DocuSign Envelope ID: 56D11	1D6-2972-4B3C-A0CC-1D0110779E7D	
	APPLICATION FOR EXEMPTION FROM AUDIT	
	LONG FORM	
NAME OF GOVERNMENT	Johnstown North Metropolitan District No. 2	For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.	12/31/2020
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Brendan Campbell, CPA	
PHONE	(970)669-3611	
EMAIL	brendanc@pinnacleconsultinggroupinc.com	
FAX	(970)669-3612	

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:	Brendan Campbell, CPA	
TITLE	District Accountant	
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537	
PHONE	(970)669-3611	
DATE PREPARED	3/1/2021	
RELATIONSHIP TO ENTITY	District Accountant	

PREPARER (SIGNATURE REQUIRED)

Has the entity filed for a fast the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

YES	NO	
		If Yes, date filed:

DocuSign Envelope ID: 56D111D6-2972-4B3C-A0CC-1D0110779E7D PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	Attach additional sheets as necessary.	Government	ental Funds		Propriotan/Fi	iduciany Funda	
		Governme	ental Funds		Proprietary/FI	iduciary Funds	Please use this space to
Line #	Description	General	Fund*	Description	Fund*	Fund*	provide explanation of any
	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	\$ 2,074	-	Due from Other Entities or Funds	\$ -	\$ -	-
1-4		\$ 2,074	<u> </u>	Other Current Assets	ф -	\$ -	-
4.5	All Other Assets [specify]	A 400.074			5 -		-
1-5	Taxes Receivable	\$ 403,371	1 .	Total Current Assets	*	\$ -	_
1-6		\$ -	\$ -	Capital Assets, net (from Part 6-4)	\$ -	\$ -	_
1-7		\$ -	\$ -	Other Long Term Assets [specify]	\$ -	\$ -	-
1-8		\$ -	\$ -		\$ -	\$ -	_
1-9		\$ -	\$ -		\$ -	\$ -	
1-10		\$ -	\$ -		\$ -	\$ -	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 405,445		(add lines 1-1 through 1-10) TOTAL ASSETS	•	\$ -	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES		\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES		\$ -	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 405,445	1 .	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	- \$	
	Liabilities			Liabilities			-
1-14	Accounts Payable		\$ -	Accounts Payable		\$ -	-
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities		\$ -	-
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable		\$ -	_
1-17	Due to Other Entities or Funds	\$ 2,074	1 .	Due to Other Entities or Funds		\$ -	_
1-18	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities		\$ -	_
1-19	TOTAL CURRENT LIABILITIES	\$ 2,074		TOTAL CURRENT LIABILITIES	-	\$ -	_
1-20	All Other Liabilities [specify]		\$ -	Proprietary Debt Outstanding (from Part 4-4)		\$ -	_
1-21		\$ -	\$ -	Other Liabilities [specify]:	•	\$ -	
1-22		\$ -	\$ -		\$ -	\$ -	
1-23		\$ -	\$ -		\$ -	\$ -	
1-24		\$ -	\$ -		\$ -	\$ -	_
1-25		\$ -	\$ -		\$ -	\$ -	
1-26		\$ -	\$ -		\$ -	\$ -	_
1-27		\$ -	\$ -		\$ -	\$ -	
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES		-	(add lines 1-19 through 1-27) TOTAL LIABILITIES		\$ -	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 403,371	- \$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	- \$	
	Fund Balance			Net Position			-
	·	\$ -	1 .	Net Investment in Capital Assets	\$ -	- \$	
1-31	Nonspendable Inventory	\$ -	\$ -				-
1-32	Restricted [specify]	\$ -	\$ -	Emergency Reserves	-	\$ -	_
1-33	Committed [specify]	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -	
1-34	Assigned [specify]	\$ -		Restricted	\$ -	\$ -	
1-35	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	_
1-36	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	-	\$ -	TOTAL NET POSITION	\$ -	- \$	
1-37	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 405,445	\$ -	POSITION	-	- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

			Governmenta	l Funds		Proprietary/F	iduciary Funds	5 1
Line #	Description	(General	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
T	ax Revenue				Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$	356,227 \$	-	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$	25,532 \$		Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$	- \$	-	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$	- \$		Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$	- \$			\$ -	\$ -	
2-6		\$	- \$	-		\$ -	\$ -	
2-7		\$	- \$	-		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		381,759 \$	-	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$	- \$	-	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$	- \$	-	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$	- \$	-	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$	- \$	-	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$	- \$	-	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$	- \$	-	Grants	\$ -	\$ -	
2-15	Donations	\$	- \$	-	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$	- \$	-	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$	- \$	-	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$	- \$	-	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$	- \$	-	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$	- \$	-	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$	- \$	-	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other [specify]:	\$	- \$	-	All Other [specify]:	\$ -	\$ -	
2-23		\$	- \$	-		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES		381,759 \$	-	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources				Other Financing Sources			
2-25	Debt Proceeds	\$	- \$	-	Debt Proceeds	\$ -	\$ -	
2-26	Developer Advances	\$	- \$	-	Developer Advances	\$ -	\$ -	
2-27	Other [specify]:	\$	- \$	-	Other [specify]:	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES		- \$		Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	•	\$ -	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		381,759 \$		Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		\$ -	\$ 381,759

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

3-32 Prior Period Adjustment (MUST explain)

This total should be the same as line 1-36.

3-33 Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government General Operating & Administrative** - | \$ Judicial Salaries 3-2 \$ \$ 3-3 Law Enforcement \$ **Payroll Taxes** \$ \$ \$ 3-4 \$ \$ **Contract Services** \$ 3-5 **Highways & Streets** \$ - | \$ **Employee Benefits** \$ \$ \$ 3-6 Solid Waste \$ Insurance \$ \$ Contributions to Fire & Police Pension Assoc. \$ Accounting and Legal Fees \$ \$ 3-7 \$ Repair and Maintenance 3-8 Health \$ \$ \$ 3-9 **Culture and Recreation** \$ \$ Supplies \$ \$ 3-10 Transfers to other districts \$ 374.634 \$ Utilities \$ \$ \$ Contributions to Fire & Police Pension Assoc. \$ 3-11 Other [specify...]: - | \$ \$ 3-12 **Treasurers Fees** \$ 7,125 \$ Other [specify...] \$ \$ 3-13 \$ \$ \$ - | \$ - | Capital Outlay \$ Capital Outlay \$ - \$ 3-14 - | \$ **Debt Service Debt Service** \$ Principal Principal \$ 3-15 \$ 3-16 Interest \$ \$ Interest \$ \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ \$ \$ **Developer Principal Repayments Developer Principal Repayments** 3-18 \$ \$ \$ - | \$ 3-19 **Developer Interest Repayments** \$ \$ **Developer Interest Repayments** \$ \$ 3-20 All Other [specify...]: \$ \$ All Other [specify...]: \$ \$ **GRAND TOTAL** 3-21 \$ \$ \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-21 3-22 381.759 \$ \$ 381,759 TOTAL EXPENDITURES **TOTAL EXPENSES** Interfund Transfers (In) Net Interfund Transfers (In) Out \$ 3-23 \$ Interfund Transfers Out \$ \$ Other [specify...][enter negative for expense] \$ \$ Other Expenditures (Revenues): \$ \$ Depreciation \$ \$ 3-25 3-26 \$ - | \$ Other Financing Sources (Uses) \$ \$ 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) (Line 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL TRANSFERS AND OTHER EXPENDITURES TOTAL GAAP RECONCILING ITEMS 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less Line 2-29, less line 3-22, plus line 3-29 \$ Net Position, January 1 from December 31 prior year Fund Balance, January 1 from December 31 prior year

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

Net Position, December 31

Line 3-30 plus line 3-31

Prior Period Adjustment (MUST explain)

- This total should be the same as line 1-36.

