

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 (Article 29, Part 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 ELECTRONICALLY and submit it to the Office of the State Auditor (OSA) for approval. Every piece of an application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting approved for an Exemption from Audit, 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 90 DAYS AFTER THE ACCOUNTING YEAR END FOR EXEMPTION. APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH THE FISCAL YEAR END.

For more information, visit www.leg.state.co.us/osa or call the OSA at (303) 869-0000.

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

Applications submitted after the deadline will be accepted.

For your reference, Colorado Revised Statute 29-2-101(1) can be found at this address:

Applications submitted after the deadline will be accepted by the OSA, will not be accepted.

<http://www.leg.state.co.us/osa>

Applications will be fully reviewed and accepted.

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 Electronic Signature Policy? (See policy in Part 11)
 - or
 - If yes, have you included a resolution?
 - Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
 - Has the resolution been signed by a MAJORITY of the governing body? (See Sample resolution at the end of this form.)
- Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier)
 - If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

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

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

FILING METHODS

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

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

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

MAIL Office of the State Auditor
Local Government Audit Division
P.O. Box 10000
Denver, CO 80202

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@leg.state.co.us Phone: 303-869-0000

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

Front Range Board of Cooperative Educational Services
6500 E. Arapahoe
Boulder, CO 80303
Hi Howard
720-375-5813
hhoward@cherrycreekschools.org

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

6/30/2025

CONTACT PERSON
PHONE
EMAIL

CERTIFICATION OF PREPARER

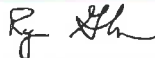
I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues 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

Ryan Graham, CPA
Partner
The Adams Group, LLC
6000 Greenwood Plaza Blvd., Ste 115 Greenwood Village, CO 80111
303-733-3796
Independent CPA

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

PREPARER (SIGNATURE REQUIRED)



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

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							
1-1	Cash & Cash Equivalents	\$	\$	\$	Cash & Cash Equivalents	\$ 214,940	\$
1-2	Investments	\$	\$	\$	Investments	\$	\$
1-3	Receivables	\$	\$	\$	Receivables	\$ 6,149	\$
1-4	Due from Other Entities or Funds	\$	\$	\$	Due from Other Entities or Funds	\$	\$
1-5	Property Tax Receivable	\$	\$	\$	Other Current Assets (specify)	\$	\$
1-6	All Other Assets	\$	\$	\$		\$	\$
1-6	Lease Receivable (as Lessor)	\$	\$	\$	Total Current Assets	\$ 221,089	\$
1-7	Other (specify)	\$	\$	\$	Capital & Right to Use Assets (net (from Part 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	\$ 221,089	\$
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	\$ 221,089	\$
Liabilities							
1-16	Accounts Payable	\$	\$	\$	Accounts Payable	\$ 3,932	\$
1-17	Accrued Payroll and Related Liabilities	\$	\$	\$	Accrued Payroll and Related Liabilities	\$ 1,500	\$
1-18	Unearned Revenue	\$	\$	\$	Accrued Interest Payable	\$	\$
1-19	Due to Other Entities or Funds	\$	\$	\$	Due to Other Entities or Funds	\$ 3,552	\$
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	\$ 8,984	\$
1-21	All Other Liabilities (specify)	\$	\$	\$	Proprietary Debt Outstanding (from Part 4)	\$	\$
1-22		\$	\$	\$	Other Liabilities (specify)	\$	\$
1-23		\$	\$	\$		\$	\$
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	\$ 8,984	\$
Deferred Inflows of Resources							
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) TOTAL DEFERRED INFLOWS	\$	\$	\$	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	\$
Fund Balance							
1-31	Nonspendable Prepaid	\$	\$	\$	Net Position		
1-32	Nonspendable Inventory	\$	\$	\$	Net Investment in Capital and Right to Use Assets	\$	\$
1-33	Restricted (specify)	\$	\$	\$	Emergency Reserves	\$	\$
1-34	Committed (specify)	\$	\$	\$	Other Designations/Reserves	\$	\$
1-35	Assigned (specify)	\$	\$	\$	Restricted	\$	\$
1-36	Unassigned	\$	\$	\$	Undesignated/Unreserved/Unrestricted	\$ 212,105	\$
1-36	Add lines 1-31 through 1-36				Add lines 1-31 through 1-36		
1-36	This total should be the same as line 3-36				This total should be the same as line 3-36		
1-36	TOTAL FUND BALANCE	\$	\$	\$	TOTAL NET POSITION	\$ 212,105	\$
1-37	Add lines 1-27, 1-30 and 1-37				Add lines 1-27, 1-30 and 1-37		
1-37	This total should be the same as line 1-15				This total should be the same as line 1-15		
1-37	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	\$	\$	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ 221,089	\$

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]	\$ -	\$ -	
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 TOTAL TAX REVENUE	\$ -	\$ -	\$ -	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	\$ -	\$ -	\$ -	Charges for Sales and Services	\$ 243,353	\$ -	
2-17	Rental Income	\$ -	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	\$ -	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	\$ -	\$ -	\$ -	Add lines 2-9 through 2-23 TOTAL REVENUES	\$ 243,353	\$ -	
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 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	\$ -	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	\$ -	\$ -	\$ -	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 243,353	\$ -	
2-31					GRAND TOTALS (ALL FUNDS)	\$ 243,353	\$ -	

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	\$	\$
3-2	Judicial	\$	\$	\$	Salaries	\$ 144,185	\$
3-3	Law Enforcement	\$	\$	\$	Payroll Taxes	\$ 2,091	\$
3-4	Fire	\$	\$	\$	Contract Services	\$ 77,100	\$
3-5	Highways & Streets	\$	\$	\$	Employee Benefits	\$ 35,473	\$
3-6	Solid Waste	\$	\$	\$	Insurance	\$ 463	\$
3-7	Contributions to Fire & Police Pension Assoc	\$	\$	\$	Accounting and Legal Fees	\$	\$
3-8	Health	\$	\$	\$	Repair and Maintenance	\$	\$
3-9	Culture and Recreation	\$	\$	\$	Supplies	\$ 10,329	\$
3-10	Transfers to other districts	\$	\$	\$	Utilities	\$	\$
3-11	Other (specify)	\$	\$	\$	Contributions to Fire & Police Pension Assoc	\$	\$
3-12		\$	\$	\$	Other (Postage, travel, and other miscellaneous expenses)	\$ 1,726	\$
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		\$	\$	\$		\$	\$
3-23		\$	\$	\$		\$	\$
3-24	Add lines 3-1 through 3-23	\$	\$	\$	Add lines 3-1 through 3-23	\$ 271,367	\$
	TOTAL EXPENDITURES	\$	\$	\$	TOTAL EXPENSES	\$	\$
3-25					GRAND TOTAL (ALL FUNDS)	\$ 271,367	\$
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 2-25)	\$	\$
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	\$ (28,014)	\$
3-34	Fund Balance - January 1 from December 31 prior year report	\$	\$	\$	Net Position, January 1 from December 31 prior year report	\$	\$
3-35	Prior Period Adjustment (MUST explain)	\$	\$	\$	Prior Period Adjustment (MUST explain)	\$ 240,119	\$
3-36	Fund Balance - December 31	\$	\$	\$	Net Position, December 31	\$	\$
3-37	Sum of Lines 3-33, 3-34, and 3-35	\$	\$	\$	Sum of Lines 3-33, 3-34, and 3-35	\$	\$
	This total should be the same as line 1-37	\$	\$	\$	This total should be the same as line 1-37	\$ 212,105	\$

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

Prior period adjustment required as of 7/1/24 to properly reflect net position in accordance with GASB Statement No. 84

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: <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>		
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	<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>				
		Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities (GASB 87 & 96)	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other <i>(specify)</i>	\$ -	\$ -	\$ -	\$ -
	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? \$ - 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	Please use this space to provide any explanations or comments
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$ 214,940		
5-2	Certificates of deposit	\$ -		
TOTAL CASH DEPOSITS			\$ 214,940	
5-3	INVESTMENTS <i>(If investment is a mutual fund, please list underlying investments):</i>			
		\$ -		
		\$ -		
		\$ -		
		\$ -		
TOTAL INVESTMENTS			\$ -	
TOTAL CASH AND INVESTMENTS			\$ 214,940	
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 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, MUST explain: <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	<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?
(If 'No' is checked, skip the rest of Part 6) Yes No
- 6.2 Has the entity performed an annual inventory of capital assets in accordance with Section 291.506, 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 ^A	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 the year	Additions ^A	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	\$	\$	\$	\$

^A Must agree to prior year-end balance
^A 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
- 8.1 Who administers the plan? _____
- Indicate the contributions from:
- | | |
|-----------------------------|----|
| Taxable pay (for 2014-2015) | \$ |
| State contribution amount | \$ |
| Other (give details, 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)																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Governmental/Proprietary Fund Name</th> <th style="text-align: right;">Total Appropriations By Fund</th> </tr> </thead> <tbody> <tr> <td>Front Range BOCES Operating Fund</td> <td style="text-align: right;">\$ 339,226</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table>						Governmental/Proprietary Fund Name	Total Appropriations By Fund	Front Range BOCES Operating Fund	\$ 339,226		\$ -		\$ -		\$ -		\$ -
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	\$ -																		
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	\$ -																		

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 exception to the cap on the growth of TABOR dollars is applying the entity's cap to 5 percent of emergency levy requirements. Entities should determine if they meet this requirement 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:																
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:																
	Please list the PRIOR name:																
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
10-4	Please indicate what services the entity provides:	Front Range BOCES strengthens educators' leadership and instructional practices while elevating student voices in learning talk															
10-5	Does the entity have an agreement with another government to provide services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
If yes:	List the name of the other governmental entity and the services provided:	Boulder Valley School District - Administration and Financial Services															
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.]	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
If yes:	Date filed:																
10-7	Does the entity have a certified mill levy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
If yes:	Please provide the number of <u>mills</u> levied for the year reported (do not report \$ amounts):																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 40%;">Bond redemption mills</td> <td style="width: 20%; text-align: center;">-</td> <td style="width: 40%;"></td> </tr> <tr> <td>General/other mills</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr style="background-color: #0056b3; color: white;"> <td>Total mills</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>				Bond redemption mills	-		General/other mills	-		Total mills	-		Yes	No	N/A
Bond redemption mills	-																
General/other mills	-																
Total mills	-																
Yes	No	N/A															
10-8	If the entity is a Title 32 Special District formed after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO , please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	\$	214,940	Unrestricted Fund Balan	\$		
Current Liabilities	\$	8,984	Total Fund Balance	\$		
Deferred Inflow	\$	-	- PY Fund Balance	\$		
			Total Revenue	\$		
			Total Expenditures	\$		
			Interfund In	\$		
			Interfund Out	\$		
Governmental			- Proprietary			
Total Cash & Investments	\$		- Current Assets	\$	221,089	Net Position
Transfers In	\$		- Deferred Outflow	\$		- PY Net Position
Transfers Out	\$		- Current Liabilities	\$	8,984	Government-Wide
Property Tax	\$		- Deferred Inflow	\$		- Total Outstanding Debt
Debt Service Principal	\$		- Cash & Investments	\$	214,940	Authorized but Unissued
Total Expenditures	\$		- Principal Expense	\$		- Year Authorized
Total Developer Advances	\$		- Total Expenses	\$	271,367	
Total Developer Repayments	\$					1/0/1900

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: 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. My term expires: _____	Katy Roede Signature _____ Date _____
Board Member 2	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Jenn Sheldon Signature _____ Date _____
Board Member 3	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Julia LeGrand Signature _____ Date _____
Board Member 4	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Ari Gerzon-Kessler Signature _____ Date _____
Board Member 5	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: <u>May 2027</u>	Darla Quintana-Thompson Signature <u>Darla Thompson</u> Date <u>9/3/25</u>
Board Member 6	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Derek Mullner Signature _____ Date _____
Board Member 7	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Erica Mason Signature _____ Date _____

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	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Katy Roede</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 2	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Jenn Sheldon</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 3	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Julia LeGrand</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 4	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Ari Gerzon-Kessler</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 5	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Darla Quintana-Thompson</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 6	<p>Board Member's Name:</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>My term expires: _____</p>	<p>Derek Mullner</p> <p>Signature _____</p> <p>Date _____</p>
Board Member 7	<p>Board Member's Name:</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>My term expires: <u>May 2027</u></p>	<p>Erica Mason</p> <p>Signature <u><i>Erica Mason</i></u></p> <p>Date <u>9/3/25</u></p>

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: Katy Roede 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. My term expires: _____	Signature: _____ Date: _____
Board Member 2	Board Member's Name: Jenn Sheldon 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. My term expires: <u>May 2026</u>	Signature: <u>Jenn Sheldon</u> Date: <u>9/3/2025</u>
Board Member 3	Board Member's Name: Julia LeGrand 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. My term expires: <u>May 2027</u>	Signature: <u>Julia LeGrand</u> Date: <u>Sept. 3, 2025</u>
Board Member 4	Board Member's Name: Ari Gerzon-Kessler 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. My term expires: _____	Signature: _____ Date: _____
Board Member 5	Board Member's Name: Darla Quintana-Thompson 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. My term expires: _____	Signature: _____ Date: _____
Board Member 6	Board Member's Name: Derek Mullner 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. My term expires: _____	Signature: _____ Date: _____
Board Member 7	Board Member's Name: Erica Mason 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. My term expires: _____	Signature: _____ Date: _____

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 8	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: <u>May 2027</u>	Natalie Berges-Tucker Signature  Date <u>9-3-25</u>
Board Member 9	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Melissa Fike Signature _____ Date _____
Board Member 10	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Karla Reider Signature _____ Date _____
Board Member 11	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 12	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 13	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 14	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____

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 29-1-804, 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 8	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Natalie Berges-Tucker Signature _____ Date _____
Board Member 9	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: <u>MAY 2026</u>	Melissa Fike Signature <u>Melissa Fike</u> Date <u>9/3/25</u>
Board Member 10	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: <u>May 2027</u>	Karla Reider Signature <u>Karla Reider</u> Date <u>9-3-25</u>
Board Member 11	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
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Board Member 14	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____

Resolution for Exemption from Audit

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2025 FOR THE FRONT RANGE BOCES LOCATED IN THE STATE OF COLORADO

WHEREAS, the board of the Front Range BOCES wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

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

NOW, THEREFORE, BE IT RESOLVED BY THE board of the Front Range BOCES as follows:

WHEREAS neither revenues nor expenditures for the fiscal year 2025 exceeded \$750,000; and

WHEREAS, an application for exemption from audit for Front Range BOCES has been prepared by The Adams Group, LLC, an independent accounting firm with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the State Auditor;

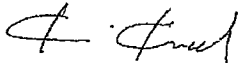
NOW, THEREFORE, the application for exemption from audit for Front Range BOCES for the fiscal year ended June 30, 2025 has been personally reviewed and is hereby approved by a majority of the board and that the members of the governing body signify their approval by signing below. This resolution shall be attached to and become a part of the application for exemption from audit.

ADOPTED this 22nd day of September, 2025



Karla Reider
Board Chairperson

ATTEST:


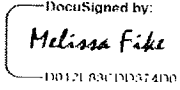



Hi Howard
Executive Director


Front Range BOCES Board Member Signatures

Name	Date Term Expires	Signature
Darla Thompson	May 2027	
Erica Mason	May 2027	
Jenn Sheldon	May 2026	
Julia Legrand	May 2027	
Karla Reider	May 2027	<i>Karla Reider</i>
Melissa Fike	May 2026	
Natalie Berges-Tucker	May 2027	


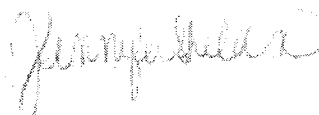
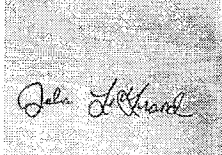

Front Range BOCES Board Member Signatures

Name	Date Term Expires	Signature
Darla Thompson	May 2027	
Erica Mason	May 2027	
Jenn Sheldon	May 2026	
Julia LeGrand	May 2027	
Karla Reider	May 2027	
Melissa Fike	May 2026	
Natalie Berges-Tucker	May 2027	

Front Range BOCES Board Member Signatures

Name	Date Term Expires	Signature
Darla Thompson	May 2027	
Erica Mason	May 2027	
Jenn Sheldon	May 2026	
Julia Legrand	May 2027	
Karia Reider	May 2027	
Melissa Fike	May 2026	
Natalie Berges-Tucker	May 2027	

Front Range BOCES Board Member Signatures

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Erica Mason	May 2027	
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Melissa Fike	May 2026	
Natalie Berges-Tucker	May 2027	