DocuSign Envelope ID: 6180D02B-AC86-4DCB-8E64-C064D32404F9 APPLICATION FOR EXEMPTION FROM AUDIT LONG FORM NAME OF GOVERNMENT Encore on 34 Metropolitan District No. 1 For the Year Ended **ADDRESS** c/o Pinnacle Consulting Group, Inc. 12/31/2022 550 W Eisenhower Blvd or fiscal year ended: Loveland, CO 80537 CONTACT PERSON Brendan Campbell, CPA PHONE (970) 669-3611 **EMAIL** Brendanc@pcgi.com **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 2/20/2023

RELATIONSHIP TO ENTITY District Accountant

FIRM NAME (if applicable) District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group Inc.

550 W Eisenhower Blvd. Loveland, CO 80537

(970) 669-3611

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

If Yes, date filed:

DocuSign Envelope ID: 6180D02B-AC86-4DCB-8E64-C064D32404F9 PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

		MAN REPORTED TO THE REAL PROPERTY.	G	overnmenta	a Funus			PI	oprietary/Fiduciary Funds	Please use this space t
e #	Description		General	Fund	Fund*		Description		Fund* Fund*	provide explanation of items on this page
	Assets					_ As	ssets			
-1	Cash & Cash Equivalents		\$	93,397 \$		-	Cash & Cash Equivalents	\$	- \$	-
-2	Investments		\$	- \$		-	Investments	\$	- \$	-
-3	Receivables		\$	874 \$		-	Receivables	\$	- \$	<u>.</u>
4	Due from Other Entities or Funds		\$	- \$		-	Due from Other Entities or Funds	\$	- \$	-
5	Property Tax Receivable		\$	- \$	-	- 1	Other Current Assets [specify]			
	All Other Assets [specify]					_	4 7	\$	- \$	-
6	Lease Receivable (as Lessor)		\$	- \$	-	-	Total Current Assets	\$	- \$	-
7	Prepaid		\$	7,399 \$	-	-	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
8			\$	- \$	-	-	Other Long Term Assets [specify]	\$	- \$	-
9			\$	- \$	-	-		\$	- \$	-
10			\$	- \$	-	-		\$	- \$	
11	(add lines 1-1 through 1-10)	TOTAL ASSET	S \$	101,670 \$		-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	
	Deferred Outflows of Resources:					D	eferred Outflows of Resources			_
12	[specify]		\$	- \$		-	[specify]	\$	- \$	-]
13	[specify]		\$	- \$	-	-	[specify]	\$	- \$	-
4	(add lines 1-12 through 1-13) TOTA	DEFERRED OUTFLOW	/S \$	- \$		-	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	- \$	-
5	TOTAL ASSETS AND	DEFERRED OUTFLOW	/S \$	101,670 \$		-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	
	Liabilities					Li	abilities			
6	Accounts Payable		\$	21,269 \$		-	Accounts Payable	\$	- \$	-
7	Accrued Payroll and Related Liab	ilities	\$	- \$		-	Accrued Payroll and Related Liabilities	\$	- \$	-
8	Unearned Property Tax Revenue		\$	- \$		-	Accrued Interest Payable	\$	- \$	-
9	Due to Other Entities or Funds		\$	- \$		-	Due to Other Entities or Funds	\$	- \$	-
20	All Other Current Liabilities		\$	- \$		-	All Other Current Liabilities	\$	- \$	-
21	(add lines 1-16 through 1-20) TOT	AL CURRENT LIABILITIE	S \$	21,269 \$		-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	- \$	
22	All Other Liabilities [specify]		\$	- \$		-	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
23			\$	- \$		-	Other Liabilities [specify]:	\$	- \$	-
24			\$	- \$		-	9 MON 27 17 31	\$	- \$	-
25			\$	- \$		-	9	\$	- \$	-
26			\$	- \$		-		\$	- \$	-
27	(add lines 1-21 through 1-26)	TOTAL LIABILITIE	S \$	21,269 \$			(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$	
	Deferred Inflows of Resources:						eferred Inflows of Resources		I i v	_
28	Deferred Property Taxes		\$	- \$		-	Pension/OPEB Related	\$	- \$	
29	Lease related (as lessor)		\$	- \$		-	Other [specify]	\$	- \$	_
0	(add lines 1-28 through 1-29) TO	AL DEFERRED INFLOW	IS \$	- \$		-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS		- \$	<u> </u>
	Fund Balance		path district and			N	et Position		· ·	
	Nonspendable Prepaid	11	\$	7,399 \$		7	Net Investment in Capital Assets	\$	- \$	-
	Nonspendable Inventory	, x	\$	- \$		_	E	-	Li.7	_
33	Restricted [specify]		\$	5,403 \$		_	Emergency Reserves	\$	- \$	
34	Committed [specify]		\$	- \$		_	Other Designations/Reserves	\$	- \$	-
35	Assigned [specify]		\$	- \$		_	Restricted	\$	- \$	
6	Unassigned:		\$	67,599 \$		_	Undesignated/Unreserved/Unrestricted	\$	- \$ - \$	
7	A	dd lines 1-31 through 1- d be the same as line 3-: TOTAL FUND BALANC	36 33	80,401 \$			Add lines 1-31 through 1-36 This total should be the same as line 3-33 TOTAL NET POSITION		- S	
88		d lines 1-27, 1-30 and 1- d be the same as line 1- ED INFLOWS, AND FUN BALANC	37 15 ID	101,670 \$			Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmer	ntal Funds		Proprietary/F	iduciary Funds	
Line #	Description	General Fund	Fund*	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]	\$ -	\$ -	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	Service Fees	\$ 178,282	\$ -	1 6	\$ -	\$ -	
2-6	Interest	\$ 1,828	\$ -	0	\$ -	- \$	
2-7		\$ -	\$ -	r _e	\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 180,110	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	7
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	1 N	- 0.0	\$ -		\$ -	\$ -	Vi.
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES		\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	,
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	,
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 180,110	\$ -	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES		\$	\$ 180,110

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.

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

		Governme	ntal Funds		Proprietary/F	iduciary Funds	Blooce use this space to
Line#	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Expenditures			Expenses			items on this page
3-1	General Government	\$ 104,888	\$ -	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	\$ 8,967	\$ -	Developer Principal Repayments	\$ -	\$	-
3-19	Developer Interest Repayments	\$ -	\$ -	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	\$ 113,855	\$ -	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$ -	\$	\$ 113,855
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	* 1	\$ -	\$ -	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						
- 50	Sources Over (Under) Expenditures			Net Increase (Decrease) in Net Position			
	Line 2-29, less line 3-22, less line 3-29	\$ 66,255	\$ -	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ -	\$	-
3-31	Fund Balance, January 1 from December 31 prior year report			Net Position, January 1 from December 31 prior year			
	2 A 1	\$ -	- \$	report	\$ -	\$	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	s	
3-33	Fund Balance, December 31			Net Position, December 31			
	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.	\$ 66,255	\$ -	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 5 - CASH A	ND INVI	ESTMEI	NTS		
	Please provide the entity's cash deposit and investment balances.	TO THE PERSON NAMED IN	AMOUNT	TOTA	AL.	Please use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$	93,397			
5-2	Certificates of deposit	\$	-			
	TOTAL CASH I	DEPOSITS		\$	93,397	
	Investments (if investment is a mutual fund, please list underlying investments):					
	·	\$	-]
5-3		\$	-			
0-0		\$				
		\$	-			
	TOTAL INVE	STMENTS		\$	-	
	TOTAL CASH AND INVE	STMENTS		\$	93,397	
	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:	V]	

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	Please answer the following question by marking in the appropriate box	0 0/11/1/1	_ / \	ID MOITI	YES	_ / (00	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?			Control of the Contro			V	The state of the s
	Has the entity performed an annual inventory of capital assets in accordance wit MUST explain:	h Section 29-1-506	, C.R.S	.? If no,			□	
	1 1							
6-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the		Additions	Deletions	Year-	End Balance	
	Land	year 1	- \$	-		\$		
	Buildings		- \$			\$		· <u> </u>
	Machinery and equipment		- \$	- 1		\$		
	Furniture and fixtures		- \$	- :	\$ -	\$		
	Infrastructure	\$	- \$	-	\$ -	\$		
	Construction In Progress (CIP)	\$	- \$	- :	\$ -	\$		
	Leased Right-to-Use Assets		- \$	- :	\$ -	\$		
	Intangible Assets		- \$	-		\$		
	Other (explain):		- \$	- ;				· _
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		- \$	- :		-		
	Accumulated Depreciation (Enter a negative, or credit, balance)		- \$	- :		\$		•
	TOTAL		- \$	- ;	\$ -	\$		
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 Right-to-Use Assets Intangible Assets		- \$ - \$			\$		-
	Other (explain):		- \$			\$		
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		- \$			\$		
	Accumulated Depreciation (Enter a negative, or credit, balance)		- \$			\$		-
	TOTAL		- \$	- 1		\$		
		* Must agree to prior - Generally capital ass in accordance with the	year-end set additi	l balance ons should be repo	rted at capital ou	tlay on line 3		
31		PART 7 - F	PENS	SION INFO	ORMATI	ON		
					YES		NO	Please use this space to provide any explanations or comments
7-2	Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan? Who administers the plan?						\ \ -	
	Indicate the contributions from:							
	Tax (property, So, sales, etc.):		\$	_				
	State contribution amount:		\$	-				
	Other (gifts, donations, etc.):		\$	-				
		TOTA	L \$	-				

PART 8 - BUDG	JET INFORM	MA HO	N	
	YES !	10	N/A	Please use this space to provide any explanations or commer
Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	7			
Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	✓			
Please indicate the amount appropriated for each fund separately for the year reported				
Governmental/Proprietary Fund Name Total Appropriations B	By Fund			
General Fund \$	181,410			
\$	-			
3 S				
PART 9 - TAX PAYER'S	BILL OF R	GHTS	(TABOR)	
Please answer the following question by marking in the appropriate box		ES	NO	Please use this space to provide any explanations or commer
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 emergence	cy reserve			
requirement. All governments should determine if they meet this requirement of TABOR. PART 10 - GENE	DAL INFO	NAATI	ON	
PART TO - GLINE	INAL INI OF	CIVIA I I		
Please answer the following question by marking in the appropriate box	Y	ES	NO	Please use this space to provide any explanations or commer
Is this application for a newly formed governmental entity?			V	The second secon
Date of formation:				
			v	
Has the entity changed its name in the past or current year?		ш		
NEW name				
NEW halle				
PRIOR name				
Is the entity a metropolitan district?		v		
Please indicate what services the entity provides:		<u> </u>		
Operations & Maintenance, Convenant Enforcement, and Public Improvements.				
Does the entity have an agreement with another government to provide services?		✓		
, , , , , , , , , , , , , , , , , , , ,				
List the name of the other governmental entity and the services provided:				
Provide service fees to Encore on 34 Metropolitan District No. 1				
Does the entity have a certified mill levy?		✓		
Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills 0.000				
General/Other mills 0.000				
Total mills 0.000				
Please use this space to provide any additional	l explanations or	comment	s not previously in	cluded:
- I load and the space to provide any additional	P.G. GIO O		or proviously iii	

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9 · · · · · · · · · · · · · · · · ·	4			OSA USE ONLY		
Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	 Unrestricted Fund Bala 	an \$	67,599 Total Tax Revenue	\$	180,110
Current Liabilities	\$	21,269 Total Fund Balance	S	80,401 Revenue Paying Debt Service	S	
Deferred Inflow	\$	- PY Fund Balance	\$	- Total Revenue	\$	180,110
		Total Revenue	\$	180,110 Total Debt Service Principal	\$	
		Total Expenditures	\$	113,855 Total Debt Service Interest	\$	and the second of the second of the second
Governmental		Interfund In	\$			
Total Cash & Investments	S	93,397 Interfund Out	S	- Enterprise Funds		
Transfers In	\$	- Proprietary		Net Position	\$	
Fransfers Out	\$	- Current Assets	\$	- PY Net Position	\$	
Property Tax	\$	- Deferred Outflow	\$	- Government-Wide		
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	
Total Expenditures	s	113,855 Deferred Inflow	\$	- Authorized but Unissued	S	66,000,000
Total Developer Advances	\$	- Cash & Investments	S	- Year Authorized		11/20/2014
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.			
•	Full Name Mark Hunter	I,Mark Hunter DocuSigned by:, 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 5/14/2023 14:23:12 MDT Signed Date:3/14/2023 14:23:12 MDT My term Expires:May 2023_727344D			
# 43 L. P. (2 Po 2)	Full Name	I,Jeff ReedDocuSigned by:, attest that I am a duly elected or appointed board member, and that I have			
2	Jeff Reed	personally reviewed and approve this application for exemption from a unit 1 and 3 application for exemption from a unit 2023 13:03:50 PDT Signed Date: 3/14/2023 13:03:50 PDT My term Expires: May 2003 74 ED469			
ARRANCE MAN	Full Name	I,Scot SmithDocuSigned by:, attest that I am a duly elected or appointed board member, and that I have			
3	Scot Smith	personally reviewed and approve this application for exemption from audit. Signed Date: 3/14/2023 14:11:20 MDT My term Expires: May 7/065075674AC			
	Full Name	I,Jesse Jenner, attest that I am a duly elected or appointed board member, and that I have			
4	Jesse Jenner	personally reviewed and approve this application for exemption from audit. Signed			
	Full Name	I,Amanda Baker, attest that I am a duly elected or appointed board member, and that I have			
5	Amanda Baker	personally reviewed and approve this application for exemption from audit. Signed			
	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			
	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 My term Expires:			