\$

\$

\$

\$

report

\$

\$

\$

Docus	Sign Envelope ID: 56D111D6-2972-4B3C-A0CC-1D0110779E7D				
Boode	PART 4 - DEBT OUTS1	randing, i	ISSUED.	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?		-	V	
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) Outstanding at beginning of year*	Issued during I	Retired during year	Outstanding at year-end	
	General obligation bonds \$ - \$	-	\$ -	\$ -	
	Revenue bonds \$ - \$		<u>'</u>	-	
	Notes/Loans \$ - \$			-	
	Leases \$ - \$ Developer Advances \$ - \$		·	\$ - \$ -	
	Developer Advances \$ - \$ Other (specify): \$ - \$		<u> </u>	\$ -	
	TOTAL \$ - S			\$ -	
	must agree to prior year e		<u></u>	1 *	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	
4-5	Does the entity have any authorized, but unissued, debt?		V		
If yes:	How much? \$ 18,650,000				
4-6	Date the debt was authorized: 11/7/2006 Does the entity intend to issue debt within the next calendar year?			☑	
	How much?			<u>•</u>	
4-7	Does the entity have debt that has been refinanced that it is still responsible for?			✓	
If yes:			_		
4-8	Does the entity have any lease agreements?		57	✓	
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?				
	What are the annual lease payments?		200		
	1.2	CLL AND IN	VECTME	NTC	
	PART 5 - CA	SH AND IN			
	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 Certificates of deposit		\$ - \$ -		
3-2		ASH DEPOSITS	φ -	\$ -	
	Investments (if investment is a mutual fund, please list underlying investments):	AON DEI COMO		Ι Ψ	
	Trivostrionto (il investinent is a mutuar tunu, piease iist unuenying investinents).	1	Φ.	I	
			\$ - \$ -		
5-3			\$ -		
			\$ -		
	TOTAL	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.?	√	100		1
	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section	2			
5-5	11-10.5-101, et seq. C.R.S.)? If no, MUST explain:	N.	100		

	Sign Envelope ID: 56D111D6-2972-4B3C-A0CC-1D0110779E7D	PART 6.	- CAPITAI	ASSETS		
	Please answer the following question by marking in the appropriate box	I AITI U	CALITAL	YES	NO	Please use this space to provide any explanations or comments
						Please use this space to provide any explanations of comments
	Does the entity have capitalized assets?	'th 0 th 00 4 500 0	D 0 0 16	鯔	✓	
6-2	Has the entity performed an annual inventory of capital assets in accordance w MUST explain:	vith Section 29-1-506, C	.R.S. ? IT no,	100	✓	
	WOOT Explain.					
	Complete the fall of the Constitution of the C	Balance -	Autolitian	Baladiana	V Fu d Balance	
6-3	Complete the following Capital 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)	\$ - \$	-	\$ -	\$	
	Other (explain):	\$ - \$		\$ -	\$	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$	-	\$ -	\$	<u>-</u>
	TOTAL	\$ - \$	-	\$ -	\$	-
		Balance -				
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	beginning of the	Additions	Deletions	Year-End Balance	
	Land	year*				
	Land Buildings	\$ - \$ \$ - \$		\$ -	Ι Ψ	-
	Machinery and equipment	\$ - \$ \$ - \$		\$ -	\$	-
	Furniture and fixtures	\$ - \$		\$ -	\$	-
	Infrastructure	\$ - \$		\$ -	\$	
	Construction In Progress (CIP)	\$ - \$		\$ -		-
	Other (explain):	\$ - \$		\$ -	\$	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$		\$ -	\$	-
	TOTAL			\$ -	\$	-
		*must agree to prior year er	nding balance		1 .	
		PART 7 - PE	NSION IN	FORMAT	ION	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments
7-1	Does the entity have an "old hire" firemen's pension plan?			iii	√	
	Does the entity have a volunteer firemen's pension plan?			<u> </u>	<u></u>	
	Who administers the plan?			_	-	

PART / - P	'ENSION INI	-ORMATION		
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
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.):	\$ -			
TOTAL	\$ -			
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -			

	ign Envelope ID: 56D111D6-2972-4B3C-A0CC-1D0110779E7D	IDCET IN	NFORMATIO	N	
	Please answer the following question by marking in the appropriate box	YES	NO NO	N/A	Disease use this space to provide any symbol tions or comments.
0.4	Did the entity file a current year budget with the Department of Local Affairs, in accordance with	□	 	N/A	Please use this space to provide any explanations or comments:
8-1	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	_			
8-2	If no, MUST explain:	~			
	Please indicate the amount budgeted for each fund for the year reported				
	Fund Name Budgeted Expendite				
	General Fund \$	391,163	3		
			-		
	\$		-		
	PART 9 - TAX PAYE	ER'S BILL	OF RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20 government from the 3 percent emergency reserve requirement. All governments should determine it	. ,	☑		
		,			
	PART 10 - G	ENERAL	INFORMATI	ON	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?			V	
If yes:	Date of formation:				
10-2	Has the entity changed its name in the past or current year?			✓	
If Yes:	NEW name		7		
	PRIOR name		7		
10_3	Is the entity a metropolitan district?		J		
	Please indicate what services the entity provides:		✓		
	Sanitataion & storm drainage, water, streets, parks & recreation, transportation, mosquito control, covenant enforcer	ment	7		
10-5	Does the entity have an agreement with another government to provide services?				
If yes:	List the name of the other governmental entity and the services provided:				
	All services provided by Johnstown North Metropolitan District No.1				
10-6	Does the entity have a certified mill levy?				
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):					
	Bond Redemption mills 13.088 General/Other mills 11.912		_		
	Total mills 25.000				
	Please use this space to provide any addi	itional explana	ations or comment	s not previously i	ncluded:

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5		OSA USE ON	ILY		
Entity Wide:	General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$ Unrestricted Fund Balan 	\$ -	Total Tax Revenue	\$ 381,759	
Current Liabilities	\$ 2,074 Total Fund Balance	\$ -	Revenue Paying Debt Service	\$ -	
Deferred Inflow	\$ 403,371 PY Fund Balance	\$ -	Total Revenue	\$ 381,759	
	Total Revenue	\$ 381,759	Total Debt Service Principal	\$ -	
	Total Expenditures	\$ 381,759	Total Debt Service Interest	\$ -	
Governmental	Interfund In	\$ -			
Total Cash & Investments	\$ - Interfund Out	\$ -	Enterprise Funds		
Transfers In	\$ - Proprietary		Net Position	\$ -	
Transfers Out	\$ - Current Assets	\$ -	PY Net Position	\$ -	
Property Tax	\$ 356,227 Deferred Outflow	\$ -	Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$ -	Total Outstanding Debt	\$ -	
Total Expenditures	\$ 381,759 Deferred Inflow	\$ -	Authorized but Unissued	\$ 18,650,000	
Total Developer Advances	\$ - Cash & Investments	\$ -	Year Authorized	11/7/2006	
Total Developer Repayments	\$ - Principal Expense	\$ -			

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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?	v	

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

Policy - Requirements

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

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

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

	Print the names of <u>ALL</u> members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
1	Full Name Kim Perry	I,Kim Perry, attest tilequeliave elected or appointed board member, and that I have personally reviewed and approve this application for examption from audit. Signed05-2022B786C9D42F3647F BY term Expires:05-2022B786C9D42F3647F
	Full Name	I, Josh Kane , attest ∡that Decesigned byected or appointed board member, and that I have personally reviewed and
2	Josh Kane	approve this application for exemption from audit. Signed My term Expires:05-2023
	Full Name	া, David Crowder ্বলা ছিল্ম প্রিলাভানি ছ duly elected or appointed board member, and that I have personally
3	David Crowder	reviewed and approve this application for exemption from audit. Signed
	Full Name	I, Courtney Parmelee Dુજ્રમાર્કેણાનુલા Pyam a duly elected or appointed board member, and that I have personally
4	Courtney Parmelee	reviewed and approve this application for exemption from audit. Signed
	Full Name	I,Tim DePeder, atte en attended by duly elected or appointed board member, and that I have personally
5	Tim DePeder	reviewed and approve this application for Exemption from audit. 3/15/2021 11:05:57 MDT My term Expires:05-2023
	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 Date: My term Expires:
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires: