	APPLICATION FOR	EYEMPT	ION FROM A	UDIT	
	LO	NG FORM	Λ		For the Year Ended
NAME OF GOVERNMENT	Hometown Metropolitan District #2				12/31/2021
ADDRESS	c/o McGeady Sisneros, P.C.				or fiscal year ended:
BONEGO	450 E. 17th Street, Suite 400				
	Denver, CO 80203				
CONTACT PERSON	Elisabeth Cortese				
PHONE	303-592-4380				
MAIL	ecortese@specialdistrictlaw.com				
FAX	303-592-4385				
	CERTIFICAT	TION OF P	REPARER		
	countant with knowledge of governmental accounting and that the information in	TON OI			
NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY	Diane Wheeler District Accountant Simmons & Wheeler, P.C. 304 Inverness Way South, Suite 490 Englewood, CO 80112 303-689-0833 1/7/2022 CPA engaged to prepare financial statements for the District				
PREPARER (SIGNATURE	REQUIRED)				
Diane Wheeler					
II de site filed for or har the	district filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO	and the state of	
has the entity filed for, or has the	itle 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-			If Yes, date filed:	
	tile of sheater area and the		☑		
104 (3), C.R.S.]	L				

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

	。 [1] 15 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	PARI I-FI	VANCIAL S	TATEMENTO BILLINO DI LA CONTRACTOR DE LA	**************************************	
	Name of Fund	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		8	Proprietary/Fiduciary Funds	
NOTE: Atta	ach additional sheets as necessary.	Governmenta	al Funds		Company of the last of the Principle of	ease use this space to ovide explanation of any
	Description	Genreal Fund	Debt Service Fund	Description		ems on this page
Line#	Description			Assets		
P	Assets	\$ 2,594 \$		Cash & Cash Equivalents	\$ - \$ -	
1-1	Cash & Cash Equivalents	\$ 2,594 \$ \$ 14,008 \$		Investments	\$ - \$ -	**
1-2	Investments	\$ 128 \$	***************************************	Receivables	\$ - \$ -	
1-3	Receivables	\$ - \$		Due from Other Entities or Funds	\$ - \$ -	
1-4	Due Holli Ottler Elitines of Laures	\$ 27,979 \$	**************************************	Other Current Assets [specify]		
1-5	Property Tax Receivable	φ 27,373 φ	00,000		\$ - \$ -	
	All Other Assets [specify]	\$ - \$		Total Current Assets		
1-6		+		Capital Assets, net (from Part 6-4)	\$ - \$ -	
1-7		Ψ	***************************************	Other Long Term Assets [specify]	\$ - \$ -	
1-8		T			\$ - \$ -	
1-9	· ·	\$ - \$ \$ - \$	***************************************		\$ - \$ -	
1-10		+		(add lines 1-1 through 1-10) TOTAL ASSETS	\$ - \$ -	
1-11	(add lines in through 1 10)	\$ 44,705 Q		Deferred Outflows of Resources		
	Deferred Outflows of Resources	\$ - 3		[specify]	\$ - \$ -	
1-12	[specify]	\$ - 5		[specify]	\$ - \$ -	
1-13	[specify]	4		(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ - \$ -	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 44,709		TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ - \$ -	
1-15	M80000 + 0A-0000000 TO 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 47,700		Liabilities		
	Liabilities	\$ 7,725		Accounts Payable	\$ - \$ - \$ - \$	
1-16	Accounts Payable Accrued Payroll and Related Liabilities		-	Accided Layron and Residue	\$ - \$ - \$ - \$ -	
1-17			5 -	Accreed linerest Fayable	\$ - \$ -	
1-18	Unearned Property Tax Revenue	\$ - !	\$ -	Due to Other Littles or Littles	\$ - \$ -	(a)
1-19	Due to Other Entities or Funds All Other Current Liabilities	\$ -	\$ -	All inner Current Liabilities	*	
1-20	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 7,725	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ - \$ -	
1-21	All Other Liabilities [specify]	\$ -	\$ -	Proprietary Debt Outstanding	\$ - \$ -	
1-22	All Other Liabilities [speed]	\$ -	\$ -		\$ - \$ -	
1-23		\$ -	\$ -	1	\$ - \$ -	
1-24		\$ -	\$ -	6	\$ - \$ -	
1-25		\$ -	\$ -	(odd lines 1-21 through 1-26) TOTAL LIABILITIES	-	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 7,725	\$ -	(add filles 1-2 ; times g.;/	<u>V</u> 13	
1"2.1	Deferred Inflows of Resources			Deferred Inflows of Resources	s - s -	
1-28	Deferred Property Taxes	\$ 27,979			\$ - \$ -	
1-29	Other (marify 1	\$ -		Other [specify] (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	s - S -	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 27,979	\$ 55,899	Net Position	<u> </u>	
	Fund Balance		*	Net Investment in Capital Assets	\$ - \$ -	
1-31	Nonspendable Prepaid	\$ -		Net myesunent m oup to the second	5	
1-32	Nonspendable Inventory	5 -		Emergency Reserves	\$ - \$ -	
1-33	Restricted emergency/debt service	\$ 580		Other Designations/Reserves	\$ - \$ -	
1-34	Committed [specify]	<u> </u>	\$ - \$ -	Restricted	\$ - \$ -	
1-35	Assigned [specify]	Ψ	***************************************	Undesignated/Unreserved/Unrestricted	\$ - \$ -	
1-36	Unassigned:	\$ 8,425	Φ -	Add lines 1-31 through 1-36	And the second of the second of	
1-37	Add lines 1-31 through 1-36			This total should be the same as line 3-33	Automobile College College	
	This total should be the same as line 3-33		6 449.040	TOTAL NET POSITION	1 s - s -	
	TOTAL FUND BALANCI		\$ 113,240	Add lines 1-27, 1-30 and 1-37		
1-38	Add lines 1-27, 1-30 and 1-3			This total should be the same as line 1-15	5	
	This total should be the same as line 1-1			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET		
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUNI BALANCI	\$ 44,709	\$ 169,139	POSITION	l\$ - \$ -	
		47,705				

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

			nmental Fi	ınds		Proprie	etary/Fiduciary Funds	□Please use this space to
	Description	Genreal Fund		Service Fund	Description	Fund*	Fund*	provide explanation of ar
#					ax Revenue		- \$	items on this page
	ax Revenue Property [Include mills levied in Question 10-6]	\$ 26,	752 \$	53,503	Property [include mills levied in Question 10-6]	\$	- S	
	Specific Ownership	\$ 2,	047 \$	4,094	Specific Ownership	\$	- \$	-
	Sales and Use Tax	\$	- \$	-	Sales and Use Tax	\$	- \$ - \$	_
	Other Tax Revenue [specify]:	\$	- \$	-	Other Tax Revenue [specify]:	-	- \$	_
	Other lax Revenue ispectiy	\$	- \$	-		\$	- \$	_
ķ.		\$	- \$	-		\$	- \$	_
		\$	- \$	-			- V	
	Add lines 2-1 through 2-7	\$ 28	799 \$	57,597	Add lines 2-1 through 2 TOTAL TAX REVENU		- \$	•
	TOTAL TAX REVENUE				Licenses and Permits	\$	- \$	-
	Licenses and Permits	\$	- \$	-	Highway Users Tax Funds (HUTF)	\$	- \$	-
)	Highway Users Tax Funds (HUTF)	\$	- \$	-	Conservation Trust Funds (Lottery)	\$	- \$	-
	Conservation Trust Funds (Lottery)	\$	- \$	-	Community Development Block Grant	\$	- \$	-
2	Community Development Block Grant	\$	- \$	-	Fire & Police Pension	\$	- \$	-
3	Fire & Police Pension	\$	- \$	-		\$	- \$	-
4	Grants	\$	- \$	-	Grants	\$	- \$	-
5	Donations	\$	- \$	_	Donations Charges for Sales and Services	\$	- \$	-
6	Charges for Sales and Services	\$	- \$		Rental Income	\$	- \$	-
7	Rental Income	\$	- \$	-	Fines and Forfeits	\$	- \$	-
8	Fines and Forfeits	\$	- \$	-	Interest/Investment Income	\$	- \$	-
9	Interest/investment Income	\$	83 \$	110	Tap Fees	\$	- \$	-
0	Tap Fees	\$	- \$	-	Proceeds from Sale of Capital Assets	\$	- \$	-
1	Proceeds from Sale of Capital Assets	\$	- \$		All Other (specify):	\$	- \$	-
2	All Other [specify]:	\$	- \$	-	All Other (specify).	\$	- \$	-
23		\$	- \$	-	Add lines 2-8 through 2-	23	- \$	
4	Add lines 2-8 through 2-2		8,882 \$	57,707	TOTAL REVENU	ES \$. 0	
4	TOTAL REVENUE	<u> </u>			Other Financing Sources			
	Other Financing Sources		1.0		Debt Proceeds	\$	- \$	-
25	Debt Proceeds	\$	- \$ - \$	_	Developer Advances	\$	- \$	-
26	Developer Advances	\$			Other [specify]:	\$	- \$	-
27	Other [specify]:	\$	- \$	-	Add lines 2-25 through 2	-27		GRAND TOTALS
28	Add lines 2-25 through 2-2 TOTAL OTHER FINANCING SOURCE	5 \$	- \$		TOTAL OTHER FINANCING SOURCE Add lines 2-24 and 2	ES \$	\$	
29	Add lines 2-24 and 2-2 TOTAL REVENUES AND OTHER FINANCING SOURCE		8.882 \$	57,707	TOTAL DEVENUES AND OTHER FINANCING SOURCE	ES ţ	- \$	\$ 8 CRS or contact the OSA

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 Proprietary/Fiduciary Funds Please use this space to Governmental Funds provide explanation of any Genreal Fund Debt Service Fund items on this page Expenses General Operating & Administrative Expenditures 2,304 20,313 \$ General Government \$ - \$ 3-1 Salaries - \$ Judicial \$ 3-2 **Payroll Taxes** - \$ - \$ Law Enforcement \$ 3-3 **Contract Services** - \$ Fire \$ 3-4 **Employee Benefits** - \$ **Highways & Streets** \$ - \$ 3-5 Insurance - \$ - \$ Solid Waste \$ Accounting and Legal Fees 3-6 - \$ Contributions to Fire & Police Pension Assoc. \$ - \$ \$ 3-7 Repair and Maintenance - \$ \$ Health \$ 3-8 Supplies - \$ \$ **Culture and Recreation** - \$ \$ 3-9 Utilities \$ \$ Transfers to other districts - \$ Contributions to Fire & Police Pension Assoc. \$ 3-10 \$ \$ - \$ \$ 3-11 Other [specify...]: Other [specify...] - \$ \$ \$ - \$ 3-12 - \$ \$ - \$ \$ 3-13 Capital Outlay - \$ Capital Outlay 3-14 **Debt Service Debt Service** (should match amount in 4-4) Principal 25,000 Principal (should match amount in 4-4) \$ - 1 \$ 3-15 44.888 Interest \$ \$ - \$ \$ Interest **Bond Issuance Costs** 3-16 - \$ \$ **Bond Issuance Costs** - \$ \$ 3-17 **Developer Principal Repayments** \$ - \$ **Developer Principal Repayments** - \$ \$ 3-18 **Developer Interest Repayments** - \$ **Developer Interest Repayments** 3-19 All Other [specify...]: \$ **GRAND TOTAL** \$ All Other [specify...]: \$ 3-20 \$ 92.505 3-21 Add lines 3-1 through 3-21 . \$ Add lines 3-1 through 3-21 72,192 TOTAL EXPENSES 20.313 \$ 3-22 TOTAL EXPENDITURES - \$ (15,000) Net Interfund Transfers (in) Out \$ Interfund Transfers (In) \$ \$ Other [specify...][enter negative for expense] 15.000 \$ Interfund Transfers Out \$ \$ 3-24 Depreciation \$ Other Expenditures (Revenues): \$ (from line 2-28) Other Financing Sources (Uses) \$ \$ (from line 3-14) 3-26 Capital Outlay \$ \$ (from line 3-15, 3-18) 3-27 Debt Principal \$ (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus 3-28 TOTAL (Add lines 3-23 through 3-28) line 3-24) TOTAL GAAP RECONCILING ITEMS 3-29 TRANSFERS AND OTHER EXPENDITURES 15,000 \$ (15,000)3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Sources Over (Under) Expenditures (6,431) \$ Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report 112,725 Prior Period Adjustment (MUST explain) \$ 15,436 \$ 3-32 Prior Period Adjustment (MUST explain) Net Position, December 31 3-33 Fund Balance, 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.

\$ 9,005 \$ 113,240 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 OUTSTAN	IDING, IS	SUED, AN	D RETIRED	and the particular depth of th
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1 4-2	Please answer the following questions by marking the appropriate boxes. Does the entity have outstanding debt? 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:		V		
4-4	Please complete the following debt schedule, if applicable: (please only linclude principal beginning of year' amounts)	ued during R year	year	ststanding at year-end	
	Seneral obligation bonds	- S	\$ - \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - - - 640,000	
	*must agree to prior year endir	ng balance	YES	NO	
If yes:	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]? How much? \$ 6,700,000 Pate the debt was authorized: 5/6/2008		☑	□ ☑	
If yes:	Does the entity intend to issue debt within the next calendar year? How much? Does the entity have debt that has been refinanced that it is still responsible for?			<u> </u>	
4-7 If yes: 4-8 If yes:	What is the amount outstanding? Does the entity have any lease agreements? What is being leased?			V	
	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?			I	
	PART 5 - CASH	AND IN	/ESTMENT	S TOTAL PI	ease use this space to provide any explanations or comments:
5-1 5-2	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit TOTAL CAS	ş	\$ 2,594 \$ - \$	2,594	
	Investments (if investment is a mutual fund, please list underlying investments): Colotrust		\$ 126,993 \$ -		
5-3	TOTALI		\$ - \$ -	126,993	
	TOTAL CASH AND It Please answer the following question by marking in the appropriate box	NVESTMENTS YES	NO S	129,587 N/A	
5-4	Are the entity's Investments lend in accordance with Section 24-75-601, et. seq., C.R.S.?	V			
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:	☑]			

		PART 6	- CAPITAL	ASSETS		Please use this space to provide any explanations or comments:
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations of continuous
					v	
6-1	Does the entity have capitalized assets? Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C.	R.S.? If no,	✓		
6-2	MUST explain:					
6-3	THE PARTY OF THE P	Balance - beginning of the	Additions	Deletions	Year-End Balance	
	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	vear 1	2			
			\$ -	\$ -	\$	-
	Land	Ψ	\$ -	\$ -	\$	-
	Buildings	\$ -	\$ -	\$ -	\$	-
	Machinery and equipment Furniture and fixtures	\$ -	\$ -	\$ -	\$	
	Infrastructure	\$ -	\$ -	\$ -	\$ \$	<u>-</u>
	Construction In Progress (CIP)	<u> </u>	\$ -	ΙΨ	\$	
	Other (explain):	\$ -	\$ -	\$ - \$ -	\$	-
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\ \s	
	TOTAL		\$ -	· ·	Ψ	
		Balance -	Additions	Deletions	Year-End Balance	
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	beginning of the year*	Additions			
		\$ -	\$ -	\$ -	\$	
	Land	\$ -	\$ -	\$ -	\$	<u>-</u>
	Buildings	\$ -	\$ -	\$ -		
	Machinery and equipment	\$ -	\$ -	\$ -	\$	
	Furniture and fixtures	\$ -	\$ -	-	\$ \$	
	Construction In Progress (CIP)	\$ -	\$ -	\$ - \$ -	- \$	
	Other (explain):	\$ -	\$ -	\$ -	\$	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	- \$	weeken
	TOTAL	L	\$ -			Limina.
		* Must agree to prior ye	additions should be re	eported at capital ou	itlay on line 3-14 and capitalize	ed in
		accordance with the gov	ernment's capitalization	n policy. Please exp	plain any discrepancy	

	PART 7 - PENSION IN	FORMATION	V - 100 100 100 100 100 100 100 100 100 1	
		YES	NO	Please use this space to provide any explanations or comments:
7-1 Does the entity have an "old hire" firefighters' pension plan? 7-2 Does the entity have a volunteer firefighters' pension plan? If yes: Who administers the plan?			> > >	
Indicate the contributions from:	general desired and the second	7		
Tax (property, SO, sales, etc.): State contribution amount:	\$	-		
Other (gifts, donations, etc.): What is the monthly benefit paid for 20 years of service per retiree as of Jan	TOTAL \$	<u>-</u>		
What is the monthly benefit paid for 20 yours of our fire	-			

SS THE	PART 8 -	- BUDGET INF	ORMATION		
	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:
100	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: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	2			
0-4	If no MILET ovalain	ŭ		_	
yes:	Please indicate the amount appropriated for each fund separately for the year reported				
	Governmental/Proprietary Fund Name Total Appro	opriations By Fund			
	General Fund \$	48,610 75,378			
	Debt Service fund \$	-			
	\$	-]			
	PART 9 - TAX PA	YER'S BILL O	F RIGHTS	(TABOR)	Please use this space to provide any explanations or comments:
	Please answer the following question by marking in the appropriate box		YES	NO 🔲	Please use this space to provide any experience
	TABOR IState Constitution, Article X, Section	20(5)]? 3 parcent amergency reserve	ш	_	
	Is the entity in compilative with all the povernment from the spending limitations of TABOR does not exempt the government from the requirement. All governments should determine if they meet this requirement of TABOR.	o percent strongeroy course		N. I	In control of the con
	PART 10	- GENERAL IN	FORMATIC	N	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
				V	
	is this application for a newly formed governmental entity?				
f yes:	Date of formation:				
				v	
10-2	Has the entity changed its name in the past or current year?				
	·				
, , , , ,	NEW name				
	PRIOR name				
10-3	Is the entity a metropolitan district?		✓		
10-4	Please indicate what services the entity provides:		1		
	Street, Traffic, water improvements, sanitation improvements, stormwater drainage improvements, park	and recreation]	v	
10-5	Does the entity have an agreement with another government to provide services?		Ц	Δ.	
If yes:	List the name of the other governmental entity and the services provided:		1		
10-6	Does the entity have a certified mill levy?		. 🗹		
f yes:	Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills	20.000	1		
	Bond Redemption mills General/Other mills	10.000			
	Total mills	30.000			
	Please use this space to provide any	y additional explanati	ons or comments	s not previously inc	iuaea:

	OSA USE ONLY	Notes
Mide: General Fund	Governmental Funds	\$ 86,396 \$ 57,707 \$ 86,589 \$ 25,000 \$ 44,888 \$ 5 640,000 \$ 6,700,000

	PART 12 - GOVERNING BODY APPROVAL				
		YES	NO		
Please answer the following question by marking in the appro					
12-1 If you plan to submit this form electronically, have you read th	e new Electronic Signature Policy?				

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.

- 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 Required elements and safeguards are as follows:
- 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 of the governing body.
- 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, the 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.

or governmental according, c	completed to the best of their knowledge and is accurate and true. Use a names of <u>ALL</u> members of the governing body below.	A MAJORITY of the members of the governing body must complete and sign in the column below.
Print the	Full Name	I, Audrey Spaen , attest that I am a duly elected or appointed board member, and that I have personally reviewed a
1	Audrey Spaen	approve this application for exemption from audit. Signed Mytern Expires: May 2022 My term Expires: May 2022
	Full Name	I, Matthew Smith, attest that I am a duly elected or appointed board member, and that I have personally reviewed at
2	Matthew Smith	approve this application for exemption from audit. Signed Matthew D. Smith. Date: Jun 28, 2022 My term Expires: May 2022
	Full Name	, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
3	, un tuno	approve this application for exemption from audit. Signed Date:
		My term Expires:, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
4	Full Name	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 personally reviewed
5		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 ha
6		personally reviewed and approve this application for exemption from audit. Signed My term Expires:
	Full Name	, attest that I am a duly elected or appointed board member, and that I ha
7		personally reviewed and approve this application for exemption from audit. Signed
		My term Expires: