understand the new Electronic Signature Policy? See new [here](#) policy
- or--
- 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.)
- 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?

Checkout 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

WEB PORTAL: Register and submit your Applications at our web portal:

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

For faster processing the web portal is the preferred method for submission

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](mailto: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 -- 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

CM-RETAC  
PO BOX 5055  
FRISCO, CO 80443

For the Year Ended  
12/31/2023  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL

RICHARD CORNELIUS  
970-340-7037  
rcornelius@roaringforkfire.org

6/30/2024

**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: TERESIA A SWIFT, CPA  
TITLE: CPA  
FIRM NAME (if applicable): SWIFT, SNOW & ASSOCIATES, LLC  
ADDRESS: PO BOX 5630, FRISCO, CO 80443  
PHONE: 970-668-5850  
RELATIONSHIP TO ENTITY: 8/16/2024

**DATE PREPARED**

**PREPARER (SIGNATURE REQUIRED)**

*Teresia A. Swift, CPA*

8/16/2024

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

\* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
<b>Assets</b>				<b>Assets</b>			
1-1	Cash & Cash Equivalents	\$ 126,273	\$ -	Cash & Cash Equivalents	\$ -	\$ -	
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 [specify...]						
1-6	Lease Receivable (as Lessor)	\$ -	\$ -				
1-7		\$ -	\$ -	<b>Total Current Assets</b>	\$ -	\$ -	
1-8		\$ -	\$ -	Capital & Right to Use Assets, net (from Part 6-4)	\$ -	\$ -	
1-9		\$ -	\$ -	Other Long Term Assets [specify...]	\$ -	\$ -	
1-10		\$ -	\$ -		\$ -	\$ -	
1-11	(add lines 1-4 through 1-10) <b>TOTAL ASSETS</b>	\$ 126,273	\$ -	(add lines 1-1 through 1-10) <b>TOTAL ASSETS</b>	\$ -	\$ -	
<b>Deferred Outflows of Resources:</b>				<b>Deferred Outflows of Resources</b>			
1-12	[specify...]	\$ -	\$ -	[specify...]	\$ -	\$ -	
1-13	[specify...]	\$ -	\$ -	[specify...]	\$ -	\$ -	
1-14	(add lines 1-12 through 1-13) <b>TOTAL DEFERRED OUTFLOWS</b>	\$ -	\$ -	(add lines 1-12 through 1-13) <b>TOTAL DEFERRED OUTFLOWS</b>	\$ -	\$ -	
1-15	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ 126,273	\$ -	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ -	\$ -	
<b>Liabilities</b>				<b>Liabilities</b>			
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) <b>TOTAL CURRENT LIABILITIES</b>	\$ -	\$ -	(add lines 1-16 through 1-20) <b>TOTAL CURRENT LIABILITIES</b>	\$ -	\$ -	
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 1-21 through 1-26) <b>TOTAL LIABILITIES</b>	\$ -	\$ -	(add lines 1-21 through 1-26) <b>TOTAL LIABILITIES</b>	\$ -	\$ -	
<b>Deferred Inflows of Resources:</b>				<b>Deferred Inflows of Resources</b>			
1-28	Deferred Property Taxes	\$ -	\$ -	Pension/OPEB Related	\$ -	\$ -	
1-29	Lease related (as lessor)	\$ -	\$ -	Other [specify...]	\$ -	\$ -	
1-30	(add lines 1-28 through 1-29) <b>TOTAL DEFERRED INFLOWS</b>	\$ -	\$ -	(add lines 1-28 through 1-29) <b>TOTAL DEFERRED INFLOWS</b>	\$ -	\$ -	
<b>Fund Balance</b>				<b>Net Position</b>			
1-31	Nonspendable Prepaid	\$ -	\$ -	Net Investment in Capital and Right-to Use Assets	\$ -	\$ -	
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:	\$ 126,273	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	
1-37	Add lines 1-31 through 1-36 This total should be the same as line 3-33 <b>TOTAL FUND BALANCE</b>	\$ 126,273	\$ -	Add lines 1-31 through 1-36 This total should be the same as line 3-33 <b>TOTAL NET POSITION</b>	\$ -	\$ -	
1-38	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 <b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>	\$ 126,273	\$ -	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 <b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>	\$ -	\$ -	

