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APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM The Lakes at Centerra Metropolitan District No. 3 C/O Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd Loveland, CO 80537

For the Year Ended 12/31/2021 or fiscal year ended:

CONTACT PERSON PHONE

NAME OF GOVERNMENT

ADDRESS

Brendan Campbell, CPA 970-669-3611 **EMAIL** brendanc@pcgi.com FAX 970-669-3612

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v		N OF		

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.

TITLE FIRM NAME (if applicable)

ADDRESS PHONE DATE PREPARED

RELATIONSHIP TO ENTITY

Brendan Campbell, CPA Director of Finance and Accounting Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland CO 80537 970-669-3611 2/25/2022

District Accountant PREPARER (SIGNATURE REQUIRED)

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

YES NO 1

If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

	e <mark>Name of Fund</mark> ttach additional sheets as necessary.			15215.					
		r astaura	Government	al Funds		Proprietar	y/Fiducia	ary Funds	Please use this chase to
Line #	Description		General	Debt Service	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	\$	- \$		Due from Other Entities or Funds	\$	- \$	-	
1-5	Property Tax Receivable	\$	127,762 \$	468,462	Other Current Assets [specify]				7
	All Other Assets [specify]	_				\$	- \$	-	
1-6		\$	- \$		Total Current Assets	\$	- \$	<u>-</u>	- Principal Prin
1-7		\$	- \$		Capital Assets, net (from Part 6-4)	\$	- \$		
1-8		\$	- \$		Other Long Term Assets [specify]	\$	- \$:=	
1-9		\$	- \$			\$	- \$		
1-10		\$	- \$			\$	- \$	-	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	127,762 \$		(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	-	- Proposition
	Deferred Outflows of Resources				Deferred Outflows of Resources				1
1-12	[specify]	\$	- \$		[specify]	\$	- \$	-	and the same of th
1-13	[specify]	\$	- \$		[specify]	\$	- \$	-	
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	\$	127,762 \$		TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-	
4.40	Liabilities	•			Liabilities	_			1
1-16 1-17	Accounts Payable Accrued Payroll and Related Liabilities	\$	- \$ - \$		Accounts Payable Accrued Payroll and Related Liabilities	\$	- \$ - \$	-	The state of the s
1-17	Unearned Property Tax Revenue	\$	- \$		Accrued Interest Payable	\$	- \$	<u>-</u>	
1-10	Due to Other Entities or Funds	\$	- \$		Due to Other Entities or Funds	\$	- \$		
1-19	All Other Current Liabilities	\$	- \$		All Other Current Liabilities	\$	- \$	<u>-</u>	
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	All Other Elabilities (specify)	\$	- \$		Other Liabilities [specify]:	\$	- \$		
1-24		\$	- \$		Other Elabilities [specily].	\$	- \$		11.0
1-25		\$	- \$		^	\$	- \$		na a para para para para para para para
1-26		\$	- \$			\$	- \$		
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	-	- \$		(add lines 1-21 through 1-26) TOTAL LIABILITIES		- \$		na-ponessa
	Deferred Inflows of Resources	Ψ	•		Deferred Inflows of Resources	Ψ	ĮΨ		1
1-28	Deferred Property Taxes	\$	127,762 \$		Pension Related	\$	- \$	-	
1-29	Other [specify]	\$	- \$		Other [specify]	\$	- \$	-	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		127,762 \$		(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		- \$	_	
	Fund Balance		The second secon		Net Position		,		
1-31	Nonspendable Prepaid	\$	- \$	-	Net Investment in Capital Assets	\$	- \$	-	
1-32	Nonspendable Inventory	\$	- \$	-					1
1-33	Restricted [specify]	\$	- \$	-	Emergency Reserves	\$	- \$	-	
1-34	Committed [specify]	\$	- \$	-	Other Designations/Reserves	\$	- \$	-	
1-35	Assigned [specify]	\$	- \$	-	Restricted	\$	- \$	-	
1-36	Unassigned:	\$	- \$	-	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	\$	- \$		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				This total should be the same as line 1-15				
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND	200000000			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET				
	BALANCE	\$	127,762 \$	468,462	POSITION	\$	- \$	-	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds		al Funds		Proprietary/Fiduciary Funds		
Line#	Line # Description General Debt Service		Description	Fund*	Fund*	Please use this space to provide explanation of any		
	Tax Revenue				Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 80,6	06 \$	295,548	Property [include mills levied in Question 10-6]	\$	- \$	
2-2	Specific Ownership	\$ 6,1	15 \$	22,532	Specific Ownership	\$.	- \$	-
2-3	Sales and Use Tax	\$	- \$	-	Sales and Use Tax	\$.		
2-4	Other Tax Revenue [specify]:	\$	- \$	-	Other Tax Revenue [specify]:	\$	- \$	
2-5	Interest	\$	13 \$	157		\$		
2-6		\$	- \$			Ψ	- \$	
2-7		\$	- \$	-		\$.	- \$	-
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 86,7	94 \$	318,237	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		94 \$	318,237	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	\$	- 9	· -	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		94 \$	318,237	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	- \$	\$ 405,031

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.

	ne # Description General Debt Service				Proprietar	y/Fiduciary Funds	Please use this space to		
Line #			General Debt Service Description			Fund* Fund*		provide explanation of an	
	Expenditures					Expenses			items on this page
3-1	General Government	\$	1,613	\$ 5	,914	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		-		,323	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	\$		\$		Developer Interest Repayments	\$	- \$	-1
3-20	All Other [specify]:	\$		\$	-	All Other [specify]:	\$	- \$	- ARANG TOTAL
3-21		\$	-	\$	-	Add 11 0.4 th b.0.04	\$	- \$	- GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	86,794	\$ 318	,237	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$	- \$	- \$ 405,03
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	\$	- \$	-
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	\$	- \$	
2 20	Excess (Deficiency) of Revenues and Other Financing	Φ	-	Φ			Ψ	- Ψ	
3-30	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	- S	
	Ellio 2-23, 1633 lillo 3-22, 1633 lillo 3-23	Φ	-	Ψ	-		Ψ	Ψ	
3-31	Fund Balance, January 1 from December 31 prior year report					Net Position, January 1 from December 31 prior year			
0-01	Tuna Balance, sandary Them Becomber of prior year report	\$	_	\$	_	report	\$	- \$	-
3-33	Prior Period Adjustment (MUST explain)			\$		Prior Period Adjustment (MUST explain)	\$	- \$	
	Fund Balance, December 31	\$	-	Φ	-	Net Position, December 31	φ	- Φ	-
3-33	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.	\$		\$		This total should be the same as line 1-37.	\$	- \$	_

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.

	PART 4 - DEBT OUTSTANDING	, 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	
	Is the debt repayment schedule attached? If no, MUST explain:	□		
			National	
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 Outstanding at Issued durin	Control of the Contro	Outstanding at year-end	
	amounts) beginning of year* year	уеаг		
	General obligation bonds \$ - \$	- \$	- \$ -	
	Revenue bonds \$ - \$		- \$ -	
	Notes/Loans \$ - \$		- \$ -	
	Leases \$ - \$		- \$ -	
	Developer Advances \$ - \$		- \$ -	
	Other (specify): \$ - \$ TOTAL \$ - \$		- \$ - - \$ -	
	TOTAL \$ - \$ *must agree to prior year ending balance	- \$	- Ф	
8018	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.]?	7		
If yes:	How much? \$ 16,860,000			
n yes.	Date the debt was authorized: 11/6/2007		_	
	Does the entity intend to issue debt within the next calendar year?		V	
	How much?		⊘	
	Does the entity have debt that has been refinanced that it is still responsible for?		☑	
	What is the amount outstanding? Does the entity have any lease agreements?		v	
	What is being leased?			
ıı 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?			
	PART 5 - CASH AND	INVESTME	ENTS	
	Please provide the entity's cash deposit and investment balances.	AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
	YEAR-END Total of ALL Checking and Savings accounts		-	
5-2	Certificates of deposit TOTAL CASH DEPOSI	¥	- \$ -	
			- Φ	
	Investments (if investment is a mutual fund, please list underlying investments):			
		\$	-	
5-3		- 4	-	
			-	
	TOTAL INVESTMEN		\$ -	
	TOTAL CASH AND INVESTMEN		\$ -	
	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.?		I	
J-4	And the protitude description on alimitate (Dublic Description Act) mublic description (Continue)			
5-5	10.5-101, et seq. C.R.S.)? If no, MUST explain:		V	

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		PART 6 - CAPITAL	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	Does the entity have capitalized assets?			V	
6-2	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C.R.S.? If no,		7	
	MUST explain:		1		
6-3		Balance -			
	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	beginning of the Additions	Deletions	Year-End Balance	
		year 1			
	Land			\$	
	Buildings	\$ - \$ -	1		-
	Machinery and equipment	\$ - \$ -	т.		
	Furniture and fixtures	\$ - \$ -	T		<u>-</u>
	Infrastructure	\$ - \$ - \$ - \$	+		
	Construction In Progress (CIP)	\$ - \$ -	1:		
	Other (explain): Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$ -			
	TOTAL		\$ -	\$	
	TOTAL		- Ι	Ψ In the second	
	O	Balance -	Delegione	Very Field Belones	
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	beginning of the Additions year*	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)	\$ - \$ -	\$ -	-	
	TOTAL	\$ - \$ -	\$ -	\$	
		* Must agree to prior year-end balance		U P 0 44 and an Palland	
		- Generally capital asset additions should be re in accordance with the government's capitalization			
		PART 7 - PENSION IN	FORMATION	ON	
	•		YES	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?			7	
	Does the entity have a volunteer firefighters' pension plan?			V	
	Who administers the plan?				
	Indicate the contributions from:		7		
	Tax (property, SO, sales, etc.):	\$ -			
	State contribution amount:	\$ -			
	Other (gifts, donations, etc.):	\$ -	1		
	Otrior (gints, donations, etc.).	TOTAL \$ -	1		
			-		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -	_		

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	PA	RT 8 - BUDGET I	NFORMATION	V	
	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 accordal Section 29-1-113 C.R.S.? If no, MUST explain:	nce with			
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.I.	R.S.?			
	If no, MUST explain:		Ц		
If yes:	Please indicate the amount appropriated for each fund separately for the year reported				
		otal Appropriations By Fund	25.4		
	General Fund \$ Debt Service Fund \$	88,0 320.5			
	\$		-		
	\$		-		
		AX PAYER'S BILL	OF RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box	(0 - 1 - 00/5)30	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 2] Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the spending limitations of TABOR.		2		
	requirement. All governments should determine if they meet this requirement of TABOR.				
	PAR	T 10 - GENERAL	INFORMATIC	N	
	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	V	research and space to promise any explanations of comments.
If yes:	Data of farmeria				
	Date of formation:				
10.2	Has the entity changed its name in the past or current year?			V	
			_		
If Yes:	NEW name				
	PRIOR name				
10-3	Is the entity a metropolitan district?				
	Please indicate what services the entity provides:		Ŭ.		
	Sanitation, water, non-pot, streets, traffic/safety, parks/rec, transportation, TV relay/translator, mosquito/pest con	rol, security/covenant.			
10-5	Does the entity have an agreement with another government to provide services?			V	
If yes:	List the name of the other governmental entity and the services provided:				
	All services are provided by The Lakes at Centerra 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	58.394			
	General/Other mills Total mills	15.926 74.320			
	Please use this space to prov		ations or comments	not previously inc	luded:
				,	

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				OSA USE ON	_Y		
Entity Wide:		General Fund			Governmental Funds		Notes
Unrestricted Cash & Investments	\$	 Unrestricted Fund Bala 	n \$		Total Tax Revenue	S	405,031
Current Liabilities	\$	- Total Fund Balance	\$		Revenue Paying Debt Service	\$	•
Deferred Inflow	\$	596,224 PY Fund Balance	\$	· ·	Total Revenue	\$	405,031
		Total Revenue	\$	86,794	Total Debt Service Principal	\$	
		Total Expenditures	8	86,794	Total Debt Service Interest	\$	<u>.</u>
overnmental		Interfund In	\$	-			
otal Cash & Investments	\$	- Interfund Out	\$		Enterprise Funds		
ransfers In	S	- Proprietary			Net Position	S	er en
ansfers Out	\$	- Current Assets	\$	<u>.</u>	PY Net Position	\$	
roperty Tax	\$	376,154 Deferred Outflow	\$	44	Government-Wide		
Debt Service Principal	\$	- Current Liabilities	\$	-	Total Outstanding Debt	\$	
otal Expenditures	\$	405,031 Deferred Inflow	S	· · · · · · · · · · · · · · · · · · ·	Authorized but Unissued	\$	16,860,000
Total Developer Advances	\$	- Cash & Investments	\$		Year Authorized		11/6/2007
Total Developer Pensyments	S	- Principal Evnense	S				

PART 12 - GOVERNING BODY APPROVAL

	171111 12 COVERNING	DODITION	J V / (L
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 Electronically	nic 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	, Kim/PerryDocuSigned by:, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exergo 125/2022 it. 17:04:17 MDT
	Full Name	I, Tim DePeder, attest that I am a duly elected or appointed board member, and that I
	Tim DePeder	have personally eviewed and approve this application for exemption for e
	Full Name	I, Josh Kane DocuSigned by:, attest that I am a duly elected or appointed board member, and that I have
	Josh Kane	personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personally reviewed and approve this application for exemptions from 4 personal per
	Full Name	I, Wend√ Messinger , attest that I am a duly elected or appointed board member, and that I have
4	Wendy Messinger	personally reviewed and abprove this application for exemption from audit 2022 06:42:53 MDT Signed Date: 3/25/2022 06:42:53 MDT My term Expires: 8/14/2044856470
	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. Signed Date:
	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	I,, 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: