

Application for Exemption From Audit

Long Form

Instructions

For local governments with either revenues or expenditures/expenses
more than \$200,000 but not more than \$1,000,000

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 \$1,000,000 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). Approval for an exemption from audit is granted only upon the review by the OSA.

Any preparer of an Application for Exemption from Audit — Long Form must be a person skilled in governmental accounting.

Read **ALL** instructions before completing and submitting this form

All applications must be filed with the OSA **within 3 months** after the accounting year-end.

For example, applications must be received by the OSA on or before March 31 for governments with a December 31 year-end. Applications for exemption from audit are not eligible for an extension of time.

Governmental activity should be reported on the modified accrual basis. Proprietary activity should be reported on a cash or budgetary basis.

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 3B.

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.

Postmark dates will not be accepted as proof of submission on or before the statutory deadline

Prior year forms are obsolete and will not be accepted.

Applications must be fully and accurately completed. Applications submitted on forms other than those prescribed by the OSA will not be accepted.

For your reference, the Colorado Revised Statutes are available through the [LexisNexis Colorado portal](#).

Checklist

- ☒ Has the preparer signed the application prior to board approval?
- ☒ Has the entity corrected all prior year deficiencies as communicated by the OSA?
- ☒ Has the application been **personally** reviewed and approved by the governing body?
- ☒ Are all sections on the form complete, including responses to all of the questions?
- ☒ Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?

Will this application be submitted electronically? ☒ Yes ☐ No

- ☒ If yes, have you read and understood 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., U.S. Post Office, FedEx, UPS, courier)? ☐ Yes ☒ No

☐ If yes, does the application include **original ink signatures** from the **majority** of the governing body?

Filing Methods

Web Portal (recommended)

apps.leg.co.gov/osa/lg

For faster processing, the web portal should be used for submissions.

Mail

Office of the State Auditor

Local Government Audit Division
1375 Sherman St., 5th Floor
Denver, CO 80261-3000

Questions? Email: osa.lg@coleg.gov Phone: 303-869-3000

Contact Information

For the year ended _____ or the fiscal year ended 06/30/26.

Name of government	CM-RETAC
Street address	PO Box 5055
City, State, Zip	Frisco, CO 80443
Contact person	Brandon Daruna
Phone	970-926-5270 x4220
Email	bdaruna@ecparamedics.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. The preparer must sign prior to board approval.

Name	Teresia A Swift	
Title	CPA	
Firm name (if applicable)	Swift CPA, LLC	
Address	PO Box 5630, Frisco, CO 80443	
Phone	970-668-5850	
Relationship to entity	CPA	
Preparer signature	Date prepared	
 8-11-26		

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, enter date filed

Part 1: Financial Statements — Balance Sheet

Part 1A: Governmental Funds (Modified Accrual Basis) Table

Enter the type of each governmental fund in the fields below.

Fund A: GENERAL

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
	Assets				
1-1	Cash and Cash Equivalents	\$ 196,757			
1-2	Investments				
1-3	Receivables				
1-4	Due from Other Entities or Funds				
1-5	Property Tax Receivable				
1-6	All Other Assets:				
1-7	Lease Receivable (as Lessor)				
	Other (specify in lines 1-8 through 1-10)				
1-8					
1-9					
1-10					
1-11	TOTAL ASSETS (Add lines 1-1 through 1-10)	\$ 196,757	\$ 0	\$ 0	\$ 0
	Deferred Outflows of Resources (specify in lines 1-12 and 1-13)				
1-12					
1-13					
1-14	Total Deferred Outflows (Add lines 1-12 through 1-13)	\$ 0	\$ 0	\$ 0	\$ 0
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS (Add lines 1-11 and 1-14)	\$ 196,757	\$ 0	\$ 0	\$ 0

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
	Liabilities				
1-16	Accounts Payable				
1-17	Accrued Payroll and Related Liabilities				
1-18	Unearned Revenue				
1-19	Due to Other Entities or Funds				
1-20	All Other Current Liabilities				
1-21	TOTAL CURRENT LIABILITIES (Add lines 1-16 through 1-20)	\$ 0	\$ 0	\$ 0	\$ 0
	All Other Liabilities (specify in lines 1-22 through 1-25)				
1-22					
1-23					
1-24					
1-25					
1-26	TOTAL LIABILITIES (Add lines 1-21 through 1-25)	\$ 0	\$ 0	\$ 0	\$ 0
	Deferred Inflows of Resources				
1-27	Deferred Property Taxes				
1-28	Lease related (as Lessor)				
1-29	TOTAL DEFERRED INFLOWS (Add lines 1-27 through 1-28)	\$ 0	\$ 0	\$ 0	\$ 0
	Fund Balance				
1-30	Nonspendable-Prepaid				
1-31	Nonspendable-Inventory				
1-32	Restricted				
1-33	Committed				
1-34	Assigned				
1-35	Unassigned	\$ 196,757			
1-36	Total Fund Balance (Add lines 1-30 through 1-35. This total should be the same as line 3-34)	\$ 196,757	\$ 0	\$ 0	\$ 0
1-37	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE (Add lines 1-26, 1-29, and 1-36. This total should be the same as line 1-15)	\$ 196,757	\$ 0	\$ 0	\$ 0

Part 1B: Proprietary/Fiduciary Funds Table

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: _____

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
	Assets				
1-38	Cash and Cash Equivalents				
1-39	Investments				
1-40	Receivables				
1-41	Due from Other Entities or Funds				
	Other Current Assets (specify in line 1-42)				
1-42					
1-43	Total Current Assets (Add lines 1-38 through 1-42)	\$ 0	\$ 0	\$ 0	\$ 0
1-44	Capital & Right-to-Use Assets, net (from Part 6, Capital & Right-to-Use Table)				
	Other Long Term Assets (specify in lines 1-45 through 1-47)				
1-45					
1-46					
1-47					
1-48	TOTAL ASSETS (Add lines 1-43 through 1-47)	\$ 0	\$ 0	\$ 0	\$ 0
	Deferred Outflows of Resources (specify in lines 1-49 through 1-50)				
1-49					
1-50					
1-51	Total Deferred Outflows (Add lines 1-49 through 1-50)	\$ 0	\$ 0	\$ 0	\$ 0
1-52	TOTAL ASSETS AND DEFERRED OUTFLOWS (Add lines 1-48 and 1-51)	\$ 0	\$ 0	\$ 0	\$ 0

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
	Liabilities				
1-53	Accounts Payable				
1-54	Accrued Payroll and Related Liabilities				
1-55	Accrued Interest Payable				
1-56	Due to Other Entities or Funds				
1-57	All Other Current Liabilities				
1-58	TOTAL CURRENT LIABILITIES (Add lines 1-53 through 1-57)	\$ 0	\$ 0	\$ 0	\$ 0
1-59	Proprietary Debt Outstanding (from Part 4, Debt Schedule Table)				
	Other (specify in lines 1-60 through 1-62)				
1-60					
1-61					
1-62					
1-63	TOTAL LIABILITIES (Add lines 1-58 through 1-62)	\$ 0	\$ 0	\$ 0	\$ 0
	Deferred Inflows of Resources				
1-64	Pension/OPEB Related				
	Other (specify in line 1-65)				
1-65					
1-66	TOTAL DEFERRED INFLOWS (Add lines 1-64 through 1-65)	\$ 0	\$ 0	\$ 0	\$ 0
	Net Position				
1-67	Net Investment in Capital and Right-to-Use Assets				
1-68	Emergency Reserves				
1-69	Other Designation/Reserves				
1-70	Restricted				
1-71	Undesignated/Unreserved/Unrestricted				
1-72	Total Net Position (Add lines 1-67 through 1-71. This total should be the same as 3-70.)	\$ 0	\$ 0	\$ 0	\$ 0
1-73	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION (Add lines 1-63, 1-66, and 1-72. This total should be the same as 1-52.)	\$ 0	\$ 0	\$ 0	\$ 0

Part 1C: Comments or Additional Information

Please use this space to provide explanation of any item in this section (optional).

Part 2: Financial Statements — Operating Statement — Revenues

Part 2A: Governmental Funds Table

Enter the type of each governmental fund in the fields below.

Fund A: GENERAL

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
	Tax Revenue				
2-1	Property (include mills levied in question 10-12)				
2-2	Specific Ownership				
2-3	Sales and Use Tax				
	Other Tax Revenue (specify in lines 2-4 through 2-6)				
2-4					
2-5					
2-6					
2-7	TOTAL TAX REVENUE (Add lines 2-1 through 2-6)	\$ 0	\$ 0	\$ 0	\$ 0
	Other Revenue Sources				
2-8	Licenses and Permits				
2-9	Highway Users Tax Funds (HUTF)				
2-10	Conservation Trust Funds (Lottery)				
2-11	Community Development Block Grant				
2-12	Fire & Police Pension				
2-13	Grants	\$ 261,952			
2-14	Donations				
2-15	Charges for Sales and Services				
2-16	Rental Income				

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
2-17	Fines and Forfeits				
2-18	Interest/Investment Income	\$ 83			
2-19	Tap Fees				
2-20	Proceeds from Sale of Capital Assets				
	Other (specify in lines 2-21 through 2-22)				
2-21	MISCELLANEOUS	\$ 121			
2-22					
2-23	TOTAL REVENUES (Add lines 2-7 through 2-22)	\$ 262,156	\$ 0	\$ 0	\$ 0
	Other Financing Sources (should agree to Part 4, Debt Schedule Table, column 'issued during the year')				
2-24	Debt Proceeds				
2-25	Lease Proceeds				
2-26	Developer Advances				
	Other (specify in line 2-27)				
2-27					
2-28	Total Other Financing Sources (Add lines 2-24 through 2-27)	\$ 0	\$ 0	\$ 0	\$ 0
2-29	TOTAL REVENUES AND OTHER FINANCING SOURCES (Add lines 2-23 and 2-28)	\$ 262,156	\$ 0	\$ 0	\$ 0

Part 2B: Proprietary/Fiduciary Funds Table

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: _____

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
	Tax Revenue				
2-30	Property (include mills levied in question 10-12)				
2-31	Specific Ownership				
2-32	Sales and Use Tax				
	Other Tax Revenue (specify in lines 2-33 through 2-36)				
2-33					
2-34					
2-35					
2-36	TOTAL TAX REVENUE (Add lines 2-30 through 2-35)	\$ 0	\$ 0	\$ 0	\$ 0
	Other Revenue Sources				
2-37	Licenses and Permits				
2-38	Highway Users Tax Funds (HUTF)				
2-39	Conservation Trust Funds (Lottery)				
2-40	Community Development Block Grant				
2-41	Fire & Police Pension				
2-42	Grants				
2-43	Donations				
2-44	Charges for Sales and Services				
2-45	Rental Income				
2-46	Fines and Forfeits				
2-47	Interest/Investment Income				

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
2-48	Tap Fees				
2-49	Proceeds from Sale of Capital Assets				
	All Other (specify in lines 2-50 through 2-51)				
2-50					
2-51					
2-52	TOTAL REVENUES (Add lines 2-36 through 2-51)	\$ 0	\$ 0	\$ 0	\$ 0
	Other Financing Sources (should agree to Part 4, Debt Schedule Table, column 'issued during the year')				
2-53	Debt Proceeds				
2-54	Lease Proceeds				
2-55	Developer Advances				
	Other (specify in line 2-56)				
2-56					
2-57	Total Other Financing Sources (Add lines 2-53 through 2-56)	\$ 0	\$ 0	\$ 0	\$ 0
2-58	TOTAL REVENUES AND OTHER FINANCING SOURCES (Add lines 2-52 and 2-57)	\$ 0	\$ 0	\$ 0	\$ 0

Part 2C: Comments or Additional Information

Please use this space to provide explanation of any item in this section (optional).

Part 3: Financial Statements — Operating Statement — Expenditures/Expenses

Part 3A: Governmental Funds Table

Enter the type of each governmental fund in the fields below.

Fund A: GENERAL

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
	Expenditures				
3-1	General Government				
3-2	Judicial				
3-3	Law Enforcement				
3-4	Fire				
3-5	Highways & Streets				
3-6	Solid Waste				
3-7	Contributions to Fire & Police Pension Association				
3-8	Health	\$ 285,775			
3-9	Culture and Recreation				
3-10	Transfers to other districts				
	Other (specify in lines 3-11 through 3-13)				
3-11					
3-12					
3-13					
3-14	Capital Outlay				
	Debt Service				
3-15	Principal (from Part 4, Debt Schedule Table)				
3-16	Interest				

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
3-17	Bond Issuance Costs				
3-18	Developer Principal Repayments (from Part 4, Debt Schedule Table)				
3-19	Developer Interest Repayments				
	All Other (specify in lines 3-20 through 3-22)				
3-20					
3-21					
3-22					
3-23	TOTAL EXPENDITURES (Add lines 3-1 through 3-22)	\$ 285,775	\$ 0	\$ 0	\$ 0
	Transfers and Other Expenditures				
3-24	Interfund Transfers (In)				
3-25	Interfund Transfers (Out)				
	Other Expenditures (Revenues) (Specify in lines 3-26 through 3-28.)				
3-26					
3-27					
3-28					
3-29	Total Transfers and Other Expenditures (Add lines 3-24 through 3-28)	\$ 0	\$ 0	\$ 0	\$ 0
3-30	EXCESS (DEFICIENCY) OF REVENUES AND OTHER FINANCING SOURCES OVER (UNDER) EXPENDITURES (line 2-29 less line 3-23 less line 3-29)	-\$ 23,619	\$ 0	\$ 0	\$ 0
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 220,376			
3-32	Prior Period Adjustment (MUST explain in line 3-33)				
3-33					
3-34	FUND BALANCE, DECEMBER 31 (Add lines 3-30, 3-31, and 3-32. Should match line 1-36.)	\$ 196,757	\$ 0	\$ 0	\$ 0

Part 3B: Proprietary/Fiduciary Funds Table

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: _____

Fund B: _____

Fund C: _____

Fund D: _____

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
	Expenses				
3-35	General Operating and Administrative				
3-36	Salaries				
3-37	Payroll Taxes				
3-38	Contract Services				
3-39	Employee Benefits				
3-40	Insurance				
3-41	Accounting and Legal Fees				
3-42	Repair and Maintenance				
3-43	Supplies				
3-44	Utilities				
3-45	Contributions to Fire & Police Pension Association				
	Other (specify in lines 3-46 through 3-47)				
3-46					
3-47					
3-48	Capital Outlay				
	Debt Service				
3-49	Principal (should match amount in Part 4, Debt Schedule Table)				
3-50	Interest				
3-51	Bond Issuance Costs				
3-52	Developer Principal Repayments				

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
3-53	Developer Interest Repayments				
	All Other (specify in lines 3-54 through 3-57)				
3-54					
3-55					
3-56					
3-57					
3-58	TOTAL EXPENSES (Add lines 3-54 through 3-57)	\$ 0	\$ 0	\$ 0	\$ 0
	GAAP Reconciling Items				
3-59	Net Interfund Transfers (In) Out				
	Other (specify in line 3-60. Enter negative for expense.)				
3-60					
3-61	Depreciation/Amortization				
3-62	Other Financing Sources (from line 2-57)				
3-63	Capital Outlay (from line 3-48)				
3-64	Debt Principal (from line 3-49, 3-52)				
3-65	Total GAAP Reconciling Items (Add lines 3-60, 3-63, and 3-64, subtract lines 3-61 and 3-62)	\$ 0	\$ 0	\$ 0	\$ 0
3-66	NET INCREASE (DECREASE) IN NET POSITION (Line 2-58, less line 3-58, plus line 3-65, less line 3-59)	\$ 0	\$ 0	\$ 0	\$ 0
3-67	Net Position, January 1 from December 31 prior year report				
3-68	Prior Period Adjustment (MUST explain in line 3-69)				
3-69					
3-70	NET POSITION, DECEMBER 31 (Add lines 3-66, 3-67, and 3-68. Should match line 1-72.)	\$ 0	\$ 0	\$ 0	\$ 0

Part 3C: Grand Total of Revenues and Expenditures/Expenses

Line	Description	Total
Total Revenues per Fund		
3-71	GENERAL	\$ 262,156
3-72		\$ 0
3-73		\$ 0
3-74		\$ 0
3-75	Governmental Funds (Add lines 3-71 through 3-74)	\$ 262,156
3-76		\$ 0
3-77		\$ 0
3-78		\$ 0
3-79		\$ 0
3-80	Proprietary/Fiduciary Funds (Add lines 3-76 through 3-79)	\$ 0
3-81	GRAND TOTAL REVENUES (ALL FUNDS) (Add lines 3-75 and 3-80)	\$ 262,156
Total Expenditures/Expenses per Fund		
3-82	GENERAL	\$ 285,775
3-83		\$ 0
3-84		\$ 0
3-85		\$ 0
3-86	Governmental Funds (Add lines 3-82 through 3-85)	\$ 285,775
3-87		\$ 0
3-88		\$ 0
3-89		\$ 0
3-90		\$ 0
3-91	Proprietary/Fiduciary Funds (Add lines 3-87 through 3-90)	\$ 0
3-92	GRAND TOTAL EXPENDITURES/EXPENSES (ALL FUNDS) (Add lines 3-86 and 3-91)	\$ 285,775

IF EITHER GRAND TOTAL REVENUES OR EXPENDITURES/EXPENSES FOR ALL FUNDS IS GREATER THAN \$1,000,000 — 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 3D: Comments or Additional Information

Please use the space below to provide any additional information (optional).

Part 4: Debt Outstanding, Issued, and Retired

4-1	Does the entity have outstanding debt?	☐ Yes	☒ No
4-2	If no, skip to line 4-15. If yes, please attach a copy of the entity's debt repayment schedule.		
4-3	Is the debt repayment schedule attached?	☒ N/A	☐ Yes ☐ No
4-4	If no, MUST explain below.		
4-5	Is the entity current in its debt service payments?	☒ Yes	☐ No
4-6	If no, MUST explain below.		
4-7	If no, also indicate if the government is in default with its bond agreements.	☐ Yes	☐ No

Debt Schedule Table

Please complete the following debt schedule, if applicable.

Please only include principal amounts. Enter all amounts as positive numbers.

Line	Debt Type	Outstanding at End of Prior Year*	Issued During Year	Retired During Year	Outstanding at Year-End
4-8	General Obligation Bonds				\$ 0
4-9	Revenue Bonds				\$ 0
4-10	Notes/Loans				\$ 0
4-11	Lease and SBITA** Liabilities (GASB 87 & 96)				\$ 0
4-12	Developer Advances				\$ 0
	Other (specify in line 4-13)				
4-13					\$ 0
4-14	TOTAL (Add lines 4-8 through 4-13)	\$ 0	\$ 0	\$ 0	\$ 0

*Must agree to prior year-end balance

**Subscription-Based Information Technology Arrangements

Comments (optional)

4-15	Does the entity have any authorized but unissued debt as of its fiscal year-end?	☐ Yes	☒ No
4-16	If yes, how much?		
4-17	Date the debt was authorized		
4-18	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	☐ Yes	☒ No
4-19	If yes, how much?		
4-20	Date of the most recent Service Plan		
4-21	Does the entity intend to issue debt within the next calendar year?	☐ Yes	☒ No
4-22	If yes, how much?		
4-23	Does the entity have debt that has been refinanced that it is still responsible for?	☐ Yes	☒ No
4-24	If yes, what is the amount outstanding?		
4-25	Does the entity have any lease agreements?	☐ Yes	☒ No
4-26	If yes, what is being leased?		
4-27	What is the original date of the lease?		
4-28	Number of years of lease?		
4-29	Is the lease subject to annual appropriation?	☐ Yes	☒ No
4-30	What are the annual lease payments?		

Please use the space below to provide any additional information (optional).

Part 5: Cash and Investments

Please provide the entity's cash deposit and investment balances.

Line	Description	Amount
5-1	Year-end Total of all Checking and Savings Accounts	\$ 196,757
5-2	Certificates of Deposit	
5-3	TOTAL CASH DEPOSITS (Add lines 5-1 and 5-2)	\$ 196,757
Investments (Specify in lines 5-4 through 5-8. If investment is a mutual fund, please list underlying investment.)		
5-4		
5-5		
5-6		
5-7		
5-8		
5-9	Total Investments (Add lines 5-4 through 5-8)	\$ 0
5-10	TOTAL CASH AND INVESTMENTS (Add lines 5-3 and 5-9)	\$ 196,757

5-11	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	☒ N/A	☐ Yes	☐ No
5-12	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?	☒ Yes	☐ No	
5-13	If no, MUST explain below.			

Please use the space below to provide any additional information (optional).

Part 6: Capital and Right-to-Use Assets

6-1	Does the entity have capitalized assets? (If "no" is selected, skip the rest of Part 6.)	☒ Yes	☐ No
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.?	☒ Yes	☐ No
6-3	If no, MUST explain below.		

Capital and Right-to-Use Assets Table for Governmental Funds

Line	Asset Type	Beginning of the Year Balance*	Additions**	Deletions	Year-End Balance
6-4	Land				\$ 0
6-5	Buildings				\$ 0
6-6	Machinery and Equipment				\$ 0
6-7	Furniture and Fixtures	\$ 2,505			\$ 2,505
6-8	Infrastructure				\$ 0
6-9	Construction In Progress (CIP)				\$ 0
6-10	Leased & SBITA Right-to-Use Assets				\$ 0
6-11	Intangible Assets				\$ 0
	Other (explain in line 6-12)				
6-12					\$ 0
6-13	Accumulated Amortization Right-to-Use Assets (Enter a negative or credit balance)				\$ 0
6-14	Accumulated Depreciation (Enter a negative or credit balance)	-\$ 2,505			-\$ 2,505
6-15	TOTAL (Add lines 6-4 through 6-14)	\$ 0	\$ 0	\$ 0	\$ 0

*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 in the comments section below.

Capital and Right-to-Use Assets Table for Proprietary Funds

Please complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS.

Line	Asset Type	Beginning of the Year Balance*	Additions**	Deletions	Year-End Balance
6-16	Land				\$ 0
6-17	Buildings				\$ 0
6-18	Machinery and Equipment				\$ 0
6-19	Furniture and Fixtures				\$ 0
6-20	Infrastructure				\$ 0
6-21	Construction In Progress (CIP)				\$ 0
6-22	Leased & SBITA Right-to-Use Assets				\$ 0
6-23	Intangible Assets				\$ 0
	Other (explain in line 6-24)				
6-24					\$ 0
6-25	Accumulated Amortization Right-to-Use Assets (Enter a negative or credit balance)				\$ 0
6-26	Accumulated Depreciation (Enter a negative or credit balance)				\$ 0
6-27	TOTAL (Add lines 6-16 through 6-26)	\$ 0	\$ 0	\$ 0	\$ 0

*Must agree to prior year-end balance.

**Generally capital asset additions should be reported as capital outlay on line 3-48 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy in the comments section below.

Please use the space below to provide any additional information (optional).

Part 7: Pension Information

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
7-3	If yes, who administers the plan?		
Indicate the contributions from the following in lines 7-4 through 7-6.			
7-4	Tax (property, specific ownership, sales, etc.)		
7-5	State contribution amount		
7-6	Other (gifts, donations, etc.)		
7-7	TOTAL (Add lines 7-4 through 7-6)	\$ 0	
7-8	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		

Please use the space below to provide any additional information (optional).

Part 8: Budget Information

8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?	☒ N/A	☐ Yes	☐ No
8-2	If no, MUST explain below. THE BUDGET IS FILED ANNUALLY WITH CDPHE			
8-3	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.?	☐ N/A	☒ Yes	☐ No
8-4	If no, MUST explain below. If yes, indicate the amount appropriated for each fund separately for the year reported in the table below.			

Appropriation Amount by Fund

Enter the fund name, then indicate the final amount appropriated for each fund for the year reported. Ensure each individual fund's final appropriated amount agrees to the adopted budget. Do not combine funds.

Line	Governmental/Proprietary Fund Name	Total
8-5	GENERAL FYE 6-30-26	\$ 281,991
8-6		
8-7		
8-8		
8-9		

Please use the space below to provide any additional information (optional).

Part 9: Taxpayer's Bill of Rights (TABOR)

9-1	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?	☒ Yes	☐ No
9-2	If no, MUST explain below.		

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.

Please use the space below to provide any additional information (optional).

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Part 10: General Information

10-1	Is this application for a newly formed governmental entity?	☐ Yes	☒ No
10-2	If yes, what was the date of formation		
10-3	Has the entity changed its name in the past or current year?	☐ Yes	☒ No
10-4	If yes, please list the NEW name below.		
10-5	If yes, please list the PRIOR name below.		
10-6	Is the entity a metropolitan district?	☐ Yes	☒ No
10-7	Please indicate what services the entity provides below.		
10-8	Does the entity have an agreement with another government to provide services?	☒ Yes	☐ No
10-9	If yes, list the name of the other governmental entity and the services provided below.		
	CONSORTIUM OF 6 COUNTIES IN CENTRAL CO - EMS, TRAUMA SERVICES UNDER SEMTAC		
10-10	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
10-11	If yes, what was the date filed		
10-12	Does the entity have a certified mill levy?	☐ Yes	☒ No
	If yes, please provide the following mills levied for the year reported (do not report dollar amounts).		
10-13	Bond redemption mills		
10-14	General/other mills		
10-15	TOTAL MILLS (Add lines 10-13 through 10-14.)	0.000	
10-16	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.)?	☒ N/A	☐ Yes ☐ No
10-17	If no, please explain below.		

Please use the space below to provide any additional information (optional).

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Part 11: Governing Body Approval

11-1	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	☒ Yes	☐ No
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Office of the State Auditor — Local Government Division Exemption Form Electronic Signature Policy and Procedure

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 must note their approval and submit the application using one of the following two methods:

- 1) Submit the application in hard copy via U.S. 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.

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, 2026 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 \$1,000,000 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 \$1,000,000 for fiscal year ended June 30, 2026; and

WHEREAS, an application for exemption from audit for CM-RETAC has been prepared by Swift CPA, 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, 2026, 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, 2026.

Adopted the 11th day of August, A.D. 2026

Gabriel Muething

Signature - CM-RETAC CHAIRMAN

Gabriel P Muething

Print Name

ATTEST:

Print Names of Members of Governing Body:	Date Term Expires
Andrea Carlstrom	8/18/26
Brandon Daruna	
Jeremiah Grantham	July 2029
Kelsy Maxie	07/01/2029
Susan Bernstetter	July 1, 2029
Kevin Borns	01/01/2027

Signatures:

Andrea Carlstrom

Brandon Daruna

Jeremiah Grantham

Kelsy Maxie

Susan Bernstetter

Kevin Borns

Richard Cornelius

August 18, 2026

Richard Cornelius

Marci Dowis

Marci Dowis

MJD

SIGNATURE CERTIFICATE



REFERENCE NUMBER

14E01E3B-2B97-4525-BAB1-E70342BFCE65

TRANSACTION DETAILS

Reference Number

14E01E3B-2B97-4525-BAB1-E70342BFCE65

Transaction Type

Packager

Sent At

08/17/2026 03:46:58 PM EDT

Executed At

08/24/2026 12:34:15 PM EDT

Identity Method

email

Distribution Method

email

Signed Checksum

2b114ba1ea00bbca6cd4817e05730116a236702bdb5459944436460c0dc93404

Signer Sequencing

Disabled

Document Passcode

Disabled

eIDAS Authentication

Disabled

DOCUMENT DETAILS

Document Name

CM Retac Application for Exemption from Audit

Filename

CM_Retac_Application_for_Exemption_from_Audit.pdf

Pages

29 pages

Content Type

application/pdf

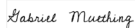
File Size

1.87 MB

Original Checksum

b79acel2b01be1181b6e8fb0adfde9183edac4f632032972b3a226b24f2bcc35

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Gabriel Muething	Status signed	Viewed At 08/24/2026 12:08:35 PM EDT
Email gmuething@aspenhospital.org	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 08/24/2026 12:09:01 PM EDT
Components 2	IP Address 107.1.179.254	Signed At 08/24/2026 12:09:01 PM EDT
	Device Chrome via Windows	
	Typed Signature 	
	Signature Reference ID 73F5EDD2	
Name Kelsy Maxie	Status signed	Viewed At 08/19/2026 01:45:20 PM EDT
Email kmaxie@lakecountycogov	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 08/19/2026 01:46:06 PM EDT
Components 3	IP Address 98.127.152.30	Signed At 08/19/2026 01:46:06 PM EDT
	Device Chrome via Windows	
	Typed Signature 	
	Signature Reference ID D7E22634	

SIGNER	E-SIGNATURE	EVENTS
Name Richard Cornelius Email rcornelius@roaringforkfire.org Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 67.165.234.36 Device Microsoft Edge via Windows Typed Signature  Signature Reference ID 1491A882	Viewed At 08/18/2026 08:51:19 PM EDT Identity Authenticated At 08/18/2026 08:54:22 PM EDT Signed At 08/18/2026 08:54:22 PM EDT
Name Marci Dowis Email marci.dowis@commonspirit.org Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 74.244.72.221 Device Chrome Mobile iOS via iOS Drawn Signature  Signature Reference ID 61E04AD3 Signature Biometric Count 5	Viewed At 08/18/2026 03:56:17 PM EDT Identity Authenticated At 08/18/2026 03:57:09 PM EDT Signed At 08/18/2026 03:57:09 PM EDT
Name Andrea Carlstrom Email acarlstrom@chaffeecounty.org Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 69.146.23.210 Device Chrome via Windows Typed Signature  Signature Reference ID 4F13A65F	Viewed At 08/18/2026 12:30:08 PM EDT Identity Authenticated At 08/18/2026 12:30:56 PM EDT Signed At 08/18/2026 12:30:56 PM EDT
Name Brandon Daruna Email bdaruna@ecparamedics.com Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 50.238.21.210 Device Safari via Mac Typed Signature  Signature Reference ID AE4DE09B	Viewed At 08/17/2026 05:52:43 PM EDT Identity Authenticated At 08/17/2026 05:53:24 PM EDT Signed At 08/17/2026 05:53:24 PM EDT

SIGNER	E-SIGNATURE	EVENTS
Name Kevin Borns Email chief@southparkambulance.com Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 209.236.92.103 Device Chrome via Windows Typed Signature  Signature Reference ID AD8DE69F	Viewed At 08/17/2026 05:49:03 PM EDT Identity Authenticated At 08/17/2026 05:50:07 PM EDT Signed At 08/17/2026 05:50:07 PM EDT
Name Susan Bernstetter Email susan@lakegeorgefire.com Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 98.97.1.80 Device Chrome via Windows Typed Signature  Signature Reference ID 53CC91F1	Viewed At 08/17/2026 04:34:02 PM EDT Identity Authenticated At 08/17/2026 04:39:40 PM EDT Signed At 08/17/2026 04:39:40 PM EDT
Name Jeremiah Grantham Email jgrantham@stvincent.health Components 3	Status signed Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945 IP Address 204.132.34.230 Device Chrome via Windows Typed Signature  Signature Reference ID BE014611	Viewed At 08/17/2026 03:48:28 PM EDT Identity Authenticated At 08/17/2026 03:52:10 PM EDT Signed At 08/17/2026 03:52:11 PM EDT

AUDITS

TIMESTAMP	AUDIT
08/17/2026 03:46:59 PM EDT	Ali Ritter (ali@swiftsnow.com) created document 'CM_Retac_Application_for_Exemption_from_Audit.pdf' on Chrome via Windows from 50.190.126.158.
08/17/2026 03:47:00 PM EDT	Marci Dowis (marci.dowis@commonspirit.org) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Kevin Borns (chief@southparkambulance.com) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Nicole Zaugg (nicole.zaugg@svghd.org) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Susan Bernstetter (susan@lakegeorgefire.com) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Jeremiah Grantham (jgrantham@stvincent.health) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Lucas Robinson (lucas.robinson@plattcanyonfire.com) was emailed a link to sign.
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08/17/2026 03:47:00 PM EDT	Brandon Daruna (bdaruna@ecparamedics.com) was emailed a link to sign.
08/17/2026 03:47:00 PM EDT	Richard Cornelius (rcornelius@roaringforkfire.org) was emailed a link to sign.
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08/17/2026 03:48:03 PM EDT	Jeremiah Grantham (jgrantham@stvincent.health) viewed the document on Chrome via Windows from 204.132.34.230.
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08/18/2026 10:16:17 AM EDT	Kelsy Maxie (kmaxie@lakecountycoco.gov) viewed the document on Chrome via Windows from 98.127.152.30.
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08/18/2026 06:09:32 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 107.1.179.254.
08/18/2026 06:09:43 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 52.6.38.240.
08/18/2026 06:11:39 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 107.1.179.254.
08/18/2026 08:50:48 PM EDT	Richard Cornelius (rcornelius@roaringforkfire.org) viewed the document on Microsoft Edge via Windows from 67.165.234.36.
08/18/2026 08:51:19 PM EDT	Richard Cornelius (rcornelius@roaringforkfire.org) viewed the document on Chrome via Windows from 135.232.20.81.
08/18/2026 08:54:22 PM EDT	Richard Cornelius (rcornelius@roaringforkfire.org) authenticated via email on Microsoft Edge via Windows from 67.165.234.36.
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08/19/2026 01:45:20 PM EDT	Kelsy Maxie (kmaxie@lakecountycoco.gov) viewed the document on Chrome via Windows from 98.127.152.30.
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08/20/2026 12:24:32 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) was emailed a reminder.
08/20/2026 12:24:35 PM EDT	Katie Kowalski (katie.kowalski@hrrmc.net) was emailed a reminder.
08/20/2026 12:24:35 PM EDT	Barron Birch (birch.barron@eaglecounty.us) was emailed a reminder.
08/20/2026 12:24:36 PM EDT	Elizabeth Kruger (elizabeth.kruger@vailhealth.org) was emailed a reminder.
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08/20/2026 12:24:40 PM EDT	Jim Levi (jlevi@rwbfire.org) was emailed a reminder.
08/20/2026 12:24:41 PM EDT	Lou Laurina (llaurina@summitfire.org) was emailed a reminder.
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08/24/2026 12:08:10 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) viewed the document on Chrome via Windows from 107.1.179.254.

TIMESTAMP	AUDIT
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08/24/2026 12:09:01 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) authenticated via email on Chrome via Windows from 107.1.179.254.
08/24/2026 12:09:01 PM EDT	Gabriel Muething (gmuething@aspenhospital.org) signed the document on Chrome via Windows from 107.1.179.254.
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08/24/2026 12:34:15 PM EDT	Component 'Text 29' assigned to signer15 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 28' assigned to signer15 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 15' assigned to signer15 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 27' assigned to signer14 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 26' assigned to signer14 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 14' assigned to signer14 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 23' assigned to signer12 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 22' assigned to signer12 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 12' assigned to signer12 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 15' assigned to signer8 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 14' assigned to signer8 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 8' assigned to signer8 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 11' assigned to signer6 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 10' assigned to signer6 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 6' assigned to signer6 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 7' assigned to signer4 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 6' assigned to signer4 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 4' assigned to signer4 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Signature 3' assigned to signer3 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 5' assigned to signer3 was removed as the document was force completed.
08/24/2026 12:34:15 PM EDT	Component 'Text 4' assigned to signer3 was removed as the document was force completed.
08/24/2026 12:34:16 PM EDT	Ali Ritter (ali@swiftsnow.com) force completed document 'CM_Retac_Application_for_Exemption_from_Audit.pdf' on Chrome via Windows from 50.190.126.158.