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
<b>Tax Revenue</b>				<b>Tax Revenue</b>			
2-1	Property (include mills levied in Question 10-6)	\$ -	\$ -	Property (include mills levied in Question 10-6)	\$ -	\$ -	
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		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 <b>TOTAL TAX REVENUE</b>	\$ -	\$ -	Add lines 2-1 through 2-7 <b>TOTAL TAX REVENUE</b>	\$ -	\$ -	
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	\$ 264,974	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 147	\$ -	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 Miscellaneous	\$ 242	\$ -	All Other (specify...):	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 <b>TOTAL REVENUES</b>	\$ 265,363	\$ -	Add lines 2-8 through 2-23 <b>TOTAL REVENUES</b>	\$ -	\$ -	
<b>Other Financing Sources</b>				<b>Other Financing Sources</b>			
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 <b>TOTAL OTHER FINANCING SOURCES</b>	\$ -	\$ -	Add lines 2-25 through 2-28 <b>TOTAL OTHER FINANCING SOURCES</b>	\$ -	\$ -	<b>GRAND TOTALS</b>
2-30	Add lines 2-24 and 2-29 <b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$ 265,363	\$ -	Add lines 2-24 and 2-29 <b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$ -	\$ -	\$ 265,363

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) 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.

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

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
	<b>Expenditures</b>			<b>Expenses</b>			
3-1	General Government	\$ -	\$ -	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	\$ 258,925	\$ -	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		\$ -	\$ -		\$ -	\$ -	
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	<b>Add lines 3-1 through 3-21</b>	<b>\$ 258,925</b>	<b>\$ -</b>	<b>Add lines 3-1 through 3-21</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 258,925</b>
	<b>TOTAL EXPENDITURES</b>			<b>TOTAL EXPENSES</b>			
3-23	Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -	
3-24	Interfund Transfers Out	\$ -	\$ -	Other [specify...][enter negative for expense]	\$ -	\$ -	
3-25	Other Expenditures (Revenues):	\$ -	\$ -	Depreciation/Amortization	\$ -	\$ -	
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-28)	\$ -	\$ -	
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$ -	\$ -	
3-29	<b>(Add lines 3-23 through 3-28)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>						
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, less line 3-29	\$ 6,438	\$ -	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ -	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 119,835	\$ -	Net Position, January 1 from December 31 prior year report	\$ -	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -	
3-33	Fund Balance, December 31 Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	\$ 126,273	\$ -	Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	\$ -	\$ -	

**IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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.**

## 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4-2	Is the debt repayment schedule attached? If no, <b>MUST</b> explain:	<input type="checkbox"/>	<input type="checkbox"/>	
4-3	Is the entity current in its debt service payments? If no, <b>MUST</b> explain:	<input type="checkbox"/>	<input type="checkbox"/>	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)			
	Outstanding at beginning of year	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Lease & SBITA** Liabilities (GASB 87 & 96)	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*\*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 [Section 29-1-605(2) C.R.S.]?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	How much?	\$ -		
Date the debt was authorized:				
4-6	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	How much?	\$ -		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	What is the amount outstanding?	\$ -		
4-8	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>		
What are the annual lease payments?	\$ -			

## 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	\$ 126,273		
5-2	Certificates of deposit	\$ -		
<b>TOTAL CASH DEPOSITS</b>			<b>\$ 126,273</b>	
Investments (if investment is a mutual fund, please list underlying investments):				
5-3		\$ -		
		\$ -		
		\$ -		
		\$ -		
<b>TOTAL INVESTMENTS</b>			<b>\$ -</b>	
<b>TOTAL CASH AND INVESTMENTS</b>			<b>\$ 126,273</b>	

Please answer the following question 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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, <b>MUST</b> explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following question 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
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no,  YES                       NO

MUST explain:

6-3 Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year <sup>a</sup>	Additions <sup>a</sup>	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 2,505	\$ -	\$ -	\$ 2,505
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)	\$ (2,505)	\$ -	\$ -	\$ (2,505)
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

6-4 Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year	Additions <sup>a</sup>	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)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<sup>a</sup> Must agree to prior year-end balance  
<sup>a</sup> Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

## PART 7 - PENSION INFORMATION

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?  YES                       NO

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</b>	<b>\$ -</b>
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:  
THE BUDGET IS FILED ANNUALLY WITH CDPHE

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

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

Governmental/Proprietary Fund Name	Total Appropriations By Fund
GENERAL FYE 6-30-24	\$ 316,905
	\$ -
	\$ -
	\$ -

**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)]?  YES  NO

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

**PART 10 - GENERAL INFORMATION**

Please answer the following question 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?  YES  NO

If yes: Date of formation:

- 10-2 Has the entity changed its name in the past or current year?  YES  NO

If Yes: NEW name   
PRIOR name

- 10-3 Is the entity a metropolitan district?  YES  NO

10-4 Please indicate what services the entity provides:

- 10-5 Does the entity have an agreement with another government to provide services?  YES  NO

If yes: List the name of the other governmental entity and the services provided:  
 CONSORTIUM OF 6 COUNTIES IN CENTRAL, CO EMS, TRAUMA SERVICES UNDER SEMTAC

- 10-6 Does the entity have a certified mill levy?  YES  NO

If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	0.000
General/Other mills	0.000
<b>Total mills</b>	<b>0.000</b>

YES NO N/A

- 10-7 **NEW 2023!** If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.  YES  NO  N/A

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

**OSA USE ONLY**

<b>Entity Wide:</b>		<b>General Fund</b>	<b>Governmental Funds</b>	<b>Notes</b>
Unrestricted Cash & Investments	\$	126,273	Unrestricted Fund Balan \$ 126,273	Total Tax Revenue \$ -
Current Liabilities	\$	-	Total Fund Balance \$ 126,273	Revenue Paying Debt Service \$ -
Deferred Inflow	\$	-	PY Fund Balance \$ 119,635	Total Revenue \$ 265,363
			Total Revenue \$ 265,363	Total Debt Service Principal \$ -
			Total Expenditures \$ 258,925	Total Debt Service Interest \$ -
				Total Assets \$ 126,273
				Total Liabilities \$ -
<b>Governmental</b>			Interfund In \$ -	<b>Enterprise Funds</b>
Total Cash & Investments	\$	126,273	Interfund Out \$ -	Net Position \$ -
Transfers In	\$	-	<b>Proprietary</b>	PY Net Position \$ -
Transfers Out	\$	-	- Current Assets \$ -	<b>Government-Wide</b>
Property Tax	\$	-	- Deferred Outflow \$ -	- Total Outstanding Debt \$ -
Debt Service Principal	\$	-	- Current Liabilities \$ -	- Authorized but Unissued \$ -
Total Expenditures	\$	258,925	Deferred Inflow \$ -	- Year Authorized \$ 1/0/1900
Total Developer Advances	\$	-	- Cash & Investments \$ -	
Total Developer Repayments	\$	-	- Principal Expense \$ -	

**PART 12 - GOVERNING BODY APPROVAL**

Please answer the following question by marking in the appropriate box

YES

NO



12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

**Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures 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 three methods:

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

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 revenue and expenditures of \$750,000 or less 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.

**MUST Print the names of ALL members of the governing body below.**

**A MAJORITY of the members of the governing body must sign below.**

1	<u>Full Name</u> <i>See attached</i>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
2	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
3	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
4	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
5	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
6	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
7	<u>Full Name</u>	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

**CM-RETAC**  
**RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT**  
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR JUNE 30, 2024 FOR THE CENTRAL MOUNTAINS REGIONAL EMERGENCY MEDICAL TRAUMA ADVISORY COUNCIL (CM-RETAC) FOR THE STATE OF COLORADO.

WHEREAS, the Board of Directors of CM-RETAC wishes to claim exemption from the audit requirement of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S. states that any local government where neither revenues nor expenditures exceed five hundred thousand dollars may, with the approval of the state auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for CM-RETAC exceeded \$750,000 for fiscal year ended June 30, 2024; and

WHEREAS, an application for exemption from audit for CM-RETAC has been prepared by Swift, Snow & Associates, LLC, an independent certified public accounting firm, with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/ordained by the Board of Directors of the CM-RETAC that the application for exemption from audit for CM-RETAC for the fiscal year ended June 30, 2024, has been personally reviewed and is hereby approved by a majority of the Board of Directors of CM-RETAC; that those member of the Board of Directors have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the CM-RETAC for the fiscal year ended June 30, 2024.

Adopted the 1st day of September, A.D. 2024

*Josh Hadley*

Signature - CM-RETAC CHAIRMAN

**Josh Hadley**

Print Name

ATTEST:

Print Names of  
Members of Governing Body:

Katie Kowalski

Brandon Daruna

Jeremiah Grantham

Kevin Borns

Lucas Robinson

Gabriel Muething

Jill Kennedy

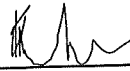
Richard R. Cornelius

Marci Dowis

Jim Levi

Date  
Term  
Expires

Signatures:



Brandon Daruna



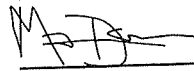
Kevin Borns



Gabriel Muething


Jill Kennedy

Richard R. Cornelius



4-7

**SIGNATURE CERTIFICATE**



**REFERENCE NUMBER**  
5A373175-ACF0-4652-B88A-90A5BFD736B7

**TRANSACTION DETAILS** **DOCUMENT DETAILS**

**Reference Number**  
5A373175-ACF0-4652-B88A-90A5BFD736B7

**Transaction Type**  
Signature Request

**Sent At**  
08/27/2024 12:27 MST

**Executed At**  
09/23/2024 12:59 MST

**Identity Method**  
email

**Distribution Method**  
email

**Signed Checksum**  
22318864c4caf470cb8efc4f49ddc4f73a2fa73bb43b4b548eec39fa69ce6e81

**Signer Sequencing**  
Disabled

**Document Passcode**  
Disabled

**Document Name**  
20240827125707568

**Filename**  
20240827125707568.pdf

**Pages**  
2 pages



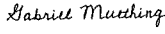
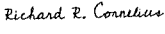
**Content Type**  
application/pdf



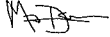
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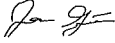
**Original Checksum**  
aa7f057a010e9823e05d55d9dca1b68b510c0666b178d9a63026dc66e7abd990

**SIGNERS**

SIGNER	E-SIGNATURE	EVENTS
<p><b>Name</b> Brandon Daruna</p> <p><b>Email</b> bdaruna@ecparamedics.com</p> <p><b>Components</b> 2</p>	<p><b>Status</b> signed</p> <p><b>Multi-factor Digital Fingerprint Checksum</b> 6692d2a9eb37da223a851c8b64351deb1f1abd6d2b024deb03bf7d66e2b2a7b1</p> <p><b>IP Address</b> 50.238.21.210</p> <p><b>Device</b> Safari via Mac</p> <p><b>Typed Signature</b> <i>Brandon Daruna</i></p> <p><b>Signature Reference ID</b> B70837AF</p>	<p><b>Viewed At</b> 09/23/2024 12:58 MST</p> <p><b>Identity Authenticated At</b> 09/23/2024 12:59 MST</p> <p><b>Signed At</b> 09/23/2024 12:59 MST</p>
<p><b>Name</b> Josh Hadley</p> <p><b>Email</b> jhadley@chaffeecounty.org</p> <p><b>Components</b> 1</p>	<p><b>Status</b> signed</p> <p><b>Multi-factor Digital Fingerprint Checksum</b> aec209afb89fedadd1af3878c41841f578ca3c9e7e13bc6f11efbc6630b55098</p> <p><b>IP Address</b> 174.215.121.98</p> <p><b>Device</b> Chrome via Windows</p> <p><b>Typed Signature</b> <i>Josh Hadley</i></p> <p><b>Signature Reference ID</b> 5BA78B2B</p>	<p><b>Viewed At</b> 09/09/2024 13:21 MST</p> <p><b>Identity Authenticated At</b> 09/09/2024 13:22 MST</p> <p><b>Signed At</b> 09/09/2024 13:22 MST</p>

SIGNER	E-SIGNATURE	EVENTS
<b>Name</b> Jill Kennedy <b>Email</b> jkennedy@aspenhospital.org <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 0d58dacdb6e77a2545f0c4d8d672757888895d4485ce9f250cd7dc5cda2edc47 <b>IP Address</b> 65.38.142.237 <b>Device</b> Chrome via Windows <b>Typed Signature</b>  <b>Signature Reference ID</b> 70D16C03	<b>Viewed At</b> 09/05/2024 11:14 MST <b>Identity Authenticated At</b> 09/05/2024 11:15 MST <b>Signed At</b> 09/05/2024 11:15 MST
<b>Name</b> Jim Levi <b>Email</b> jlevi@rwbfire.org <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 545732636b846562482f4cae1dd184e3b010f7e21997e7920172fc938c925eea <b>IP Address</b> 69.71.168.94 <b>Device</b> Microsoft Edge via Windows <b>Drawn Signature</b>  <b>Signature Reference ID</b> 6C140AF8 <b>Signature Biometric Count</b> 4	<b>Viewed At</b> 09/05/2024 09:56 MST <b>Identity Authenticated At</b> 09/05/2024 09:57 MST <b>Signed At</b> 09/05/2024 09:57 MST
<b>Name</b> Gabe Muething <b>Email</b> gmuething@aspenhospital.org <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 0ea881ea50c3688b8421ca818ed9c28196c63142ef758fb53d8cbadbe4dcefe <b>IP Address</b> 65.38.142.237 <b>Device</b> Chrome via Windows <b>Typed Signature</b>  <b>Signature Reference ID</b> 961384BE	<b>Viewed At</b> 08/29/2024 07:32 MST <b>Identity Authenticated At</b> 08/29/2024 07:33 MST <b>Signed At</b> 08/29/2024 07:33 MST
<b>Name</b> Richard Cornelius <b>Email</b> rcornelius@roaringforkfire.org <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 8f1c742675dfa12e03dd55d052cd1a744091970d9683b897bb9550f14f285ce9 <b>IP Address</b> 96.66.71.105 <b>Device</b> Microsoft Edge via Windows <b>Typed Signature</b>  <b>Signature Reference ID</b> C4104A96	<b>Viewed At</b> 08/28/2024 12:01 MST <b>Identity Authenticated At</b> 08/28/2024 12:02 MST <b>Signed At</b> 08/28/2024 12:02 MST

SIGNER	E-SIGNATURE	EVENTS
<b>Name</b> Lucas Robinson <b>Email</b> lucas.robinson@plattcanyonfire.com <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> fc5b62da2c3c071228a1d8e0ac609360fd20f97fe99256bede4799eb4e21dc52 <b>IP Address</b> 98.97.40.76 <b>Device</b> Chrome Mobile via Android <b>Drawn Signature</b>  <b>Signature Reference ID</b> 7EBD7FDB <b>Signature Biometric Count</b> 1	<b>Viewed At</b> 08/28/2024 11:14 MST <b>Identity Authenticated At</b> 08/28/2024 11:17 MST <b>Signed At</b> 08/28/2024 11:17 MST
<b>Name</b> Katie Kowalski <b>Email</b> katie.kowalski@hrrmc.net <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 4106d39efed92f61729a7f5a098ec60df3af59d89f1cb1d92c14183985be5242 <b>IP Address</b> 199.7.99.1 <b>Device</b> Chrome via Windows <b>Drawn Signature</b>  <b>Signature Reference ID</b> 711254A6 <b>Signature Biometric Count</b> 2	<b>Viewed At</b> 08/28/2024 09:28 MST <b>Identity Authenticated At</b> 08/28/2024 09:29 MST <b>Signed At</b> 08/28/2024 09:29 MST
<b>Name</b> Marci Dowis <b>Email</b> marcidowis@centura.org <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 1b3cf186c7a1bc654e015a63f1ea1b5f3ee5967b5be6b5643ed4fce1664b2723 <b>IP Address</b> 165.225.10.187 <b>Device</b> Chrome via Windows <b>Drawn Signature</b>  <b>Signature Reference ID</b> A65EC202 <b>Signature Biometric Count</b> 5	<b>Viewed At</b> 08/28/2024 08:36 MST <b>Identity Authenticated At</b> 08/28/2024 08:37 MST <b>Signed At</b> 08/28/2024 08:37 MST
<b>Name</b> Kevin Borns <b>Email</b> chief@southparkambulance.com <b>Components</b> 2	<b>Status</b> signed <b>Multi-factor Digital Fingerprint Checksum</b> 6d07a2dc13a6e7ce75ec89024eac3552de06393df2b499e554235cd6eb3c3a04 <b>IP Address</b> 209.236.92.103 <b>Device</b> Chrome via Windows <b>Typed Signature</b> Kevin Borns <b>Signature Reference ID</b> F90CDDDC	<b>Viewed At</b> 08/27/2024 12:47 MST <b>Identity Authenticated At</b> 08/27/2024 12:48 MST <b>Signed At</b> 08/27/2024 12:48 MST

SIGNER	E-SIGNATURE	EVENTS
<b>Name</b> Jeremiah Grantham	<b>Status</b> signed	<b>Viewed At</b> 08/27/2024 12:37 MST
<b>Email</b> jgrantham@stvincent.health	<b>Multi-factor Digital Fingerprint Checksum</b> 2a9cbb6404172bac784ff223b9dde449bc174270adb9865448468f7b81a63bfa	<b>Identity Authenticated At</b> 08/27/2024 12:38 MST
<b>Components</b> 2	<b>IP Address</b> 35.150.111.129	<b>Signed At</b> 08/27/2024 12:38 MST
	<b>Device</b> Safari via Mac	
	<b>Drawn Signature</b> 	
	<b>Signature Reference ID</b> EA9B3DE6	
	<b>Signature Biometric Count</b> 3	

## AUDITS

TIMESTAMP	AUDIT
08/27/2024 12:27 MST	Jamie Stahulak (jamie@swiftsnow.com) created document '20240827125707568.pdf' on Chrome via Windows from 129.146.73.251.
08/27/2024 12:27 MST	Jim Levi (jlevi@rwbfire.org) was emailed a link to sign.
08/27/2024 12:27 MST	Jeremiah Grantham (jgrantham@stvincent.health) was emailed a link to sign.
08/27/2024 12:27 MST	Lucas Robinson (lucas.robinson@plattecanyonfire.com) was emailed a link to sign.
08/27/2024 12:27 MST	Brandon Daruna (bdaruna@ecparamedis.com) was emailed a link to sign.
08/27/2024 12:27 MST	Jill Kennedy (jkennedy@aspenhospital.org) was emailed a link to sign.
08/27/2024 12:27 MST	Josh Hadley (jhadley@chaffeeconomy.org) was emailed a link to sign.
08/27/2024 12:27 MST	Kevin Borns (chief@southparkambulance.com) was emailed a link to sign.
08/27/2024 12:27 MST	Katie Kowalski (katie.kowalski@hrrmc.net) was emailed a link to sign.
08/27/2024 12:27 MST	Gabe Muething (gmuething@aspenhospital.org) was emailed a link to sign.
08/27/2024 12:27 MST	Marci Dowis (marcidowis@centura.org) was emailed a link to sign.
08/27/2024 12:27 MST	Richard Cornelius (rcornelius@roaringforkfire.org) was emailed a link to sign.
08/27/2024 12:37 MST	Jeremiah Grantham (jgrantham@stvincent.health) viewed the document on Safari via Mac from 35.150.111.129.
08/27/2024 12:38 MST	Jeremiah Grantham (jgrantham@stvincent.health) authenticated via email on Safari via Mac from 35.150.111.129.
08/27/2024 12:38 MST	Jeremiah Grantham (jgrantham@stvincent.health) signed the document on Safari via Mac from 35.150.111.129.
08/27/2024 12:47 MST	Kevin Borns (chief@southparkambulance.com) viewed the document on Chrome via Windows from 209.236.92.103.
08/27/2024 12:48 MST	Kevin Borns (chief@southparkambulance.com) authenticated via email on Chrome via Windows from 209.236.92.103.
08/27/2024 12:48 MST	Kevin Borns (chief@southparkambulance.com) signed the document on Chrome via Windows from 209.236.92.103.
08/27/2024 13:14 MST	Gabe Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 65.38.142.237.
08/27/2024 13:14 MST	Gabe Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 100.27.71.42.
08/28/2024 08:36 MST	Marci Dowis (marcidowis@centura.org) viewed the document on Chrome via Windows from 165.225.10.187.
08/28/2024 08:36 MST	Marci Dowis (marcidowis@centura.org) viewed the document on Chrome via Windows from 54.204.110.166.
08/28/2024 08:37 MST	Marci Dowis (marcidowis@centura.org) authenticated via email on Chrome via Windows from 165.225.10.187.
08/28/2024 08:37 MST	Marci Dowis (marcidowis@centura.org) signed the document on Chrome via Windows from 165.225.10.187.
08/28/2024 09:28 MST	Katie Kowalski (katie.kowalski@hrrmc.net) viewed the document on Chrome via Windows from 199.7.99.1.
08/28/2024 09:29 MST	Katie Kowalski (katie.kowalski@hrrmc.net) authenticated via email on Chrome via Windows from 199.7.99.1.
08/28/2024 09:29 MST	Katie Kowalski (katie.kowalski@hrrmc.net) signed the document on Chrome via Windows from 199.7.99.1.
08/28/2024 11:14 MST	Lucas Robinson (lucas.robinson@plattecanyonfire.com) viewed the document on Chrome Mobile via Android from 98.97.40.76.
08/28/2024 11:17 MST	Lucas Robinson (lucas.robinson@plattecanyonfire.com) authenticated via email on Chrome Mobile via Android from 98.97.40.76.
08/28/2024 11:17 MST	Lucas Robinson (lucas.robinson@plattecanyonfire.com) signed the document on Chrome Mobile via Android from 98.97.40.76.
08/28/2024 12:01 MST	Richard Cornelius (rcornelius@roaringforkfire.org) viewed the document on Microsoft Edge via Windows from 96.66.71.105.
08/28/2024 12:02 MST	Richard Cornelius (rcornelius@roaringforkfire.org) authenticated via email on Microsoft Edge via Windows from 96.66.71.105.
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**TIMESTAMP****AUDIT**

08/29/2024 07:32 MST

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08/29/2024 07:33 MST

Gabe Muething (gmuething@aspenhospital.org) authenticated via email on Chrome via Windows from 65.38.142.237.

08/29/2024 07:33 MST

Gabe Muething (gmuething@aspenhospital.org) signed the document on Chrome via Windows from 65.38.142.237.

09/05/2024 09:33 MST

Josh Hadley (jhadley@chaffeeconomy.org) was emailed a reminder.

09/05/2024 09:33 MST

Brandon Daruna (bdaruna@ecparamedis.com) was emailed a reminder.

09/05/2024 09:33 MST

Jill Kennedy (jkennedy@aspenhospital.org) was emailed a reminder.

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Jamie Stahulak (jamie@swiftsnow.com) modified the signer email from 'bdaruna@ecparamedis.com' to 'bdaruna@ecparamedics.com'.

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Jamie Stahulak (jamie@swiftsnow.com) modified signer email/name for '20240827125707568.pdf' on Chrome via Windows from 129.146.73.251.

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