#### **APPLICATION FOR EXEMPTION FROM AUDIT**

## SHORT FORM

## IF EITHER 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 MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS 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

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 MUST BE FULLY AND ACCURATELY COMPLETED.

#### **CHECKLIST**

Has the preparer signed the application?					
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the application been PERSONALLY reviewed and approved by the governing body?					
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?					
Will this application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> <a href="https://example.com/here">here</a>				
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 $\underline{MAJORITY}$ 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

**NEW METHOD!** Register and submit your Applications at our new portal!

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

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	Haymeadow Metropolitan District #3	For the Year Ended
ADDRESS	28 Second St, Suite 213	12/31/22
	Edwards, CO 81632	or fiscal year ended:
CONTACT PERSON	Kenneth J Marchetti	<del></del>
PHONE	970.926.6060	
EMAIL	ken@mwcpaa.com	<del></del>

## **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:	Kenneth J Marchetti
TITLE	Accountant/CPA
FIRM NAME (if applicable)	Marchetti & Weaver, LLC
ADDRESS	28 2nd St, Unit 213, Edwards, CO 81632
PHONE	(970) 926-6060
DATE PREPARED	3/14/2023

## PREPARER (SIGNATURE REQUIRED)

Komarchetts		
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#		Des	scription		Round to nearest Dollar	Please use this
2-1	Taxes: Prop	erty	(report mills levied in Ques	tion 10-6)	\$ _,	space to provide
2-2	Spec	ific owners	hip		\$ 139	any necessary
2-3	Sales	and use			\$ -	explanations
2-4	Othe	r (specify):			\$ -	
2-5	Licenses and permits				\$ -	
2-6	Intergovernmental:		Grants		\$ -	
2-7			<b>Conservation Trust F</b>	unds (Lottery)	\$ -	
2-8			<b>Highway Users Tax F</b>	Funds (HUTF)	\$ <del>-</del>	
2-9			Other (specify):		\$ <del>-</del>	
2-10	Charges for services				\$ <del>-</del>	
2-11	Fines and forfeits				\$ <del>-</del>	
2-12	Special assessments				\$ <del>-</del>	
2-13	Investment income				\$ 50	
2-14	Charges for utility service	S			\$ <del>-</del>	
2-15	Debt proceeds		(should agre	ee with line 4-4, column 2)	\$ <del>-</del>	
2-16	Lease proceeds				\$ <del>-</del>	
2-17	Developer Advances rece		,	should agree with line 4-4)	\$ <del>-</del>	
2-18	Proceeds from sale of cap	oital assets			\$ <del>-</del>	
2-19	Fire and police pension				\$ <del>-</del>	
2-20	Donations				\$ -	
2-21	Other (specify):				\$ -	
2-22					\$ -	
2-23					\$ -	
2-24		(add line	es 2-1 through 2-23)	TOTAL REVENUE	\$ 3,016	

#### **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 Do	llar	Please use this
3-1	Administrative		\$	3,016	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		\$	-	
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):				]
3-24			\$	-	]
3-25			\$	-	J
3-26	(add lines 3-1 through 3-24) TOTAL EXPENI	DITURES/EXPENSES	\$	3,016	

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, ISSUEC	, AND R	ETIRED		
	Please answer the following questions by marking the	appropriate boxes.		Yes	No	
4-1	Does the entity have outstanding debt?				J	
4.0	If Yes, please attach a copy of the entity's Debt Repayment S					
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:		¬ Ц		
4-3	In the autifus assument in its debt comics normanted if no MIIC	F avelain:			П	
4-3	Is the entity current in its debt service payments? If no, MUS	explain:		_	Ш	
4-4						
-44	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired durin	ng Outstanding at	
	(please only include principal amounts)(enter all amount as positive numbers)	end of prior year*	year	year	year-end	
	•					
	General obligation bonds	\$ -	\$ -	\$ -	· ·	
	Revenue bonds	\$ -	\$ -	\$ -	Ψ	
	Notes/Loans	\$ -	\$ -	\$ -	Ψ	
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -	
	Developer Advances	\$ -	\$ -	\$ -	Ψ	
	Other (specify):	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ -	- \$	\$ -	\$ -	
		*must tie to prior ye	ear ending baland			
4.5	Please answer the following questions by marking the appropriate boxes			Yes	No	
4-5	Does the entity have any authorized, but unissued, debt? How much?	\$	35,000,000.00			
If yes:	Date the debt was authorized:	11/4/		<u>,                                    </u>		
4.0			2014		П	
4-6	Does the entity intend to issue debt within the next calendar	ī——————	12 000 000 0	_	Ш	
If yes:	How much?	\$	13,000,000.00			
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? What is being leased?				<b>✓</b>	
If yes:	What is the original date of the lease?			-		
	Number of years of lease?			7		
	Is the lease subject to annual appropriation?				<b>J</b>	
	What are the annual lease payments?	\$	-	7		
	Please use this space to provide any	explanations or	comments:			

	PART 5 - CASH AND INVESTME	ENTS			
	Please provide the entity's cash deposit and investment balances.		1	Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	3,090	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 3,090
	Investments (if investment is a mutual fund, please list underlying investments):				
			\$	-	
5-3			\$	-	
			\$	-	
			\$	-	
	Total Investments				\$ -
	Total Cash and Investments				\$ 3,090
	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.	7			
	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public	J			П
	depository (Section 11-10.5-101, et seq. C.R.S.)?				
If no, Ml	JST 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 boxes.  6-1 Does the entity have capital assets?  6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:  N?A  6-3  Complete the following capital & right-to-use assets table:  Balance - beginning of the year*  Beginning of the year*  Additions (Must be included in Part 3)	Yes	No ✓
6-1 Does the entity have capital assets? 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:  N?A  6-3 Complete the following capital & right-to-use assets table:  Balance - beginning of the be included in Description of the beginning of the begin		<b>7</b>
Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:  N?A  Complete the following capital & right-to-use assets table:  Balance - beginning of the be included in Description of the beginning of the beg		_
29-1-506, C.R.S.,? If no, MUST explain:  N?A  Complete the following capital & right-to-use assets table:  Balance - beginning of the be included in E		
N?A  6-3  Complete the following capital & right-to-use assets table:  Balance - Additions (Must be included in		
6-3  Complete the following capital & right-to-use assets table:  Balance - Additions (Must beginning of the be included in E		
Complete the following capital & right-to-use assets table: beginning of the be included in E		
	Deletions	Year-End Balance
Land \$ - \$ - \$		\$ -
Buildings \$ - \$ - \$		\$ -
Machinery and equipment \$ - \$ - \$		\$ -
Furniture and fixtures \$ - \$ - \$		\$ -
Infrastructure \$ - \$		\$ -
Construction In Progress (CIP) \$ - \$ - \$		\$ -
Leased Right-to-Use Assets \$ - \$ - \$		\$ -
Other (explain): \$ - \$ - \$		\$ -
Accumulated Depreciation/Amortization \$ - \$	-	
(Please enter a negative, or credit, balance)		\$ - \$ -
TOTAL \$ - \$ - \$  Please use this space to provide any explanations or comments:	-	<b>Ъ</b> -
r lease ase this space to provide any explanations of comments.		
DART Z RENOION INFORMATION		
PART 7 - PENSION INFORMATION		
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
7-2 Does the entity have a volunteer firefighters' pension plan?		<b>V</b>
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?		
1?	_	_
1?  Please use this space to provide any explanations or comments:	_	_
1?		
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
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.  Please answer the following questions by marking in the appropriate boxes.  Yes  B-1 Did the entity file a budget with the Department of Local Affairs for the		
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
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.  Please answer the following questions by marking in the appropriate boxes.  Yes  Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?		
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.  Please answer the following questions by marking in the appropriate boxes.  Yes  Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?		
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.  Please answer the following questions by marking in the appropriate boxes.  Yes  B-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?		
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.  Please answer the following questions by marking in the appropriate boxes.  Yes  B-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  B-2 Did the entity pass an appropriations resolution, in accordance with Section		
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  1. Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:		
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  1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  If yes: Please indicate the amount budgeted for each fund for the year reported:		
PART 8 - BUDGET INFORMATION  Please answer the following questions by marking in the appropriate boxes.  8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  If yes: Please indicate the amount budgeted for each fund for the year reported:  Governmental/Proprietary Fund Name  Total Appropriations By Fund		
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  1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  If yes: Please indicate the amount budgeted for each fund for the year reported:		
PART 8 - BUDGET INFORMATION  Please answer the following questions by marking in the appropriate boxes.  8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  If yes: Please indicate the amount budgeted for each fund for the year reported:  Governmental/Proprietary Fund Name  Total Appropriations By Fund		
PART 8 - BUDGET INFORMATION  Please answer the following questions by marking in the appropriate boxes.  8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  If yes: Please indicate the amount budgeted for each fund for the year reported:  Governmental/Proprietary Fund Name  Total Appropriations By Fund		

	DADTO TAVDAVEDIO DILL OF DIQUTO /TAD		
	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	UK)	
	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)]?	<b>7</b>	П
	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.		
If no. Ml	JST explain:		
	or on praise		
	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		1	
If yes:	Date of formation:	J	
10-2	Has the entity changed its name in the past or current year?		<b>✓</b>
If yes:	Please list the NEW name & PRIOR name:		
11 you.	Ticase hat the NEW hame at More hame.	1	
10-3	Is the entity a metropolitan district?		
	Please indicate what services the entity provides:		
	Parks/Rec, Drainage, street, (non) & potable water; Sewer, Transporation Impr. Traffic/Safety		
10-4	Does the entity have an agreement with another government to provide services?	<b>7</b>	
If yes:	List the name of the other governmental entity and the services provided:	,	
	Affiliated District HMMD#6 will manage constr and oper of public impr on behalf of this district	_	
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		<b>√</b>
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	<b>7</b>	Ш
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	i lease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

50.000 50.000

	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 Policy?	7				

# 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	A MAJORITY of the members of the governing body must complete and sign in the column below.
	current governing body below.	
	Print Board Member's Name	I, Rick Pylman, attest I am a duly elected or appointed board member, and that I
		have not Docusigned by:
Board	D: 1 D 1	Richard I Pulman
Member	Rick Pylman	Date: 3/43/2043
1		
		My term Expires: May 2025
	Print Board Member's Name	I, Scott Schlosser, attest I am a duly elected or appointed board member, and that I
		have per downward and approve this application for exemption from audit.
Board Member	Scott Schlosser	Signed Scatt
		Date: 3/21/2/02/3 <sup>0034EE</sup>
2		My term Expires: May 2023
		,
	Print Board Member's Name	I, Jens Werner, attest I am a duly elected or appointed board member, and that I
	Time Board Member 3 Name	have personally reviewed and approve this application for exemption from audit.
Board		
Member	Jens Werner	Signed
3		Date:
, v		My term Expires: May 2025
	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
Board Member		exemption from audit.
		Signed
4		Date:
		My term Expires:
	D: (D. 1M. )   N	
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
5		Signed
•		Date:
		My term Expires:
	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
Board		exemption from audit.
Member		Signed
6		
		Date:
		My term Expires:
	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
Board		exemption from audit.
Member		Signed
7		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 <a href="MUST">MUST</a> 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 TISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the cudir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues 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 (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit is (name of individual), a person skilled in governmental accounts and

03

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

WHEREAS, an application for comption from pudd 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 examption from audit 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

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

#### **Certificate Of Completion**

Envelope Id: 678813D1A8FE43549030933E8C6313B1

Subject: Complete with DocuSign: HMMD No. 3 2022 Audit Exemption.pdf

Source Envelope:

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Richard J Pylman

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Richard J Pylman rick@pylman.com

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Accepted: 3/21/2021 1:38:56 PM ID: b193a3da-2ecc-478d-b1ca-96db48309353

Scott Schlosser

scottschlosser66@gmail.com

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(None)

Scott Schlosser D2EA3AD030034EE

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Sent: 3/21/2023 9:50:22 AM Viewed: 3/21/2023 1:11:21 PM Signed: 3/21/2023 1:11:33 PM

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Accepted: 3/21/2023 1:11:21 PM

ID: 582d4b22-b672-47e2-b511-6d18792e4922

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent Envelope Updated	Hashed/Encrypted Security Checked	3/21/2023 9:50:23 AM 3/27/2023 1:51:27 PM

Envelope Summary Events	Status	Timestamps		
Certified Delivered	Security Checked	3/21/2023 1:11:21 PM		
Signing Complete	Security Checked	3/21/2023 1:11:33 PM		
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