DocuSign Envelope ID: 30E5F	625-0D2C-49DC-BDAB-09A26D100D84							
	APPLICATION FOR EXEMPTION FROM AUDIT							
	LONG FORM							
NAME OF GOVERNMENT	Severance South Metropolitan District 1	For the Year Ended						
ADDRESS	c/o Pinnacle Consulting Group, Inc	12/31/2022						
	or fiscal year ended:							
Loveland CO 80537								
CONTACT PERSON	ONTACT PERSON Irene Buenavista							
PHONE	970-669-3611							
EMAIL	ireneb@pcgi.com							
	CERTIFICATION OF PREPARER							
	countant with knowledge of governmental accountin g and that the information in the Application is complete and accurate to the best of my knowledge. I am av- le 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:	Irene Buenavista							
TITLE	District Accountant							
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.							
ADDRESS	550 W. Eisenhower Blvd, Loveland, CO 80537							
PHONE	970-669-3611							
DATE PREPARED	3/1/2023							
RELATIONSHIP TO ENTITY	District Accountant							

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	
	✓	

If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary. Proprietary/Fiduciary Funds **Governmental Funds** Please use this space to Line # Description General Fund **Debt Service Fund** Description Fund* Fund* provide explanation of any items on this page Assets Assets Cash & Cash Equivalents \$ 662.596 \$ 332,439 Cash & Cash Equivalents 1-1 Investments 1-2 Investments \$ \$ \$ - | \$ 1-3 Receivables \$ \$ Receivables \$ - | \$ \$ **Due from Other Entities or Funds** \$ 802 Due from Other Entities or Funds - \$ 1-4 9.670 | \$ Property Tax Receivable \$ Other Current Assets [specify...] - \$ All Other Assets [specify...] \$ - | \$ \$ Total Current Assets \$ - | \$ Lease Receivable (as Lessor) \$ 1-6 1-7 Prepaid insurance \$ 10,060 \$ Capital & Right to Use Assets, net (from Part 6-4) - | \$ 1-8 \$ \$ Other Long Term Assets [specify...] \$ - | \$ 1-9 \$ \$ \$ - \$ 1-10 \$ \$ \$ - \$ TOTAL ASSETS \$ 333,241 1-11 (add lines 1-1 through 1-10) 682,326 | \$ (add lines 1-1 through 1-10) TOTAL ASSETS \$ - | \$ **Deferred Outflows of Resources: Deferred Outflows of Resources** \$ 1-12 [specify...] - | \$ [specify...] - \$ \$ - \$ 1-13 [specify...] \$ [specify...] (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ 1-14 - | \$ - | \$ TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 333,241 TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 1-15 682,326 | \$ - | \$ Liabilities Liabilities 1-16 **Accounts Payable** \$ 5,131 \$ **Accounts Payable** - \$ Accrued Payroll and Related Liabilities \$ **Accrued Payroll and Related Liabilities** - \$ 1-17 ∣\$ **Unearned Property Tax Revenue Accrued Interest Payable** 1-18 \$ \$ \$ - \$ Due to Other Entities or Funds \$ \$ Due to Other Entities or Funds - \$ 1-19 \$ \$ 1-20 All Other Current Liabilities 184 | \$ All Other Current Liabilities - \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ 5,314 \$ - \$ 1-21 All Other Liabilities [specify...] **Proprietary Debt Outstanding** - \$ 1-22 \$ \$ (from Part 4-4) \$ 1-23 \$ \$ Other Liabilities [specify...]: \$ - \$ 1-24 \$ \$ \$ - | \$ \$ \$ - |\$ 1-25 | \$ \$ \$ - \$ 1-26 \$ TOTAL LIABILITIES \$ (add lines 1-21 through 1-26) 5,314 \$ (add lines 1-21 through 1-26) **TOTAL LIABILITIES \$** - \$ 1-27 **Deferred Inflows of Resources: Deferred Inflows of Resources** Pension/OPEB Related **Deferred Property Taxes** \$ 1-28 - | \$ - | \$ Lease related (as lessor) \$ 1-29 - | \$ Other [specify...] \$ - | \$ (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ - \$ - | \$ 1-30 **Fund Balance** Net Position 1-31 Nonspendable Prepaid \$ 10,060 \$ **Net Investment in Capital Assets** \$ - \$ 1-32 Nonspendable Inventory \$ \$ Restricted [specify...] Emergency Reserve \$ 1,732 \$ **Emergency Reserves** \$ - \$ 1-33 1-34 Committed [specify...] Debt Service Reserve \$ \$ 333.241 Other Designations/Reserves \$ - | \$ Assigned [specify...] Operating Reserve \$ 39,488 \$ Restricted - \$ 1-35 Unassigned: Undesignated/Unreserved/Unrestricted 1-36 625,732 \$ - | \$ 1-37 Add lines 1-31 through 1-36 Add lines 1-31 through 1-36 This total should be the same as line 3-33 This total should be the same as line 3-33 TOTAL FUND BALANCE & TOTAL NET POSITION & 677,012 | \$ 333,241 - | \$ 1-38 Add lines 1-27, 1-30 and 1-37 Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET BALANCE POSITION S 333.241 682,326 \$

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ntal Funds		Proprietary/F	iduciary Funds	
Line #	Description	Description General Fund Debt Service Fund		Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
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 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	\$ 49,772	\$ 199,089	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 7,965	\$ -	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 2-8 through 2-23 TOTAL REVENUES	\$ 57,737	\$ 199,089	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	- \$	
	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	\$ -	\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 57,737	\$ 199,089	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 256,826

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									
		G	overnmental	Funds		Proprietary/	Fiduciary Funds	Please use this space to		
Line #	Description	Genera	l Fund D	ebt Service Fund	Description	Fund*	Fund*	provide explanation of any		
	Expenditures				Expenses			items on this page		
3-1	General Government	\$	100,173 \$	-	General Operating & Administrative		- \$	-		
3-2	Judicial	\$	- \$	-	Salaries		- \$	-		
3-3	Law Enforcement	\$	- \$	-	Payroll Taxes	<u> </u>	- \$	-		
3-4	Fire	\$	- \$	-	Contract Services	Ψ	- \$	-		
3-5	Highways & Streets	\$	- \$	-	Employee Benefits	<u> </u>	- \$	-		
3-6	Solid Waste	\$	- \$	-	Insurance		- \$	-		
3-7	Contributions to Fire & Police Pension Assoc.	\$	- \$	-	Accounting and Legal Fees		- \$	<u>-</u>		
3-8	Health	\$	- \$	-	Repair and Maintenance	_ T	- \$	-		
3-9	Culture and Recreation	\$	- \$	-	Supplies	7	- \$	_		
3-10	Transfers to other districts	\$	- \$	-	Utilities	_ T	- \$	_		
3-11	Other [specify]:	\$	- \$	-	Contributions to Fire & Police Pension Assoc.	7	- \$	_		
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	\$	- \$	584,921	Developer Principal Repayments	\$	- \$	-		
3-19	Developer Interest Repayments	\$	- \$	55,873	Developer Interest Repayments	\$	- \$	-		
3-20	All Other [specify]:	\$	- \$	-	All Other [specify]:	\$	- \$	-		
3-21		\$	- \$	-		\$	- \$	- GRAND TOTAL		
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES		100,173 \$	640,794	Add lines 3-1 through 3-21 TOTAL EXPENSES		- \$	- \$ 740,967		
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	(Add lines 3-23 through 3-28) TOTAL				(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus	,	,			
	TRANSFERS AND OTHER EXPENDITURES		- \$		line 3-24) TOTAL GAAP RECONCILING ITEMS		- \$			
3-30	Excess (Deficiency) of Revenues and Other Financing	Φ	- p	-		Φ	- D	<u>-</u>		
3-30	Sources Over (Under) Expenditures				Net Increase (Decrease) in Net Position					
	Line 2-29, less line 3-22, less line 3-29	\$	(42,436) \$	(441.705)	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$	- s	_		
	Line 2-23, 1633 iiile 3-22, 1633 iiile 3-23	φ	(42,430) \$	(441,703)		Φ	- D	-		
3-31	Fund Balance, January 1 from December 31 prior year report				Net Position, January 1 from December 31 prior year					
0-01	. and Landing , definery i from Booombor or prior your report	\$	719,449 \$	774.946	report	\$	- \$	_		
2 22	Prior Pariod Adjustment (MUST explain)			114,540	Brian Bariad Adjustment (MUST explain)		<u> </u>			
	Prior Period Adjustment (MUST explain)	\$	- \$	-	Prior Period Adjustment (MUST explain) Net Position, December 31	\$	- \$	-		
3-33	Fund Balance, December 31 Sum of Lines 3-30, 3-31, and 3-32				Sum of Lines 3-30, 3-31, and 3-32					
	This total should be the same as line 1-37.	\$	677,013 \$	222 244	This total should be the same as line 1-37.	\$	- \$	_		
	This total should be the same as line 1-37.	φ	011,013 \$	ააა,24 I	This total should be the same as line 1-37.	Ψ	- v	-		

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.

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		<u>6 - CAPITAL</u>	AND RIGH		<u>E ASS</u>		
	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?			 ✓			
6-2	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C	.R.S.? If no,	_ _			
	MUST explain:			n —		_	
6-3		Dalamas					l
0.0	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the	Additions 2	Deletions	Year-	End Balance	
		year 1					
	Land				\$	-	
	Buildings Machinery and agricument			<u> </u>	\$ · \$		
	Machinery and equipment Furniture and fixtures			<u> </u>	. \$	<u>-</u>	
	Infrastructure		•		· \$		
	Construction In Progress (CIP)			<u> </u>	. \$	-	
	Leased Right-to-Use Assets	\$ -	\$ -	\$ -	\$	-	
	Intangible Assets	\$ 882,000	\$ -	\$ -	. \$	882,000	
	Other (explain):	\$ -			. \$	-	
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ -			. \$		
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -			\$	-	
	TOTAL		\$ -	\$ -	\$	882,000	
		Balance -					
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions	Deletions	Year-	End Balance	
	Lord	year*					
	Land Buildings	\$ - \$ -			\$ · \$	-	
	Machinery and equipment				. \$	<u>-</u>	
	Furniture and fixtures	\$ -			· \$		
	Infrastructure			<u> </u>	. \$	_	
	Construction In Progress (CIP)			<u> </u>	. \$	-	
	Leased Right-to-Use Assets		\$ -	\$ -	\$	-	
	Intangible Assets	\$ -	\$ -	\$ -	. \$	-	
	Other (explain):				. \$	-	
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)				\$	-	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -			\$	-	
	TOTAL	,	•	\$ -	. \$	-	
		* Must agree to prior yea - Generally capital asset		norted at capital ou	tlay on line 3.	14 and capitalized in	
		accordance with the gove	ernment's capitalizatio	n policy. Please exp	plain any disci	repancy	
		PART 7 - PE	NSION IN	ORMATI	ON		
	*			YES		NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?					V	and the second s
	Does the entity have a volunteer firefighters' pension plan?					Ŭ ☑	
If yes:	Who administers the plan?						
	Indicate the contributions from:			1		_	
	Tax (property, SO, sales, etc.):	I	\$ -	1			
			· ·	-			
	State contribution amount:		\$ -	-			
	Other (gifts, donations, etc.):		\$ -	_			
		TOTAL	\$ -				
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -				

ocuS	Sign Envelope ID: 30E5F625-0D2C-49DC-BDAB-09A26D100D84	PART 8 - BUD	GET INFO	ORMATION	N.	
	Please answer the following question by marking in the appropriate box	I AITT 0 - DOD	YES	NO 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 acco	ordance with	v			one and the open to provide any on parameters of comments.
	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-10	8 C.R.S.?	_	_	_	
8-2	If no, MUST explain:		✓			
f yes:	Please indicate the amount appropriated for each fund separately for the year report	ted				
	Governmental/Proprietary Fund Name	Total Appropriations				
	General Fund S Debt Service Fund S		304,310 640,794			
	Sept octated tailed		-			
		S	-			
	PART 9	- TAX PAYER	'S BILL OI	F 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, Arti	, , , , , ,		✓		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government. All governments should determine if they meet this requirement of TABOR.	ernment from the 3 percent e	mergency reserve			
	Р	ART 10 - GEN	IERAL INF	FORMATIC	ON	
	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?				V	one and the open to provide any on plantations of comments.
f yes:	Date of formation:					
10-2	Has the entity changed its name in the past or current year?				v	
f Yes:	NEW name					
	PRIOR name					
10-3	Is the entity a metropolitan district?			v		
10-4	Please indicate what services the entity provides:			_	_	
	Sanitation/storm, streets, traffic & safety, parks & rec, transportation, pest control, security, cover	nant enforcement, water				
10-5	Does the entity have an agreement with another government to provide services?			✓		
If yes:	List the name of the other governmental entity and the services provided:					
	All services provided for Severance South Metropolitan District Nos. 2-4.					
10-6	Does the entity have a certified mill levy?		Z			
f yes:	Please provide the number of mills levied for the year reported (do not enter \$ amou				_	
	Bond Redemption mills General/Other mills	0.000				
	Total mills	0.000				
	Please use this space to		nal explanation	ns or comments	not previously inc	cluded:
						

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OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds			Notes
Unrestricted Cash & Investments	\$	995,035 Unrestricted Fund Bala	n: \$	665,220 Total Tax Revenue	\$	-	
Current Liabilities	\$	5,314 Total Fund Balance	\$	677,012 Revenue Paying Debt Service	\$	-	
Deferred Inflow	\$	- PY Fund Balance	\$	719,449 Total Revenue	\$	256,826	
		Total Revenue	\$	57,737 Total Debt Service Principal	\$	-	
		Total Expenditures	\$	100,173 Total Debt Service Interest	\$	-	
Governmental		Interfund In	\$	<u>.</u>			
Total Cash & Investments	\$	995,035 Interfund Out	\$	- Enterprise Funds			
Fransfers In	\$	- Proprietary		Net Position	\$	-	
ransfers Out	\$	- Current Assets	\$	- PY Net Position	\$	-	
Property Tax	\$	- Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	297,079	
otal Expenditures	\$	740,967 Deferred Inflow	\$	- Authorized but Unissued	\$	134,851,988	
Fotal Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		11/7/2017	
Total Developer Repayments	\$	584 921 Principal Expense	\$				

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PART 12 - GOVERNING BODY APPROVAL

	التناك التناك التناكي	
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, 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.

	Print the names of ALL members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
1	Full Name Kris Picket	I,
	Full Name	I,DocUSigned by: , attest that I am a duly elected or appointed board member, and that I
2	Lar Voss	have personally eviewed and approve this application for exemption from audit. Signed Date: 3/13/2023 12:10:53 PDT My term Expires: D209E04FC
	Full Name	I, Jana Pickett , attest that I am a duly elected or appointed board member, and
3	Jana Pickett	that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:May 2025
4	Full Name	I,
	Eric McCarty	that I have personal provising and approve this application for 3 months and 12:00:27 PDT Signed Date:
	Full Name	I, Thomas Donkle , attest that I am a duly elected or appointed board member, and that I
5	Thomas Donkle	have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:May 2023
	Full Name	l, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	ı,, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires: