APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

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

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

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

Approval for an exemption from audit is granted only upon the review by the OSA.

		READ <u>ALL</u> INSTRUCTIONS BEFORE COMPLE		
A DE	CEMBER 31 YEA	S MUST BE FILED WITH THE OSA <u>WITHIN 3 MONTHS</u> AFTER THE ACCOUNTING YEAR-END. FOR EXAM EAR-END. <i>APPLICATIONS FOR EXEMPTION FROM AUDIT SUBMISSIONS ARE NOT ELIGIBLE FOR AN E</i> ACTIVITY SHOULD BE REPORTED ON THE <u>MODIFIED ACCRUAL BASIS</u> TIVITY SHOULD BE REPORTED ON A <u>BUDGETARY BASIS</u>	EXTENSION OF TIME.	
- 10		POSTMARK DATES WILL <u>NOT</u> BE ACCEPTED AS PROOF OF SUBM		
		IS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.		REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:
		BMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.	http://www.lexisnexis.com/hottopics/Colorado/	
APPL	ICATIONS MUS	IST BE FULLY AND ACCURATELY COMPLETED.		
		CHECKLI	IST	
L		parer signed the application?		Checkout our web portal. Register your
	Has the entit	ity corrected all Prior Year Deficiencies as communicated by the OSA?		account and submit electronic Applications
	Has the appl	lication been PERSONALLY reviewed and approved by the governing body?		for Exemption From Audit, Extension of
	Are all section	ions of the form complete, including responses to all of the questions?		Time to File requests, Audited Financial
	Did you incl	lude any relevant explanations for unusual items in the appropriate spaces at the end of each section?		Statements, and more! See the link below.
	Will this app	plication be submitted electronically?		
		If yes, have you read and understand the new Electronic Signature Policy? See new here policy		
	or-	-		
		Have you included a resolution?		
		Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution	ion in an open public meeting?	Click here to go to the portal
		Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)		
	Will this app	plication 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	ng body?	
		FILING METH	HODS	
QUE		L: Register and submit your Applications at our web portal: <u>https://apps.leg.co.gov/osa/lg</u> L: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor Denver, CO 80203 <i>Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are u</i> Email: osa.lg@coleg.gov or Phone: 303-869-3000	-	the preferred method for submission
All Ar	oplications for E	Exemption from Audit are subject to review and approval by the Office of the State Auditor.	<u>N1!</u>	
Gove	ernmental Activity	ty should be reported on the Modified Accrual Basis ihould be reported on the Cash or Budgetary Basis		

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.

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APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT ADDRESS

CONTACT PERSON

PHONE

EMAIL

550 W. Eisenhower Blvd Loveland, CO 80537 Irene Buenavista

970-669-3611

ireneb@pcgi.com

Severance South Metropolitan District 1

c/o Pinnacle Consulting Group, Inc.

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

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:
 Irene Buenavista

 District Accountant
 District Accountant

	District Accountant							
FIRM NAME (if applicable)	M NAME (if applicable) Pinnacle Consulting Group, Inc.							
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537							
PHONE	970-669-3611							
RELATIONSHIP TO ENTITY	District Accountant							
	PREPARER (SIGNATURE REQUIRED)					DATE PREPARED		
Jun Brush						3/1/2024		
	ct filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO					
during the year? [Applicable to Title 32 104 (3), C.R.S.]	special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-		1	If Yes, date	filed:			

DocuSign Envelope ID: A170C493-BB61-434F-AF17-336BFAD9E95E PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	ttach additional sheets as necessary.	Governme	ntal Funds		Proprietary/Fid	uciary Funds	
	Description			Description			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			items on this page
1-1	Cash & Cash Equivalents	\$ 699,579	\$ 475,089	Cash & Cash Equivalents	\$ - :	\$-	
1-2	Investments	\$-	\$-	Investments	\$ - :	\$-	
1-3	Receivables	\$-	\$-	Receivables	\$ - :	\$-	
1-4	Due from Other Entities or Funds	\$ 8,789		Due from Other Entities or Funds	\$ - :	\$-	
1-5	Property Tax Receivable	\$-	\$-	Other Current Assets [specify]			1
	All Other Assets [specify]				\$ - :		
1-6	Lease Receivable (as Lessor)	\$-	\$-	Total Current Assets			
1-7	Prepaid insurance	\$ 9,970		Capital & Right to Use Assets, net (from Part 6-4)		\$-	
1-8	Service Fee Recievable	\$ 217	1	Other Long Term Assets [specify]		\$ -	
1-9		\$ -	\$ -			\$ -	
1-10		\$ -	\$ -			\$ -	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS Deferred Outflows of Resources:	\$ 718,555	\$ 475,958	(add lines 1-1 through 1-10) TOTAL ASSETS Deferred Outflows of Resources	\$ - :	\$ -	
4 40	[specify]	\$ -	¢	[specify]	\$ - :	<u> </u>	1
1-12 1-13	[specify]	\$ - \$ -		[specify]	\$ - : \$ - :		
1-13	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS			(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	Ŧ		
1-14	TOTAL ASSETS AND DEFERRED OUTFLOWS			TOTAL ASSETS AND DEFERRED OUTFLOWS			
1-10	Liabilities	φ /10,000	φ 470,000	Liabilities	Ψ	Ψ -	1
1-16	Accounts Payable	\$ 14,074	\$-	Accounts Payable	\$ -	\$ -]
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ - :	\$ -	-
1-18	Unearned Revenue	\$-	\$-	Accrued Interest Payable	\$ - :	\$-	
1-19	Due to Other Entities or Funds	\$-	\$-	Due to Other Entities or Funds	\$ - :	\$-	
1-20	All Other Current Liabilities	\$ 184		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			
1-22	All Other Liabilities [specify]	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ - :		
1-23		\$ -	\$ -	Other Liabilities [specify]:	\$ - :		
1-24		\$ -	\$ -			\$	
1-25		\$ -				\$	
1-26	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ -	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES		\$ <u>-</u>	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES Deferred Inflows of Resources:	\$ 14,258	φ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	φ -	φ -]
1-28	Deferred Property Taxes	\$-	\$ -	Pension/OPEB Related	\$ -	\$]
1-20	Lease related (as lessor)	3 - \$ -		Other [specify]		3 - \$ -	
1-25	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		· ·	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS			
	Fund Balance	•		Net Position		•	1
1-31	Nonspendable Prepaid	\$ 9,970	\$-	Net Investment in Capital and Right-to Use Assets	\$ - :	\$-]
1-32	Nonspendable Inventory	\$ -	\$ -	-	I		
1-33	Restricted [specify]	\$ 3,045	\$-	Emergency Reserves	\$ - :	\$-	
1-34	Committed [specify]	\$-	\$ 475,958	Other Designations/Reserves		\$-	
1-35	Assigned [specify]	\$-	\$-	Restricted		\$-	
1-36	Unassigned:	\$ 691,284	\$-	Undesignated/Unreserved/Unrestricted	\$ - :	\$-	
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	\$ 704,299	\$ 475,958	TOTAL NET POSITION	\$ - :	\$-	
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 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	¢ 740 557	¢ 475.050	DOSITION	¢	¢	
		\$ 718,557	\$ 475,958		φ - ;	\$-	I

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds				Proprietary/Fiduciary Funds		
Line #	Description	General Fund	Deb	t Service Fund	Description	Fund*	Fund*	Please use this space to provide explanation of a
	Tax Revenue				Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 73,167	\$	292,717	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	Interest Income & Other	\$ 28,330	\$	-		\$	- \$ -	
2-6		\$-	• \$	-		\$	- \$ -	
2-7		\$-	. \$	-		\$	- \$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$	292,717	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$	- \$ -	
-9	Licenses and Permits	\$-	. \$	-	Licenses and Permits	\$	- \$ -	
10	Highway Users Tax Funds (HUTF)	\$-	· \$	-	Highway Users Tax Funds (HUTF)	\$	- \$ -	
11	Conservation Trust Funds (Lottery)	\$-	. \$	-	Conservation Trust Funds (Lottery)	\$	- \$ -	
12	Community Development Block Grant	\$-	. \$	-	Community Development Block Grant	\$	- \$ -	
13	Fire & Police Pension	\$-	. \$	-	Fire & Police Pension	\$	- \$ -	
14	Grants	\$-	· \$	-	Grants	\$	- \$ -	
15	Donations	\$-	· \$	-	Donations	\$	- \$ -	
-16	Charges for Sales and Services	\$-	. \$	-	Charges for Sales and Services	\$	- \$ -	
-17	Rental Income	\$-	. \$	-	Rental Income	\$	- \$ -	
-18	Fines and Forfeits	\$-	• \$	-	Fines and Forfeits	\$	- \$ -	
-19	Interest/Investment Income	\$-	• \$	-	Interest/Investment Income	\$	- \$ -	
-20	Tap Fees	\$-	• \$	-	Tap Fees	\$	- \$ -	
21	Proceeds from Sale of Capital Assets	\$-	• \$	-	Proceeds from Sale of Capital Assets			
-22	All Other [specify]:	\$-	• \$	-	All Other [specify]:	\$	- \$ -	
23		\$-	. \$	-		\$	- \$ -	
24	Add lines 2-8 through 2-23 TOTAL REVENUES		\$	292,717	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$ -	
	Other Financing Sources				Other Financing Sources			
25	Debt Proceeds	\$-	. \$	-	Debt Proceeds	\$	- \$ -	
26	Lease Proceeds	\$ -	. \$	-	Lease Proceeds	\$	- \$ -	
-27	Developer Advances	\$ -	\$	-	Developer Advances	\$	- \$ -	
-28	Other [specify]:	\$ -	. \$	-	Other [specify]:	\$	- \$ -	
-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
-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES			292.717	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$ -	\$ 394.

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

		Go	overnmei	ntal Funds			Proprietary	//Fiduciary Funds	Blassa usa this success
Line #	Description	General I	Fund	Debt Service Fu	nd	Description	Fund*	Fund*	Please use this space to provide explanation of an
E	Expenditures					Expenses			items on this page
3-1	General Government	\$	74,211	\$	-	General Operating & Administrative	\$	- \$	-
3-2	Judicial	\$	-	\$	-	Salaries	\$	- \$	-
3-3	Law Enforcement	\$	-	·	-	Payroll Taxes	\$	- \$	-
3-4	Fire	\$	-	\$	-	Contract Services	\$	- \$	-
3-5	Highways & Streets	\$	-		-	Employee Benefits	\$	- \$	-
3-6	Solid Waste	\$	-		-	Insurance	\$	- \$	-
3-7	Contributions to Fire & Police Pension Assoc.	\$	-	\$	-	Accounting and Legal Fees	\$	- \$	-
3-8	Health	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Repair and Maintenance	\$	- \$	-
3-9	Culture and Recreation	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Supplies	\$	- \$	-
3-10	Transfers to other districts	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Utilities	\$	- \$	-
3-11	Other [specify]:	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Contributions to Fire & Police Pension Assoc.	\$	- \$	-
3-12		\$	-		-	Other [specify]	\$	- \$	-
3-13		\$	-		-		\$	- \$	-
3-14	Capital Outlay	\$	-	\$	-	Capital Outlay	\$	- \$	-
	Debt Service					Debt Service			_
3-15	Principal (should match amount in 4-4)	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Principal (should match amount in 4-4)	\$	- \$	-
3-16	Interest	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Interest	\$	- \$	-
3-17	Bond Issuance Costs	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Bond Issuance Costs	\$	- \$	-
3-18	Developer Principal Repayments	\$	-			Developer Principal Repayments	\$	- \$	-
3-19	Developer Interest Repayments	\$	-	, ,)50	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	-	74,211	· · ·		Add lines 3-1 through 3-21 TOTAL EXPENSES		- \$	- \$ 224,211
3-23 l	nterfund Transfers (In)	\$	-	· · · · · · · · · · · · · · · · · · ·	-	Net Interfund Transfers (In) Out	\$	- \$	-
3-24 l	nterfund Transfers Out	\$	-		-	Other [specify][enter negative for expense]	\$	- \$	-
3-25 0	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 TRANSFERS AND OTHER EXPENDITURES	\$	-	\$	-	(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS		- \$	-
3-30 E	Excess (Deficiency) of Revenues and Other Financing					Not Increase (Decrease) in Not Resition			
S	Sources Over (Under) Expenditures					Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23			
L	ine 2-29, less line 3-22, less line 3-29	\$	27,286	\$ 142,7	717	Line 2-29, less line 3-22, plus line 3-29, less line 3-25	\$	- \$	-
]					Net Position, January 1 from December 31 prior year			
3-31 F	Fund Balance, January 1 from December 31 prior year report					report			
		\$6	677,013	\$ 333,2	241		\$	- \$	-
3-32 F	Prior Period Adjustment (MUST explain)	\$	-	\$	_	Prior Period Adjustment (MUST explain)	\$	- \$	-
3-33 F	Fund Balance, December 31			•		Net Position, December 31			
S	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.	\$ 7	704,299	\$ 475,9	958	This total should be the same as line 1-37.	\$	- \$	-

(303) 869-3000 for assistance.

Docus	PART 4 - DEBT OUTSTANDING	. ISSUED. AN	D 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?	 		
	Is the debt repayment schedule attached? If no, MUST explain:			
	Developer Advance will be paid as funds are made available			
4-3	Is the entity current in its debt service payments? If no, MUST explain:			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts) Outstanding at beginning of year	g Retired during Ou	tstanding at year-end	
		- \$ - \$	-	
	Revenue bonds \$\$	- \$ - \$	-	
		- \$ - \$	-	
		- \$ - \$	-	
		- \$ 117,619 \$	179,460	
		- \$ - \$ - \$ 117,619 \$	- 179,460	
**Subso	cription Based Information Technology Arrangements *Must agree to prior year-end balance	φ πη,στο φ	110,100	
	Please answer the following questions by marking the appropriate boxes.	YES	NO	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?	\checkmark		
If yes:	How much? \$ 134,851,988			
,	Date the debt was authorized: 11/7/2017	_		
	Does the entity intend to issue debt within the next calendar year?		<i>✓</i>	
If yes:	How much?	_	~	
4-7	Does the entity have debt that has been refinanced that it is still responsible for?		~	
If yes:	What is the amount outstanding? \$-	_	<u>√</u>	
4-8	Does the entity have any lease agreements? What is being leased?		<u>.</u>	
If yes:	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? \$	<u> </u>	L	
	PART 5 - CASH AND I	NVESTMENT	S	
	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	\$ 1,174,669		
	Certificates of deposit	\$ -		
	TOTAL CASH DEPOSI	TS \$	1,174,669	
	Investments (if investment is a mutual fund, please list underlying investments):			
		\$ -		
5-3		\$ -		
5-5		\$-		
		\$ -		
	TOTAL INVESTMEN		-	
	TOTAL CASH AND INVESTMEN	TS \$	1,174,669	
	Please answer the following question by marking in the appropriate box YES	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			
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:			
		1		

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	PART	6 - CAPITAL	. AND RIGH	IT-TO-USI	E ASSETS	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments
6-1 6-2	Does the entity have capitalized assets? Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	n Section 29-1-506,	C.R.S.? If no,			
6-3		Balance -				
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the year*	Additions*	Deletions	Year-End Balance	
	Land	\$-	\$-	\$-	\$-	
	Buildings	\$-	\$-	\$-	\$ -	
	Machinery and equipment	\$-	\$-	\$-	\$ -	
	Furniture and fixtures	\$-	\$-	\$-	\$ -	
	Infrastructure	\$-	\$-	\$-	\$ -	
	Construction In Progress (CIP)	\$-	\$-	\$-	\$ -	
	Leased & SBITA Right-to-Use Assets	\$-	T	\$-	\$ -	
	Intangible Assets	\$ 882,000	\$-	\$-	\$ 882,000	
	Other (explain):	\$-	\$-	\$-	\$ -	
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$-	\$-	\$-	\$ -	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$-	\$-	\$-	\$ -	
	TOTAL	\$ 882,000	\$-	\$-	\$ 882,000	
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions*	Deletions	Year-End Balance	
	Land	\$-	\$-	\$-	\$ -	
	Buildings	\$-	\$-	\$-	\$ -	
	Machinery and equipment	\$-	\$-	\$-	\$ -	
	Furniture and fixtures	\$-	\$-	\$-	\$ -	
	Infrastructure	\$-	\$-	\$-	\$ -	
	Construction In Progress (CIP)	\$-	\$-	\$-	\$ -	
	Leased & SBITA Right-to-Use Assets	\$-	\$-	\$-	\$ -	•
	Intangible Assets	\$-	\$-	\$-	\$ -	· ·
	Other (explain):	\$-	\$-	\$-	\$ -	· _
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -	\$-	\$-	\$ -	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$-	\$-	\$-	\$	
	TOTAL	\$-	\$-	\$-	\$-	,

 \$
 \$
 \$

 * Must agree to prior year-end balance
 *
 S
 \$

 * Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized

 in accordance with the government's capitalization policy. Please explain any discrepancy

PART 7 - PENSION INFORMATION									
*		YES	NO	Please use this space to provide any explanations or comments:					
 7-1 Does the entity have an "old hire" firefighters' pension plan? 7-2 Does the entity have a volunteer firefighters' pension plan? If yes: Who administers the plan? 									
Indicate the contributions from:									
Tax (property, SO, sales, etc.):	\$	-							
State contribution amount:	\$	-							
Other (gifts, donations, etc.):	\$	-							
TOTAL	\$	-							
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-							

		<u> PART 8 - BU</u>	DGET INF	<u> ORMATIO</u>	N	
	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 according 29-1-113 C.R.S.? If no, MUST explain:	ordance with	~			
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-10 If no, MUST explain:	8 C.R.S.?	<u>√</u>			
If yes	Please indicate the amount appropriated for each fund separately for the year report	rted				
	Governmental/Proprietary Fund Name	Total Appropriation	ons By Fund			
	General Fund \$	6	157,950			
	Debt Service Fund \$	\$	150,000			
	\$	3	-			
	\$	3	-			

Place answer the following question by marking in the appropriate box VS No Please use this space to provide any explanations or comment 9-1 Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Saction 20(5))? No Please use this space to provide any explanations or comment Not: An electron from the sacting the appropriate box YES NO Please use this space to provide any explanations or comment 10-1 Is this application for a newly formed governmental entity? Image: Colspan="2">Image: Colspan="2">Please use this space to provide any explanations or comment 12-2 Has the entity changed its name in the past or current year? Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" 12 Has the entity change its name in the past or current year? Image: Colspan="2">Image: Colspan="2" 13 Is the entity an entropolitan district? Image: Colspan="2">Image: Colspan="2" 14 Please indicate what active construct year? Image: Colspan="2">Image: Colspan="2" 15 Does the entity have a agreement with anothere government to provide services?	Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanation 9-1 Is the entity in compliance with all the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provisions of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provision of TABOR (Estae Constitution, Article X, Section 20(5))? Image: Constitution of the provide and pro	ons or comments:
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 List the name of the other governmental entity and the services provided: All services provided for Severance South Metropolitan District Nos. 2-4 Does the entity have a certified mill levy? Please provide the number of mills levied for the year reported (do not enter \$ amounts):	-5 Does the entity have an agreement with another government to provide services?	
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Please use this space to provide any additional explanations or comments not previously included:	0-7 preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207	
Please use this space to provide any additional explanations or comments not previously included:		
r lease use this space to provide any additional explanations of confinents not previously included.	Please use this space to provide any additional explanations or comments not previously included:	

		OSA USE ONI	_Y		
Entity Wide:	General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$ 1,174,669 Unrestricted Fund Balan	\$ 691,284	Total Tax Revenue	\$ 394,214	
Current Liabilities	\$ 14,258 Total Fund Balance	\$ 704,299	Revenue Paying Debt Service	\$ -	
Deferred Inflow	\$ - PY Fund Balance	\$ 677,013	Total Revenue	\$ 394,214	
	Total Revenue	\$ 101,497	Total Debt Service Principal	\$ -	
	Total Expenditures	\$ 74,211	Total Debt Service Interest	\$ -	
			Total Assets	\$ 1,194,513	
			Total Liabilities	\$ 14,258	
Governmental	Interfund In	\$ -			
Total Cash & Investments	\$ 1,174,668 Interfund Out	\$ -	Enterprise Funds		
Transfers In	\$ - Proprietary		Net Position	\$ -	
Transfers Out	\$ - Current Assets	\$ -	PY Net Position	\$ -	
Property Tax	\$ 365,884 Deferred Outflow	\$ -	Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$ -	Total Outstanding Debt	\$ 179,460	
Total Expenditures	\$ 224,211 Deferred Inflow	\$ -	Authorized but Unissued	\$ 134,851,988	
Total Developer Advances	\$ - Cash & Investments	\$ -	Year Authorized	11/7/2017	
Total Developer Repayments	\$ 35,950 Principal Expense	\$ -			

PART 12 - GOVERNING BODY APPROVAL					
	Please answer the following question by marking in the appropriate box	YES	NO		
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	7			

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

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

• The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.

• The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.

Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods: 1) Submit the application in hard copy via the US Mail including original signatures.

2) Submit the application electronically via email and either,

a. Include a copy of an adopted resolution that documents formal approval by the Board, or

b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

Below is the certification and approval of the governing body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

MUST Print t	he names of <u>ALL</u> members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Kris A. Pickett	I,
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
2	Eric McCarty	pers national prive Add and prove this application for exemption for exemption for exemption 3/12/2024 10:32:24 PDT Signed
	Full Name	I,DocuSigned by:
3	Lar Voss	bersonal very view of send approve this application for exemption from send to a prove the application for exemption of the send of the se
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
4	Jana Pickett	bersonally reviewed and approve this application for exemption from audit. Signed My term Expires:05/2025
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
5	Thomas Donkle	in the second secon
	Full Name	I, attest that I am a duly elected or appointed board member, and that I have
6		bersonally reviewed and approve this application for example of from audit. Signed My term Expires:
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
7		bersonally reviewed and approve this application for examplion from audit. Signed My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

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

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) 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 governmen, where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (pame of your ent) exceeded \$100,000 for Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting, and

OR (2)WHEREAS, neither revenues nor expenditives for (name of government) exceeded \$750,000 for Year 20XX; and

WHEREAS, an application for exemption from such for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exception from a with has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFOR E, be it resolved/or aived by the (governing body) of the (name of government) that the application for exemption from a difference of government) for the year ended ______, 20XX, has been personally reviewed and is hereb; approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) 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 (name of government) for the , 20XX. year ended

ADOPTED THIS day of , A.D. 20XX.

Mayor/President/Chairman, etc.		\square
ATTEST:	C	
Town Clerk, Secretary, etc.		
Type or Print Names of	Date Term	
Members of Governing Body	Expires	Signature
$-2)^{\circ}$		

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

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

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

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

Approval for an exemption from audit is granted only upon the review by the OSA.

				ETING AND SUBMITTING THIS FOR	
		MUST BE FILED WITH THE OSA <u>WITHIN 3 MONTHS</u> AFTER TI AR-END. <i>APPLICATIONS FOR EXEMPTION FROM AUDIT SUB</i>			BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH
GOV	ERNMENTAL AG	CTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUA			
PRO	PRIETARY ACTI	VITY SHOULD BE REPORTED ON A BUDGETARY BASIS		ISSION ON OR BEFORE THE STATUATOR	
	R VEAR FORMS	S ARE OBSOLETE AND WILL NOT BE ACCEPTED.	NOT BE ACCEPTED AS PROOF OF SUBN		REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:
		MITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY T		http://www.lexisnexis.com/hottopics/Colorado/	LEVICED CTATOTES CAN BET COND AT THICADDRECC.
			HE USA WILL NOT BE ACCEPTED.	http://www.iexisnexis.com/nottopics/colorado/	
APPL	ICATIONS MUS	T BE FULLY AND ACCURATELY COMPLETED.		0 T	
			CHECKLI	51	
	Has the prep	arer signed the application?			Checkout our <u>web portal</u> . Register your
	Has the entity	y corrected all Prior Year Deficiencies as communicated by th	e OSA?		account and submit electronic Applications
	Has the appli	ication been PERSONALLY reviewed and approved by the gov	verning body?		for Exemption From Audit, Extension of
	Are all sectio	ns of the form complete, including responses to all of the que	estions?		Time to File requests, Audited Financial
	Did you inclu	ide any relevant explanations for unusual items in the approp	riate spaces at the end of each section?		Statements, and more! See the link below.
	Will this appl	ication be submitted electronically?			
		If yes, have you read and understand the new Electronic Sig	nature Policy? See new here		
		policy			
	or-				
		Have you included a resolution?			Oligie is any factor for the month.
		Does the resolution state that the governing body <u>PERSON</u>		on in an open public meeting?	Click here to go to the portal
_		Has the resolution been signed by a MAJORITY of the gover			
	Will this appl	lication be submitted via a mail service? (e.g. US Post Office,	FedEx, UPS, courier.)		
		If yes, does the application include ORIGINAL INK SIGNATU	RES from the MAJORITY of the governing	g body?	
			FILING METH	HODS	
		: Register and submit your Applications at our web portal: : Office of the State Auditor	https://apps.leg.co.gov/osa/lg	For faster processing the web portal is	the preferred method for submission
		Local Government Audit Division			
		1525 Sherman St., 7th Floor			
		Denver, CO 80203			
	STIONS?	Please Note: The OSA's email addresses have changed as of L Email: osa.lg@coleg.gov or Phone: 303-869-3000	December 1, 2023. Please ensure you are u	ising the email address noted below.	
QUL		Linan. usa.ig@coleg.gov of Filone. 505-609-5000	IMPORTAI	NTI	
		emption from Audit are subject to review and approval by the Offic			
		r should be reported on the Modified Accrual Basis ould be reported on the Cash or Budgetary Basis A Budget to G	AAD reconciliation is provided in Dort 2		
Propr	letary Activity Sh	ould be reported on the Cash of Budgetary Basis A Budget to G	AAP 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 <u>SHALL BE</u> REQUIRED.

DocuSign Envelope ID: A170C493	-BB61-434F-AF17-336BFAD9E95E	
	APPLICATION FOR EXEMPTION FROM AUDIT	
	LONG FORM	
NAME OF GOVERNMENT	Severance South Metropolitan District 2	For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/2023
	550 W. Eisenhower Blvd	or fiscal year ended:
	Loveland CO 80537	
CONTACT PERSON	Irene Buenavista	
PHONE	970-669-3611	
EMAIL	ireneb@pcgi.com	
	CERTIFICATION OF PREPARER	
	ant with knowledge of governmental accountin g and that the information in the Application is complete and accurate to the best of my k plication if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separ	
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	
RELATIONSHIP TO ENTITY	District Accountant	
20	PREPARER (signature required)	DATE PREPARED
Jun Brunch		3/1/2024

Jun Brusse				3/1/2024
Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO		
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.]		1	If Yes, date	filed:

DocuSign Envelope ID: A170C493-BB61-434F-AF17-336BFAD9E95E PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	tach additional sheets as necessary.	Governme	ntal Funds		Proprietary/Fi	duciary Funds	
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any items on this page
	Assets			Assets			items on this page
1-1	Cash & Cash Equivalents	\$-	\$-	Cash & Cash Equivalents	\$-	\$-]
1-2	Investments	\$-	\$-	Investments	\$-		_
1-3	Receivables	\$-	\$-	Receivables	\$-	\$-	
1-4	Due from Other Entities or Funds	\$ 1,014		Due from Other Entities or Funds	\$-	\$-	
1-5	Property Tax Receivable	\$ 393,430	\$-	Other Current Assets [specify]			_
	All Other Assets [specify]				\$-	\$-	
1-6	Lease Receivable (as Lessor)	\$-	\$-	Total Current Assets	\$-	\$-	
1-7		\$-	\$-	Capital & Right to Use Assets, net (from Part 6-4)	\$-	\$-	1
1-8		\$ -	\$-	Other Long Term Assets [specify]	\$-	\$ -	1
1-9		\$-	\$-		\$-	\$ -	1
1-10		\$ -	\$ -		\$ -	\$ -	1
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 394,444	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$ -	1
	Deferred Outflows of Resources:			Deferred Outflows of Resources		1.2	1
1-12	[specify]	\$-	\$-	[specify]	\$-	\$-	1
1-13	[specify]	\$ -	\$ -	[specify]	\$ -	\$ -	1
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		\$-	1
	Liabilities	,,		Liabilities			1
1-16	Accounts Payable	\$-	\$ -	Accounts Payable	\$-	\$-	1
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -	1
1-18	Unearned Revenue	\$-	\$-	Accrued Interest Payable	\$-	\$ -	1
1-19	Due to Other Entities or Funds	\$ 1,014	\$-	Due to Other Entities or Funds	\$-	\$-	1
1-20	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -	1
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 1,014	\$-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$-	\$ -	1
1-22	All Other Liabilities [specify]	\$ -	\$-	Proprietary Debt Outstanding (from Part 4-4)		\$ -	1
1-23		\$ -	\$ -	Other Liabilities [specify]:	\$ -	\$ -	1
1-24		\$ -	\$ -		\$ -	\$ -	1
1-25		\$ -	\$-		\$-		1
1-26		\$ -	\$ -		\$-		1
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 1,014		(add lines 1-21 through 1-26) TOTAL LIABILITIES		\$ -	
	Deferred Inflows of Resources:	• .,•	•	Deferred Inflows of Resources	•		1
1-28	Deferred Property Taxes	\$ 393,430	\$ -	Pension/OPEB Related	\$-	\$-	1
1-29	Lease related (as lessor)	\$ -	\$-	Other [specify]	\$-		1
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS			(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		\$ -	
	Fund Balance	¢ 000,100	¥	Net Position	÷	•	1
	Nonspendable Prepaid	\$ -	\$-	Net Investment in Capital and Right-to Use Assets	\$-	\$ -	1
	Nonspendable Inventory	\$ -	\$ -			1 -	1
1-32	Restricted [specify]	\$ -	\$ -	Emergency Reserves	\$-	\$ -	1
1-33	Committed [specify]	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -	1
1-34	Assigned [specify]	<u> </u>	\$ - \$ -	Restricted	\$ - \$ -		1
1-35	Unassigned:	<u> </u>	\$ - \$ -	Undesignated/Unreserved/Unrestricted	\$ - \$ -		1
1-30		ψ -	ψ -		+	ψ -	1
1-51	Add lines 1-31 through 1-36 This total should be the same as line 3-33			Add lines 1-31 through 1-36 This total should be the same as line 3-33			
	TOTAL FUND BALANCE	•	•	TOTAL NET POSITION	•		
4.00		\$-	\$-		\$ -	\$ -	-
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 BALANCE			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION			
	BALANCE	\$ 394,444	\$-	FOSITION	\$-	- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary/	Fiduciary Funds	
ine #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of a
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 332,528	\$ -	Property [include mills levied in Question 10-6]	\$	- \$	-
2-2	Specific Ownership	\$ 14,141	\$ -	Specific Ownership	\$	- \$	-
-3	Sales and Use Tax	\$-	\$-	Sales and Use Tax	\$	- \$	-
-4	Other Tax Revenue [specify]:	\$-	\$-	Other Tax Revenue [specify]:	\$	- \$	-
-5		\$-	\$ -		\$	- \$	-
2-6		\$-	\$-		\$	- \$	-
-7		\$-	\$-		\$	- \$	-
-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$-	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$	- \$	-
-9	Licenses and Permits	\$-	\$-	Licenses and Permits	\$	- \$	-
10	Highway Users Tax Funds (HUTF)	\$-	\$-	Highway Users Tax Funds (HUTF)	\$	- \$	-
11	Conservation Trust Funds (Lottery)	\$-	\$-	Conservation Trust Funds (Lottery)	\$	- \$	-
12	Community Development Block Grant	\$-	\$-	Community Development Block Grant	\$	- \$	-
13	Fire & Police Pension	\$-	\$-	Fire & Police Pension	\$	- \$	-
14	Grants	\$-	\$-	Grants	\$	- \$	-
15	Donations	\$-	\$-	Donations	\$	- \$	-
16	Charges for Sales and Services	\$-	\$-	Charges for Sales and Services	\$	- \$	-
17	Rental Income	\$-	\$-	Rental Income	\$	- \$	-
18	Fines and Forfeits	\$-	\$-	Fines and Forfeits	\$	- \$	-
19	Interest/Investment Income	\$-	\$ -	Interest/Investment Income	\$	- \$	-
20	Tap Fees	\$-	\$ -	Tap Fees	\$	- \$	-
21	Proceeds from Sale of Capital Assets	\$-	\$-	Proceeds from Sale of Capital Assets			
22	All Other [specify]:	\$-	\$ -	All Other [specify]:	\$	- \$	-
23		\$-	\$ -		\$	- \$	-
24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 346,669	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$	-
	Other Financing Sources			Other Financing Sources			
25	Debt Proceeds	\$-	\$-	Debt Proceeds	\$	- \$	-
26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$	- \$	-
27	Developer Advances	\$-	\$ -	Developer Advances	\$	- \$	-
28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$	- \$	-
29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		s -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	\$	- \$	GRAND TOTALS
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	.	- \$	\$ 346

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

		Governme	ental Funds		Proprietary/F	Fiduciary Funds	Blassa use this energy to
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of an
	Expenditures			Expenses			items on this page
3-1	General Government		\$-	General Operating & Administrative	\$-	· \$	-
3-2	Judicial	\$-	\$-	Salaries	\$-	· \$	-
3-3	Law Enforcement	\$-	\$-	Payroll Taxes	\$-	• \$	-
3-4	Fire	\$-	\$-	Contract Services	\$-	· \$	-
3-5	Highways & Streets	\$-	\$-	Employee Benefits	\$-	. \$	-
3-6	Solid Waste	\$-	\$-	Insurance	\$-	. \$	-
3-7	Contributions to Fire & Police Pension Assoc.	\$-	\$-	Accounting and Legal Fees	\$-	. \$	-
3-8	Health	\$-	\$-	Repair and Maintenance	\$-	. \$	-
3-9	Culture and Recreation	\$-	\$ -	Supplies	\$-	. \$	-
3-10	Transfers to other districts	\$ 341,681	\$ -	Utilities	\$ -	. \$	-
3-11	Other [specify]:	\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	. \$	-
3-12	Treasurer Fees	\$ 4,988	\$ -	Other [specify]	\$ -	. \$	-
3-13		+ .,	\$ -			· \$	-
3-14	Capital Outlay		\$ -	Capital Outlay		· \$	-
	Debt Service	*	Ŧ	Debt Service	Ŧ	Ţ.Ŧ	
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	An other [specify].	\$ - \$ -	φ - \$ -	All Othor [specify].	\$		- GRAND TOTAL
	Add lines 3-1 through 3-21	÷	•	Add lines 3-1 through 3-21	¥		
3-22	TOTAL EXPENDITURES	\$ 346,669		TOTAL EXPENSES	\$ -	\$	- \$ 346,669
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 TRANSFERS AND OTHER EXPENDITURES	¢	s -	(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS	¢	. s	
3-30	Excess (Deficiency) of Revenues and Other Financing	φ -			Ψ	Ψ	
0.00	Sources Over (Under) Expenditures			Net Increase (Decrease) in Net Position			
	Line 2-29, less line 3-22, less line 3-29	\$-	\$ -	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ -	. s	-
		φ -	- φ	-	φ -	φ	-
3-31	Fund Balance, January 1 from December 31 prior year report			Net Position, January 1 from December 31 prior year			
0-01	r and Balance, balladry r nom Becomber of phor year report	\$-	s -	report	s -	s	-
2 20	Drive Daried Adjustment (MUCT evaluate)	-		Prior Derind Adjustment (MUST explain)			-
	Prior Period Adjustment (MUST explain)	\$-	\$-	Prior Period Adjustment (MUST explain)	\$ -	· \$	-
3-33	Fund Balance, December 31			Net Position, December 31			
	Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	¢	s -	Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	\$ -	¢	
	This total should be the same as the 1-37.	► ■ ER than \$750,000 -	Ŷ		Ŷ	· ⊅	-

(303) 869-3000 for assistance.

Docus					
	PART 4 - DEBT OUTST/	ANDING, IS	SSUED, A	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?			1	
4-2	Is the debt repayment schedule attached? If no, MUST explain:				
4-3	Is the entity current in its debt service payments? If no, MUST explain:]			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)	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 \$- \$			\$ \$	
	Sources Sources Other (specify): Sources			• - \$ -	
	TOTAL \$ - \$			\$ -	
**Subso	ription Based Information Technology Arrangements *Must agree to prior year-e	end balance			
	Please answer the following questions by marking the appropriate boxes.		YES	NO	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?		~		
If yes:	How much? \$ 134,851,988				
,	Date the debt was authorized: 11/7/2017				
	Does the entity intend to issue debt within the next calendar year?			1	
,	How much?			1	
4-7 If yes:	Does the entity have debt that has been refinanced that it is still responsible for? What is the amount outstanding?			¥	
4-8	Does the entity have any lease agreements?			4	
	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? \$				
	PART 5 - CAS	H AND IN	VESTME	NTS	
	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		\$-		
5-2	Certificates of deposit		\$-		
	TOTAL C	ASH DEPOSITS		\$-	
	Investments (if investment is a mutual fund, please list underlying investments):				
			\$ -		
5-3			\$ -		
5-3			\$-		
			\$-		
		INVESTMENTS		\$-	
	TOTAL CASH AND	INVESTMENTS		\$-	
_	Please answer the following question by marking in the appropriate box	YES	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	7			
	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-				
5-5	10.5-101, et seq. C.R.S.)? If no, MUST explain:	7			

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	PART	6 - CAPITAL	AND RIGH	T-TO-USE	EASSETS	
	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?				v	_
6-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	n Section 29-1-506, C	R.S.? If no,			
6-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year	Additions*	Deletions	Year-End Balance	
	Land	\$-	\$-	\$-	\$	•
	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)	\$-	\$-	\$-	\$	<u> </u>
	TOTAL	\$-	\$-	\$-	\$	
		Balance -				
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
		year*				
	Land	\$-	\$-	\$-	\$	•
	Buildings	\$-	\$-	\$-	\$	•
	Machinery and equipment	\$-	\$-	\$-	\$	•
	Furniture and fixtures	\$-	\$-	\$-	\$	•
	Infrastructure	\$-	\$-	\$-	\$	•
	Construction In Progress (CIP)	\$-	\$-	\$-	\$	•
	Leased & SBITA Right-to-Use Assets	\$-	\$-	\$-	\$	•
	Intangible Assets	\$-	\$-	\$-	\$	•
	Other (explain):			\$-	\$	• _
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)			\$-	\$	•
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$-	\$-	\$-	\$	•
	TOTAL	\$-	\$-	\$-	\$	-

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

PART 7 - PENSION INFORMATION									
*			YES	NO	Please use this space to provide any explanations or comments:				
 7-1 Does the entity have an "old hire" firefighters' pension plan? 7-2 Does the entity have a volunteer firefighters' pension plan? If yes: Who administers the plan? 									
Indicate the contributions from:									
Tax (property, SO, sales, etc.):	5	\$-							
State contribution amount:	5	\$-							
Other (gifts, donations, etc.):	5	\$-							
	TOTAL	\$-							
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	5	\$-]						

	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 acc Section 29-1-113 C.R.S.? If no, MUST explain:	cordance with	J						
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-1 If no, MUST explain:	08 C.R.S.?	<i>J</i>						
If yes:	Please indicate the amount appropriated for each fund separately for the year repo	rted							
	Governmental/Proprietary Fund Name	Total Appropriati	ons By Fund						
	General Fund	\$	364,142						
		\$	-						
		\$	-						
		\$	-						

PART 9 - TAX PAYER'S BILL C Please answer the following question by marking in the appropriate box	YES	NO	Please use this space to provide any explanations or comments
Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	1		
Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.			
PART 10 - GENERAL IN	FORMATIC	N	
Please answer the following question by marking in the appropriate box	YES	NO	Please use this space to provide any explanations or comments
1 Is this application for a newly formed governmental entity?		Image: A start of the start	
5:			
Date of formation:			
2 Has the entity changed its name in the past or current year?		4	
s: NEW name			
PRIOR name			
Is the entity a metropolitan district?	1		
Please indicate what services the entity provides:			
Sanitation/storm, streets, traffic & safety, parks & rec, transportation, pest control, security, covenant enforcement, water			
5 Does the entity have an agreement with another government to provide services?	4		
List the name of the other governmental entity and the services provided:			
All services provided by Severance South Metropolitan District 1			
5 Does the entity have a certified mill levy?	\checkmark		
s: Please provide the number of <u>mills</u> levied for the year reported (do not enter \$ amounts):			
Bond Redemption mills 0.000 General/Other mills 50.000			
Total mills 50.000			
YES	NO	N/A	
NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its			
7 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.			
Please use this space to provide any additional explanati	one or comme	nte not previou	sly included:
		nto not previou	ary moluucu.

	OSA USE ONLY								
Entity Wide:		General Fund			Governmental Funds			Notes	
Unrestricted Cash & Investments	\$	- Unrestricted Fund Balan	\$	-	Total Tax Revenue	\$	346,669		
Current Liabilities	\$	1,014 Total Fund Balance	\$	-	Revenue Paying Debt Service	\$	-		
Deferred Inflow	\$	393,430 PY Fund Balance	\$	-	Total Revenue	\$	346,669		
		Total Revenue	\$	346,669	Total Debt Service Principal	\$	-		
		Total Expenditures	\$	346,669	Total Debt Service Interest	\$	-		
					Total Assets	\$	394,444		
					Total Liabilities	\$	1,014		
Governmental		Interfund In	\$	-					
Total Cash & Investments	\$	 Interfund Out 	\$	-	Enterprise Funds				
Transfers In	\$	- Proprietary			Net Position	\$	-		
Transfers Out	\$	- Current Assets	\$	-	PY Net Position	\$	-		
Property Tax	\$	332,528 Deferred Outflow	\$	-	Government-Wide				
Debt Service Principal	\$	- Current Liabilities	\$	-	Total Outstanding Debt	\$	-		
Total Expenditures	\$	346,669 Deferred Inflow	\$	-	Authorized but Unissued	\$	134,851,988		
Total Developer Advances	\$	 Cash & Investments 	\$	-	Year Authorized		11/7/2017		
Total Developer Repayments	\$	- Principal Expense	\$	-					

PART 12 - GOVERNING BODY APPROVAL							
Please answer the following question by marking in the appropriate box	YES	NO					
12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	~						

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

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

• The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.

• The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.

Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods: 1) Submit the application in hard copy via the US Mail including original signatures.

2) Submit the application electronically via email and either,

a. Include a copy of an adopted resolution that documents formal approval by the Board, or

b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

Below is the certification and approval of the governing body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

MUST Print t	ne names of <u>ALL</u> members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Kris A. Pickett	I,
	Full Name	, attest that I am a duly elected or appointed board member, and
2	Eric McCarty	I,DocuSigned NicCarty, attest that I am a duly elected or appointed board member, and that I have services from audit 1 have services from audit 10:32:24 PDT Date: Date:
	Full Name	I,DocuSigned by ss, attest that I am a duly elected or appointed board member, and that I
3	Lar Voss	have personally believed and approve this application for exemption from audit. Signed WWWSSE Decemption for exemption from audit. Date: <u>3/13/2024</u> 07:04:32 PDT My term Expirate Exercise Content of the formation of the forma
	Full Name	I, Jana Pickett , attest that I am a duly elected or appointed board member, and
4	Jana Pickett	that I have personally reviewed and approve this application for exemption from audit. Signed My term Expires:05/2025
	Full Name	DocuSigned by: a Dockle attest that I am a duly elected or appointed board member
5	Thomas Donkle	I,DocuSigned by a Donkle, attest that I am a duly elected or appointed board member, and that Heave personally reviewed and approve this application of the second s
	Full Name	I,, 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 My term Expires:
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
7		bersonally reviewed and approve this application for exemption from audit. Signed My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDI7 FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) 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 governmen, where neither revelves for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (pame of government) exceeded \$100,000 for Year 20XX; and

WHEREAS, an application for exemption from audit for **name of government**) has been prepared by (**name of individual**), a person skilled in governmental accounting and

(2)WHEREAS, neither revenues nor expectitives for (name of government) exceeded \$750,000 for Year 20XX; and

WHEREAS, an application for exemption from which for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFOF E be it resolved/or an ed by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) are signified their approval by signing below; and that this resolution shall be attached to, and shall become a ran of, the application for exemption from audit of the (name of government) for the year ended _______, 20XX.

ADOPTED THIS ____ day of _____, A.D. 20XX.

Mayor/President/Chairman, etc.		\bigcap
ATTEST:		
Fown Clerk, Secretary, etc.		
Type or Print Names of Members of Governing Body	Date Term <u>Expires</u>	<u>Signature</u>
Ŋ		

APPLICATION FOR EXEMPTION FROM AUDIT SHORT FORM

IF <u>EITHER</u> REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in 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 <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> 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

<u>GOVERNMENTAL ACTIVITY</u> SHOULD BE REPORTED ON THE <u>MODIFIED ACCRUAL BASIS</u> <u>PROPRIETARY ACTIVITY</u> SHOULD BE REPORTED ON A <u>BUDGETARY BASIS</u>

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED. APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED. FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS <u>MUST</u> BE FULLY AND ACCURATELY COMPLETED.

Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption				
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File request Audited Financial Statements, and more! See				
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.				
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?	Click here to go to the portal				
If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->					
or					
If yes, have you included a resolution?					
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?					
Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)					
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)					
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?					

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission
WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address
noted below.

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

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

SHORT FORM

NAME OF GOVERNMENT	Severance South Metropolitan District 3	For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/23
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Irene Buenavista	
PHONE	970-669-3611	
EMAIL	ireneb@pcgi.com	
	PART 1 - CERTIFICATION OF PREPARER	

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

ADDRESS 550 W	acle Consulting Group, Inc. W. Eisenhower Blvd, Loveland, CO 80537 669-3611					
	0 1 <i>i</i>					
FIRM NAME (if applicable) Pinna	acle Consulting Group, Inc.					
	Pinnacle Consulting Group, Inc.					
TITLE Distric	District Accountant					
NAME: Irene	Irene Buenavista					

PREPARER (SIGNATURE REQUIRED)			DATE PREPARED		
Ju Brush			3/1/2024		
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)		
using Governmental or Proprietary fund types	V				

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		De	escription		Rour	nd to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	9,699	space to provide
2-2		Specific owner	ship	-	\$	412	any necessary
2-3		Sales and use		-	\$	-	explanations
2-4		Other (specify)	:	-	\$	-	
2-5	Licenses and permit	s		-	\$	-	
2-6	Intergovernmental:		Grants	-	\$	-	Ī
2-7	-		Conservation Trust	Funds (Lottery)	\$	-	Ī
2-8			Highway Users Tax	Funds (HUTF)	\$	-	l .
2-9			Other (specify):		\$	-	Ī
2-10	Charges for services	6		-	\$	-	
2-11	Fines and forfeits			-	\$	-	
2-12	Special assessment	s		-	\$	-	
2-13	Investment income			-	\$	-	
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should ag	ree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received		(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S	-	\$	-	
2-19	Fire and police pens	ion		-	\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):			-	\$	-	
2-22				-	\$	-	
2-23					\$	-	Ī
2-24		(add lir	nes 2-1 through 2-23)	TOTAL REVENUE	\$	10,111	
		· · · · ·	,				•

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description		Round to nearest	Dollar	Please use this
3-1	Administrative	-	\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits	-	\$	-	
3-6	Insurance	-	\$	-	I
3-7	Accounting and legal fees		\$	-	
3-8	Repair and maintenance	-	\$	-	I
3-9	Supplies	-	\$	-	I
3-10	Utilities and telephone		\$	-	
3-11	Fire/Police		\$	-	
3-12	Streets and highways		\$	-	
3-13	Public health		\$	-	
3-14	Capital outlay		\$	-	
3-15	Utility operations		\$	-	
3-16	Culture and recreation		\$	-	
3-17	Debt service principal	(should agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19	Repayment of Developer Advance Principal (s	should agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-	
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-	
3-23	Other (specify): Transfer to other districts	-	\$	9,966	I
3-24	Treasurer Fees	-	\$	145	I
3-25		-	\$	-	I
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$	10,111	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED Please answer the following questions by marking the appropriate boxes. Yes	No
rease answer are following duestions by marking the appropriate boxes.	
4-1 Does the entity have outstanding debt?	I
4-2 <u>Is the debt repayment schedule attached? If no, MUST explain below:</u>	
4-3 Is the entity current in its debt service payments? If no, MUST explain below:	
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) Outstanding at end of prior year Issued during year Retired during year Outstanding at year	utstanding at year-end
General obligation bonds \$ - \$ - \$	-
Revenue bonds	-
Notes/Loans \$ - \$ - \$	-
Lease & SBITA** Liabilities [GASB 87 & 96] \$ \$ - \$ - \$ \$	-
Developer Advances \$ - \$ - \$	-
Other (specify):	-
TOTAL S - S - S - S	-
**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?	
If yes: How much? \$ 134,851,988.00	
Date the debt was authorized: 11/7/2017	
4-6 Does the entity intend to issue debt within the next calendar year?	\checkmark
If yes: How much?	
4-7 Does the entity have debt that has been refinanced that it is still responsible for?	\checkmark
If yes: What is the amount outstanding? \$	
4-8 Does the entity have any lease agreements?	\checkmark
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?	4
What are the annual lease payments? Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if nee	ded

	PART 5 - CASH AND INVESTME	INTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$-	
5-2	Certificates of deposit		\$-	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$-	
5-3			\$-	
5-5			\$-	
			\$-	
	Total Investments			\$-
	Total Cash and Investments			\$-
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	V		
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.)?	\checkmark		
If no, M	UST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-L	JSE ASSE	ETS	
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land	\$ -	\$-	\$-	\$-
	Buildings	\$ -	\$ -	- \$	- S

Land	ĮΨ	_	Ψ		IΨ	_	ψ	_
Buildings	\$	-	\$	-	\$	-	\$	-
Machinery and equipment	\$	-	\$	-	\$	-	\$	-
Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
Infrastructure	\$	-	\$	-	\$	-	\$	-
Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	-
Leased & SBITA Right-to-Use Assets	\$	-	\$	-	\$	-	\$	-
Other (explain):	\$	-	\$	-	\$	-	\$	-
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$	-
TOTAL	\$	-	\$	-	\$	-	\$	-
	· · · · · · · · · · · · · · · · · · ·							

*must tie to prior year ending balance Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

	PART 7 - PENSION INFORMA	τιοι	N		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				
7-2	Does the entity have a volunteer firefighters' pension plan?				\checkmark
If yes:					
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	-		
	State contribution amount:	\$	-		
	Other (gifts, donations, etc.):				
TOTAL \$ -					
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-		

Part 7 - Please use this space to provide any explanations or comments:

	PART 8 - BUDGET INFORMATION						
	Please answer the following questions by marking in the appropriate boxe	s.	Yes	No	N/A		
8-1	Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	/ file a budget with the Department of Local Affairs for the current year e with Section 29-1-113 C.R.S.? If no, MUST explain:					
8-2	Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:						
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:					
	Governmental/Proprietary Fund Name	Total Appropria	tions By Fund				
	General Fund	\$	10,829				

Governmental/Proprietary Fund Name	l otal App	ropriations By Fund
General Fund	\$	10,829

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	v	
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent	V	
If no. M	emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.		
11 11O, IW	UST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		
10-1			
If yes:			
10-2	Has the entity changed its name in the past or current year?		\checkmark
If yes:	Please list the NEW name & PRIOR name:		
II yes.		ן	
10-3	Is the entity a metropolitan district?]	
10 0	Please indicate what services the entity provides:		
	Sanitation/storm, streets, traffic & safety, parks & rec, transportation, pest control, security, covenant]	
10-4	Does the entity have an agreement with another government to provide services?	, ,	
If yes:			
1	All services provided by Severance South Metropolitan District 1]	
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		~
If yes:]	
10-6	Does the entity have a certified Mill Levy?		
If yes:			
5	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		50.000
	Total mills		50.000
	Yes	No	N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		
10-7	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.		
	Provide the second s]	
	Please use this space to provide any additional explanations or comments not previo	ously included:	

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature	~	

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 Procedure

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.

Print the	names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Kris A. Pickett	IKris A. Pickett, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 2	Print Board Member's Name Eric McCarty	IEric McCarty, attest I am a duly elected or appointed beard member, and that I have personally reviewed and approve this application for exemption from audit. Signed Chi Millary Date: 3/126/2024 3Bb44AL0:32:24 PDT My term Expires:05/2027
Board Member 3	Print Board Member's Name Lar Voss	I Lar Voss , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Voss Date: 3/13/302260dc407.:04:32 PDT My term Expires: 05/2025
Board Member 4	Print Board Member's Name Jana Pickett	IJana Pickett, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:05/2025
Board Member 5	Print Board Member's Name Thomas Donkle	IThomas Donkle, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 6	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you <u>MUST</u> draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

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 YZAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) 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 nother sevenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, which ver is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of gwarment) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of givernment) has been prepared by (name of individual), a person skilled in governmental accounting; and

(2)WHEREAS, neither revenues nor expenditures for (name of sovernment) exceeded \$750,000 for Fiscal Year 20XX; and

OR

WHEREAS, an application for exemption from andi, for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) 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 (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

		\square
Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
		$\Delta \lambda$
	$ \longrightarrow $	
	\neg) \checkmark	

APPLICATION FOR EXEMPTION FROM AUDIT SHORT FORM

IF <u>EITHER</u> REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

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Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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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 <u>MUST BE RECEIVED</u> 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

<u>GOVERNMENTAL ACTIVITY</u> SHOULD BE REPORTED ON THE <u>MODIFIED ACCRUAL BASIS</u> <u>PROPRIETARY ACTIVITY</u> SHOULD BE REPORTED ON A <u>BUDGETARY BASIS</u>

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PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED. APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED. FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS <u>MUST</u> BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST									
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption								
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the								
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.								
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?	Click here to go to the portal								
If yes, have you read and understand the new Electronic Signature Policy? See <u>Click Here</u> new policy ->									
or									
If yes, have you included a resolution?									
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?									
Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)									
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)									
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?									

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission
WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address
noted below.

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

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

SHORT FORM

NAME OF GOVERNMENT	Severance South Metropolitan District 4	For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/23
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Irene Buenavista	
PHONE	970-669-3611	
EMAIL	ireneb@pcgi.com	
	PART 1 - CERTIFICATION OF PREPARER	

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

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					
DDED						

PREPARER (SIGNATURE REQUIRED)			DATE PREPARED			
Jun Brunste			3/1/2024			
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)			
using Governmental or Proprietary fund types						

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		De	scription		F	Round to nearest Dollar	Please use this
2-1	Taxes: Prope	erty	(report mills levied in Que	stion 10-6)	\$	13,855	space to provide
2-2	Speci	fic owners	ship		\$	589	any necessary
2-3	Sales	and use			\$	-	explanations
2-4	Other	(specify):			\$	-	
2-5	Licenses and permits				\$	-	
2-6	Intergovernmental:		Grants		\$	-	
2-7			Conservation Trust	Funds (Lottery)	\$	-	
2-8			Highway Users Tax	Funds (HUTF)	\$	-	
2-9			Other (specify):		\$	-	
2-10	Charges for services				\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessments				\$	-	
2-13	Investment income				\$	-	
2-14	Charges for utility services	S			\$	-	
2-15	Debt proceeds		(should a	gree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances recei	ved		(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale of cap	ital assets	;		\$	-	
2-19	Fire and police pension				\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-]
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$	14,444	[

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$	space to provide
3-2	Salaries		\$	any necessary
3-3	Payroll taxes		\$	explanations
3-4	Contract services		\$	-
3-5	Employee benefits		\$	-
3-6	Insurance		\$	-
3-7	Accounting and legal fees		\$	-
3-8	Repair and maintenance		\$	-
3-9	Supplies		÷	-
3-10	Utilities and telephone		\$	-
3-11	Fire/Police		\$	-
3-12	Streets and highways		\$	-
3-13	Public health		\$	-
3-14	Capital outlay		Ψ	-
3-15	Utility operations		\$	-
3-16	Culture and recreation		\$	-
3-17	Debt service principal	(should agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	·
3-23	Other (specify): Transfer to other districts		\$ 14,2	236
3-24	Treasurer Fees		7	208
3-25			\$	
3-26	(add lines 3-1 through 3-24) TOTAL EXPE	ENDITURES/EXPENSES	\$ 14,4	44
	BEVENUE (Ling 2.24) or TOTAL EVDENDITURES (Ling)		¢100.000 STOP Vou m	av not upo this

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

	PART 4 - DEBT OUTSTANDING	G, IS	SSUED	, A	ND RE	TIR	ED		
	Please answer the following questions by marking the	approp	oriate boxes.				Yes		No
4-1									/
4-2	If Yes, please attach a copy of the entity's Debt Repayment Schedule.							_	_
4-2	Is the debt repayment schedule attached? If no, MUST explain	n bel	ow:				_	L	_
4-3	le the entity comment in its debt compiles normante? If no. MUC	T					٦	Г	٦
4-3	Is the entity current in its debt service payments? If no, MUS	exp	lain below:					L	
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		standing at	lssı	ied during		d during		nding at
	numbers)	end o	of prior year*		year	У	/ear	year-end	
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$		\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	_	\$		\$	-	\$	-
	TOTAL	\$		\$		\$		\$	
**Subscrip	tion Based Information Technology Arrangements		t agree to prior	Ψ	-end balance	Ŧ		Ψ	
	Please answer the following questions by marking the appropriate boxes		r agree to prior	your			Yes		No
4-5	Does the entity have any authorized, but unissued, debt?						~		
If yes:	How much?	\$	1;	34,85	51,988.00				
	Date the debt was authorized:		11/7/2	2017					
4-6	Does the entity intend to issue debt within the next calendar	year?)				\checkmark	[
If yes:	How much?	\$:	35,00	00,000.00				
4-7	Does the entity have debt that has been refinanced that it is s	still responsible for?						[\checkmark
If yes:	What is the amount outstanding?	-							
4-8	Does the entity have any lease agreements?						[<i>✓</i>	
If yes:	What is being leased?								
	What is the original date of the lease?	<u> </u>							
	Number of years of lease?					۱	_	Г	~
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$				1		L	-
	Part 4 - Please use this space to provide any explanations/cor		te or attach	son	arato doc	umonta	ation if n	boboo	

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$-]
5-3			\$ -	
0-0			\$ -	
			\$ -	ļ
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	4		
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.)?	1		
If no, M	UST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS								
	Please answer the following questions by marking in the appropriate box			Yes	No				
6-1	Does the entity have capital assets?				\checkmark				
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:								
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance				

Complete the following capital & right-to-use assets table.		ear*		art 3)	De	letions	Ba	lance
Land	\$	-	\$	-	\$	-	\$	-
Buildings	\$	-	\$	-	\$	-	\$	-
Machinery and equipment	\$	-	\$	-	\$	-	\$	-
Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
Infrastructure	\$	-	\$	-	\$	-	\$	-
Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	-
Leased & SBITA Right-to-Use Assets	\$	-	\$	-	\$	-	\$	-
Other (explain):	\$	-	\$	-	\$	-	\$	-
Accumulated Depreciation/Amortization	¢		¢		¢			
(Please enter a negative, or credit, balance)	\$	-	φ	-	φ	-	\$	-
TOTAL	\$	-	\$	-	\$	-	\$	-

*must tie to prior year ending balance Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

	PART 7 - PENSION INFORMA	TIO	Ν		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				1
7-2	Does the entity have a volunteer firefighters' pension plan?				\checkmark
If yes:					
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	-		
	State contribution amount:	\$	-		
	Other (gifts, donations, etc.):	\$	-		
	TOTAL	\$	-		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-		

Part 7 - Please use this space to provide any explanations or comments:

	PART 8 - BUDGET INFORMATION			
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for the curren in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	t year 🗸		
8-2	Did the entity pass an appropriations resolution, in accordance with Se 29-1-108 C.R.S.? If no, MUST explain:	ction 🔽		
If yes: Please indicate the amount budgeted for each fund for the year reported:				
	Governmental/Proprietary Fund Name Total Appropriations By Fund			
		7.054		

Governmental/Proprietary Fund Name	l I otal A	Appropriations By Fund
General Fund	\$	7,951
Debt Service	\$	163,804
Capital Projects Fund	\$	11,850,000

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	_	
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent	\checkmark	
	emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.		
If no, M	UST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		v
10-1			
If yes:		ļ	
10-2	Has the entity changed its name in the past or current year?		\checkmark
If yes:	Please list the NEW name & PRIOR name:		
II yes.		1	
10-3	Is the entity a metropolitan district?]	
	Please indicate what services the entity provides:		
	Sanitation/storm, streets, traffic & safety, parks & rec, transportation, pest control, security, covenant	1	
10-4	Does the entity have an agreement with another government to provide services?]	
If yes:			
5	All services provided by Severance South Metropolitan District 1]	
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		\checkmark
If yes:			
2			
10-6	Does the entity have a certified Mill Levy?		
If yes:			
5	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Pand Padamatian mills		
	Bond Redemption mills General/Other mills		-
	Total mills		50.000
	Yes	No	50.000 N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has		
10-7	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.		
		1	
	Please use this space to provide any additional explanations or comments not previo	usly included:	

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature	4	

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 Procedure

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.

Print the	names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Kris A. Pickett	IKris A. Pickett, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 2	Print Board Member's Name Eric McCarty	IEric McCarty, attest I am a duly elected or appointed board, member, and that I have personally reviewed and approve this application for axemption from audit. Signed
Board Member 3	Print Board Member's Name Lar Voss	ILar Voss, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 4	Print Board Member's Name Jana Pickett	IJana Pickett, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:05/2025
Board Member 5	Print Board Member's Name Thomas Donkle	IThomas Donkle, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Board Member 6	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you <u>MUST</u> draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

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 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) 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 sevenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, which ver is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of gwarment) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of givernment) has been prepared by (name of individual), a person skilled in governmental accounting; and

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

OR

WHEREAS, an application for exemption **h** on av dif for (**n** are of government) has been prepared by (**name of** individual or firm), an independent accountant with knowledge of governmental accounting; and

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

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) 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 (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of _____, A.D. 20XX.

EXAMPLE - DO NOT FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		\square
ATTEST:		
Town Clerk, Secretary, etc.		
Type or Print Names of	Date Term	
Members of Governing Body	Expires	Signature
	$\langle \langle \langle \rangle \rangle$	
		\checkmark
	$ \longrightarrow $	
		()
	\mathcal{A}	