## **APPLICATION FOR EXEMPTION FROM AUDIT**

### SHORT FORM

NAME OF GOVERNMENT ADDRESS	Granby Ranch Metropolitan District 28 Second St, Suite 213, Edwards, C	For the Year Ended 12/31/18 or fiscal year ended:			
CONTACT PERSON	Eric Weaver				
PHONE	(970) 926-6060		1		
EMAIL	Eric@mwcpaa.com		1		
FAX	(970) 926-6040		1		
	PART 1 - CERTIFICATION	N OF PREPARER			
I certify that I am skilled in gov my knowledge.	vernmental accounting and that the inform				
NAME:	Eric Weaver				
TITLE	Accountant, CPA				
FIRM NAME (if applicable)	Marchetti & Weaver, LLC				
ADDRESS	28 Second St, Suite 213, Edwards, CO	81632			
PHONE	(970) 926-6060				
DATE PREPARED	2/7/2019				
PREPARER (SIGNATU	JRE REQUIRED)				
Ei We	ee.				
Please indicate whether the foll using Governmental or Proprie	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)		
rusing Governmental of Proble	lary runu lybes				

### **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#		De	scription		Ro	ound to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6	)	\$	-	space to provide
2-2		Specific owner	ship		\$	167	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)	:		\$	-	
2-5	Licenses and permit	S			\$	-	
2-6	Intergovernmental:		Grants		\$	-	
2-7			<b>Conservation Trust Funds</b>	(Lottery)	\$	-	
2-8			Highway Users Tax Funds	(HUTF)	\$	-	
2-9			Other (specify):		\$	-	
2-10	Charges for services	3			\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-	
2-13	Investment income				\$	107	
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agree with I	ne 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances			gree with line 4-4)	\$	-	
2-18	Proceeds from sale				\$	-	
2-19	Fire and police pens	ion			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify): Inter	District Contril	oution from Headwaters MD		\$	4,249	
2-22					\$	-	
2-23					\$	-	
2-24		(add lin	es 2-1 through 2-23) TOT	AL REVENUE	\$	4,522	

### **PART 3 - EXPENDITURES**

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	do rana oquity illion	iiutio		Please use this
3-1	Administrative		\$		space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	4,249	
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	Culture and recreation		\$	-	
3-15	Utility operations		\$	-	
3-16	Capital outlay		\$	-	
3-17	·	uld agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19		d agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21		ould agree to line 7-2)	\$	-	
3-22	·	ould agree to line 7-2)	\$	-	
3-23	Other (specify):				
3-24			\$	-	
3-25			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL	EXPENDITURES	\$	4,249	

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	3, 1	SSUED	, Δ	ND R	TIF	RED		
	Please answer the following questions by marking the	appro	priate boxes.				Yes		No
4-1	Does the entity have outstanding debt?  If Yes, please attach a copy of the entity's Debt Repayment So		-				J		
4-2	Is the debt repayment schedule attached? If no, MUST explain:								J
	Based on cash flow, no specific repayment schedule								
4-3	Is the entity current in its debt service payments? If no, MUS	Гех	olain:			J	1		
4-4	Please complete the following debt schedule, if applicable:	0	stata a din a at	laa		Detin	ed durina	0.	utata waliwa wat
	(please only include principal amounts)(enter all amount as positive		itstanding at of prior year*	ISS	ued during year	Retir	vear	Οι	itstanding at year-end
	numbers)	enu	or prior year		yeai		yeai		year-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	_	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Leases	\$	-	\$	_	\$	-	\$	-
	Developer Advances	\$	9,735	\$	-	\$	-	\$	9,735
	Other (specify): Oblig to Headwaters MD	\$	4,467,632	\$	33,387	\$	_	\$	4,501,019
	TOTAL	\$	4,477,367	\$	33.387	\$	_	\$	4,510,754
		_ +	st tie to prior ye	_ +	,	Ι Ψ		Ψ_	.,0.0,.0.
	Please answer the following questions by marking the appropriate boxes						Yes		No
4-5	Does the entity have any authorized, but unissued, debt?					1	J		
If yes:	How much?	\$			50,000.00	[			
	Date the debt was authorized:		11/1/2	2007					
4-6	Does the entity intend to issue debt within the next calendar	year	?						J
If yes:	How much?	\$			-	]			
4-7	Does the entity have debt that has been refinanced that it is s	till r	esponsible 1	for?					J
If yes:	What is the amount outstanding?	\$			-				
4-8	Does the entity have any lease agreements?								1
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?	ф.				1			
	What are the annual lease payments?	\$	lanatiana ar	0010	- -				
	Please use this space to provide any	expl	anations or	com	iments:				

	PART 5 - CASH AND INVESTME	ENTS			
	Please provide the entity's cash deposit and investment balances.		 Amount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -		
5-2	Certificates of deposit		\$ -		
	Total Cash Deposits			\$	-
	Investments (if investment is a mutual fund, please list underlying investments):				
	Colotrust		\$ 1,556	)	
5-3			\$ -		
5-5			\$ -		
			\$ -		
	Total Investments			\$	1,556
	Total Cash and Investments			\$	1,556
	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.	1	П		П
	seq., C.R.S.?	۳			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public		П		
	depository (Section 11-10.5-101, et seq. C.R.S.)?	✓	ш		Ц
If no, M	UST use this space to provide any explanations:				

	PART 6 - CAPIT	AL	ASSET	S					
	Please answer the following questions by marking in the appropriate box	es.					Yes		No
6-1	Does the entity have capital assets?							I	J
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	Section	]						
6-3	Complete the following capital assets table:	beg	Balance - ginning of the year*	be inc	ons (Must cluded in art 3)		letions		ar-End lance
	Land	\$	-	\$	-	\$	-	\$	-
	Buildings	\$	-	\$	-	\$	-	\$	-
	Machinery and equipment	\$	-	\$	-	\$	-	\$	-
	Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	-
	Other (explain): Accumulated Depreciation	\$	-	\$		\$	<u>-</u>	\$	-
	TOTAL	\$	<u> </u>	\$		\$		\$  \$	-
	Please use this space to provide any	exp	lanations or		ents:	Ι Ψ		1 4	
	PART 7 - PENSION	INI	FORMA	TIO	NI				
					N		Vaa		NI.a
7-1	Please answer the following questions by marking in the appropriate box Does the entity have an "old hire" firemen's pension plan?	es.					Yes		No 4
7-1	Does the entity have a volunteer firemen's pension plan?					_	╡	_	7
If yes:	Who administers the plan?					1 -	_	_	_
,	Indicate the contributions from:					1			
				Φ.		T			
	Tax (property, SO, sales, etc.): State contribution amount:			\$	-	-			
	Other (gifts, donations, etc.):			\$	-	1			
				1.8	_	†			
				\$ \$	-				
	TOTAL	etire	e as of Jan	\$ \$ \$	- - -				
				\$	-		_	_	_
_	TOTAL  What is the monthly benefit paid for 20 years of service per re			\$	-		_	_	_
	TOTAL  What is the monthly benefit paid for 20 years of service per re  Please use this space to provide any	exp	lanations or	\$ \$ comm	- ents:			_	
	TOTAL  What is the monthly benefit paid for 20 years of service per re	exp	lanations or	\$ \$ comm	- ents:				
_	TOTAL  What is the monthly benefit paid for 20 years of service per re Please use this space to provide any  PART 8 - BUDGET	exp	lanations or	\$ \$ comm	ents:		No		N/A
8-1	TOTAL  What is the monthly benefit paid for 20 years of service per re  Please use this space to provide any	exp	lanations or	\$ comm	ents:		No		N/A
8-1	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box	exp	lanations or	\$ comm	ents:		No		
8-1	TOTAL  What is the monthly benefit paid for 20 years of service per replication of the provide any service per	exp	lanations or	\$ comm	ents:				
8-1	TOTAL  What is the monthly benefit paid for 20 years of service per replication of the provide any service per	INI es. irs fo	FORMA	\$ \$ comm	ents:	[			
	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affair current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordance	INI es. irs fo	FORMA	\$ \$ comm	ents:	[			
8-2	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affair current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordance	exp es. irs fo	FORMA or the	\$ \$ comm	ents:	[			
8-2	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  Please use this space to provide any  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affait current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordant 29-1-108 C.R.S.? If no, MUST explain:	exp es. irs fo	FORMA or the	\$ \$ comm	ents:	[			
8-2	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affait current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordant 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for the years.	exp  es.  irs fo	FORMA or the	\$ \$ comm	ents:	[			
8-2	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affait current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordant 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for the years.	exp  es.  irs fo	FORMA or the	\$ \$ comm	ents:	[			
8-2	TOTAL  What is the monthly benefit paid for 20 years of service per replease use this space to provide any  PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affait current year in accordance with Section 29-1-113 C.R.S.?  Did the entity pass an appropriations resolution, in accordant 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for the years.	exp  es.  irs fo	FORMA or the	\$ \$ comm	ents:	[			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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, 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.	V	
f no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		<b>V</b>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		4
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?	, 	
	Please indicate what services the entity provides:	_	_
	Streets, Parks & Rec, water & sanitation, transportation, moisquito control, traffic safaety, fire	]	
10-4	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:	_	_
,	Headwaters MD - Operations & Maintenance, CSDPLP - Insurance		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		1
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	7	
If yes:			
	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		-
	Total mills		-
	Please use this space to provide any explanations or comments:		

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?	<b>J</b>			

# 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 current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board	Print Board Member's Name	ILance Badger,attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 1	Lance Badger	audit. Signed Date: My term Expires: May 2022
Board Member 2	Print Board Member's Name	I
Board Member 3	Print Board Member's Name	I
Board Member 4		I
Board Member 5		, attest 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: My term Expires:
Board Member 6		
Board Member 7	Print Board Member's Name	, attest I am a duly elected or appointed board nember, and that I have personally reviewed and approve this application for exemption from audit.  Signed

#### GRANBY RANCH METROPOLITAN DISTRICT NO. 8

# A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2018

WHEREAS, the Granby Ranch Metropolitan District No. 8 (the "District") wishes to claim exemption from the audit requirements of §29-1-603, C.R.S.; and

WHEREAS, §29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed one hundred thousand dollars may, with the approval of the state auditor, be exempt from the provisions of §29-1-603, C.R.S., and

WHEREAS, neither revenues nor expenditures for the District will exceed \$100,000 for fiscal year 2018; and

WHEREAS, an application for exemption from audit for the District will be prepared by Eric Weaver, an accountant with knowledge in governmental accounting; and

WHEREAS, said application for exemption from audit will be completed in accordance with regulations issued by the state auditor.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Granby Ranch Metropolitan District No. 8 as follows:

- 1. The application for exemption from audit for the District for fiscal year ended December 31, 2018 will be reviewed and is hereby approved by a majority of the Board of Directors of the District.
- 2. The majority of the Board of Directors of the District shall signify their approval by signing below.
- 3. This Resolution shall be attached to, and become a part of, the application for exemption from audit of the District for the fiscal year ended December 31, 2018.
- 4. If any part, section, subsection, sentence, clause or phrase of this Resolution is for any reason held to be invalid, such invalidity shall not affect the validity of the remaining provisions.
- 5. This Resolution shall take effect and be enforced immediately upon its approval by the District Board.

ADOPTED this day of	Feb , 2019.
	GRANBY RANCH METROPOLITAN DISTRICT NO. 8  By Chairman
Attest:	
only one board up mose Secretary	

<b>BOARD MEMBER</b>	<b>TERMS</b>	SIGNATURE
Lance Badger	May 2022	ful
Vacancy	May 2022	
Vacancy	May 2022	
Vacancy	May 2020	
Vacancy	May 2020	