## EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval. Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.
Approval for an exemption from audit is granted only upon the review by the OSA.
READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM
 WITH A DECEMBER 31 YEAR-END.
GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS
POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE
 APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.
http://www.lexisnexis.com/hottopics/Coloradol APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

## CHECKLIST

$\square \quad$ Has the preparer signed the application?
$\square \quad$ Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?
$\square \quad$ Has the application been PERSONALLY reviewed and approved by the governing body?
$\square \quad$ Are all sections of the form complete, including responses to all of the questions?
$\square \quad$ Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
$\square \quad$ Will this application be submitted via Fax or Email?
$\square \quad$ If yes, have you read and understand the new Electronic Signature Policy? See
new policy
--or--
$\square \quad$ Have you included a resolution?
$\square \quad$ Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
$\square \quad$ Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)
$\square \quad$ Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
$\square$ If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

FILING METHODS

## NEW METHOD!

WEB PORTAL: Reigster and submit your Applications at our new portal:
MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
FAX: 303-869-3061
EMAIL: osa.lg@state.co.us
QUESTIONS? 303-869-3000

[^0]Checkout our new web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the link below.

OSA LG Web Portal

## APPLICATION FOR EXEMPTION FROM AUDIT

## LONG FORM

NAME OF GOVERNMENT
Cascade Village Metropolitan District 28 Second, St, Suite 213 Edwards, CO 81632
Kenneth J. Marchetti, CPA
PHONE
970.926.6060

| Ken@mwcpaa.com |
| :--- |
| 970.926 .6040 |

970.926.6040

## CERTIFICATION OF PREPARER

 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: | Kenneth J. Marchetti |
| :--- | :--- |

TITLE
FIRM NAME (if applicable) Principal
ADDRESS
Marchetti \& Weaver, LLC
PHONE
28 Second St, Suite 213, Edwards, CO 81632
(970) 926-6060

3/23/2021
Outside Accountant, all major decisions made by the Board of Directors
RELATIONSHIP TO ENTITY
PREPARER (SICNATURE REQUIRED)
Kymunctuts
Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

| YES | NO |
| :---: | :---: |
| $\square$ | $\square$ |

NOTE: Attach additional sheets as necessary




## Please answer the following questions by marking the appropriate boxes

4-1 Does the entity have outstanding debt?
-2 Is the debt repayment schedule attached? If no, MUST explain Previously provided in 2017; no changes
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)
General obligation bonds Revenue bonds
Notes/Loans
Leases
Developer Advances
Other (specify):
TOTAL

| nclude |  | anding at ing of year* |  |
| :---: | :---: | :---: | :---: |
|  | \$ | 1,380,000 | \$ |
|  | \$ | - | \$ |
|  | \$ | - | \$ |
|  | \$ | - | \$ |
|  | \$ | - | \$ |
|  | \$ | - | \$ |
| TOTAL | \$ | 1,380,000 | \$ |

*must agree to prior year ending balance

YES
$\square$

■

## Please answer the following questions by marking the appropriate boxes. <br> 4-5 Does the entity have any authorized, but unissued, debt?

fyes: How much?
Date debt was authorized:
4-6 Does the entity intend to issue debt within the next calendar year?
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?
4-8 Does the entity have any lease agreements?
fyes: What is being leased?
What is the original date of the lease? Number of years of lease?


6-1 Does the entity have capitalized assets?
$\square$
6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no,
$\square$ $\square$
MUST explain:

6-3


6-4

## PART 7 - PENSION INFORMATION

7-1 Does the entity have an "old hire" firemen's pension plan?
7-2 Does the entity have a volunteer firemen's pension plan?
If yes: Who administers the plan?
Indicate the contributions from:
Tax (property, so, sales, etc.)
State contribution amount:
Other (gifts, donations, etc.):

YES NO
ロ ロ

Please indicate the amount budgeted for each fund for the year reported

| Fund Name | Budgeted Expenditures/Expenses |
| :--- | :--- |
|  | $\$$ |
|  | $\$ 26,974$ |
|  | $\$$ |
|  | $\$$ |

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)
Please answer the following question by marking in the appropriate box
9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? government from the 3 percent emergency reserve requirement. All governments should determine if they meet this

Entity Wide:
Unrestricted Cash \& Investments
Current Liabilities
Deferred Inflow

Governmental
Total Cash \& Investments
Transfers In
Transers Out
Property Tax
Debt Service Principal
Total Expenditures
Total Developer Advances
Total Developer Repayments
Total Revenue Total Revenue
Total Expenditures interfund In

## Interfund Out

 Proprietary - Current Assets$$
\begin{aligned}
& \text { Net Position } \\
& \text { PY Net Position }
\end{aligned}
$$ 55,000 Curred Outilow

Government-Wide 549,179 Deferred Inflow Cash \& Investments Principal Expense

1,689,433 Revenue Paying Debt Service
Note
1,68,433 Revenue Paying
1,683,882 Total Revenue
554,730 Total Debt Service Principal

# Enterprise Funds 

Net Position

$$
\begin{aligned}
& \text { Total Outstanding Debt }
\end{aligned}
$$

Authorized but Unissued
Year Authorized

## PART 12 - GOVERNING BODY APPROVAL

## Please answer the following question by marking in the appropriate box

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

 Required elements and safeguards are as follows:
 members of the governing body.
 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.

 knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

|  | Print the names of ALL members of the governing body below. | A MAJORITY of the members of the governing body must complete and sign in the column below. |
| :---: | :---: | :---: |
| 1 | Full Name | I, Dan Havekost, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. <br> Signed $\qquad$ Date: $\qquad$ <br> My term Expires: MAY 2022 |
| 2 | Full Name PETER DUNNING | I, Pete Dunning, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this applicertieeryfor exemption from audit. <br> Signed Peter Dunning <br> Date: $\qquad$ 3/24/2021 <br> My termm expfires? MAY 2022 |
| 3 | Full Name DOUG KIRKPATRICK | I, Doug Kirkpatrick, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approye <br> Signed Douglas kirkpatrick <br> Date: $\qquad$ <br> My term Exppirpess. 1 ViAY 2023 |
| 4 | Full Name JOAN KIRKPATRICK | I, Joan Kirkpatrick, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approverklieecepplication for exemption from audit. <br> Signe odjoan kirkpatrick <br> Date: $\qquad$ 3/24/2021 <br> My termifexpripess: May 2023 |
| 5 | Full Name DANIEL JOHNSON | I, Daniel Johnson, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this aprophresutiten for exemption from audit. <br> Signed aMEl JOHNSON <br> Date: $\qquad$ <br> My termexprires. MAY 2022 |
| 6 | Full Name | I, , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. <br> Signed $\qquad$ Date: $\qquad$ My term Expires: $\qquad$ |
| 7 | Full Name | I, $\qquad$ , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. <br> Signed $\qquad$ Date: $\qquad$ <br> My term Expires: $\qquad$ |

## RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)
A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FJR YEAR 20XX FOR THE (name f government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exeraption fom 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 reve,wes ror expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the Slate Auditor, be exemıt from the provision of Section 29-1-603, C.R.S.; and

$$
\text { [Choose } 1 \text { or } 2 \text { below, wh chever is applicaive] }
$$

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

WHEREAS, an application for exemption from audi, fincme of gevenment) has been prepared by (name of ndividual), a person skilled in governmental account

OR
2)WHEREAS, neither revenues nor exp whe for (nane government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption fron: au iit for (naice of government) has been prepared by (name of ndividual or firm), an independient accountant n ith thowledge of governmental accounting; and

WHEREAS, said application for exenptior from aut has been compled in accordance with regula the State Auditor.

NOW THEREFORE, be it resolved/or dained by the (governing body) of the (name of government) that the application or exemption fron a dit for (name of yovernment) for the year ended $\qquad$ eviewed and is hereby appreved iy a majority of the (governing body) of the (name of government); that those members of the (governing body) ) haye signified their approval by signing below; and that this resolution shall be attached to, and shall become a pat sf, the application for exemption from audit of the (name of government) for the year ended $\qquad$ $y$ of $\qquad$ A.D. 20XX.



[^0]:    All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.
    All Applications for Exemption from Audit are subject to review and appro
    Governmental Activity should be reported on the Modified Accrual Basis
    Governmental Activity should be reported on the Modified Accrual Basis
    Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3
    Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3
    Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.
    In that event, AN AUDIT SHALL BE REQUIRED.
    nat event, AN AUDIT SHALL BE REQUIRED.

