APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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|----|-----|---------------|----|------|--------|
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| Has the preparer signed the application? | | | | | |
|---|--|--|--|--|--|
| Has the entity corrected all Prior Year Deficiencies as communicated by the OSA? | | | | | |
| Has the application been PERSONALLY reviewed and approved by the governing body? | | | | | |
| Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section? | | | | | |
| Will this | s application be submitted electronically? | | | | |
| | If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here | | | | |
| or | | | | | |
| | If yes, have you included a resolution? | | | | |
| | Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting? | | | | |
| | Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.) | | | | |
| Will this | s application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.) | | | | |
| | If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body? | | | | |

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Podtburg Metropolitan District No. 2 | For the Year Ended |
|--------------------|--------------------------------------|-----------------------|
| ADDRESS | 2619 Canton Ct Suite A | 12/31/22 |
| | Fort Collins | or fiscal year ended: |
| | CO 80525 | |
| CONTACT PERSON | Alex Carlson | |
| PHONE | (970) 484-0101 x119 | |
| EMAIL | Alex@ccgcolorado.com | |

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

 NAME:
 Allyson Cartmell

 TITLE
 District Accountant

 FIRM NAME (if applicable)
 Centennial Consulting Group, LLC

 ADDRESS
 2619 Canton Ct Suite A

 PHONE
 (970) 484-0101 x134

 DATE PREPARED
 Mar 10, 2023

PREPARER (SIGNATURE REQUIRED)

Allyson Cartmell
Allyson Cartmell (Mar 10, 2023 14:24 MST)

| Please indicate whether the following financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) |
|---|--|---------------------------------------|
| using Governmental or Proprietary fund types | ✓ | |

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 | Round to nearest Dollar | Please use this |
|-------|------------------------|------------------|--|---|------------------|
| 2-1 | Taxes: | Property | (report mills levied in Question 10-6) | \$ - | space to provide |
| 2-2 | | Specific owners | ship | \$ - | any necessary |
| 2-3 | | Sales and use | | \$ - | explanations |
| 2-4 | | Other (specify): | | \$ - | |
| 2-5 | Licenses and permits | 8 | | \$ - | |
| 2-6 | Intergovernmental: | | Grants | \$ - | |
| 2-7 | | | Conservation Trust Funds (Lottery) | \$ - | |
| 2-8 | | | Highway Users Tax Funds (HUTF) | \$ - | |
| 2-9 | | | Other (specify): | \$ - | |
| 2-10 | Charges for services | | | \$ - | |
| 2-11 | Fines and forfeits | | | \$ - | |
| 2-12 | Special assessments | ; | | \$ - | |
| 2-13 | Investment income | | | \$ - | |
| 2-14 | Charges for utility se | rvices | | \$ - | |
| 2-15 | Debt proceeds | | (should agree with line 4-4, column 2 | , <u>+</u> | |
| 2-16 | Lease proceeds | | | \$ - | |
| 2-17 | Developer Advances | | (should agree with line 4-4 | ′ <u>–</u> '– – – – – – – – – – – – – – – – – – | |
| 2-18 | Proceeds from sale of | • | | \$ - | |
| 2-19 | Fire and police pensi | on | | \$ - | |
| 2-20 | Donations | | | \$ - | |
| 2-21 | Other (specify): | | | \$ - | |
| 2-22 | | | | \$ - | |
| 2-23 | | | | \$ - | |
| 2-24 | | (add lin | es 2-1 through 2-23) TOTAL REVENUE | - | |

PART 3 - EXPENDITURES/EXPENSES

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 | | Round to nearest Dollar | 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 | | \$ - | |
| 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 | Capital outlay | | \$ - | |
| 3-15 | Utility operations | | \$ - | |
| 3-16 | Culture and recreation | | \$ - | |
| 3-17 | Debt service principal (should agr | ee with Part 4) | \$ - | |
| 3-18 | Debt service interest | | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (should agre | e with line 4-4) | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | | \$ - | |
| 3-21 | Contribution to pension plan (should ag | ree to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (should ag | ree to line 7-2) | \$ - | |
| 3-23 | Other (specify): | | | |
| 3-24 | | Ī | \$ - | |
| 3-25 | | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/I | XPENSES | \$ - | |

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 | C ISSIIED | AND DE | TIPED | |
|--|--|--|-----------------------|-------------------|---------------------------------------|
| | Please answer the following questions by marking the | | , AND RI | Yes | No |
| 4-1 | Does the entity have outstanding debt? | | | | √ |
| 4-2 | If Yes, please attach a copy of the entity's Debt Repayment S Is the debt repayment schedule attached? If no, MUST explain | | | | |
| 4-2 | is the dept repayment schedule attached? If no, wost explai | |] | | |
| | | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | T explain: | | | |
| | | | | | |
| | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: | Outstanding at | Issued during | Retired during | Outstanding at |
| | (please only include principal amounts)(enter all amount as positive numbers) | end of prior year* | year | year | year-end |
| | | Φ. | | | |
| | General obligation bonds Revenue bonds | \$ - \$ - | \$ - \$ - | \$ - \$ - | \$ - \$ - |
| | Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| | Lease Liabilities | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |
| | | *must tie to prior ye | ear ending balance | | |
| 4-5 | Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt? | 5. | | Yes | No |
| If yes: | How much? | \$ | 22 270 507 00 | ì | |
| 11 765. | HOW HIGH: | J | 33,376,567.00 | | |
| ii yes. | Date the debt was authorized: | 11/2/2 | 33,376,567.00 2021 | | |
| 4-6 | | 11/2/2 | | | V |
| | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? | 11/2/2 year? \$ | 2021 | | V |
| 4-6 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar | 11/2/2 year? \$ | 2021 | | V |
| 4-6 If yes: 4-7 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? | 11/2/2 year? \$ | 2021 | | V |
| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is sufficiently what is the amount outstanding? Does the entity have any lease agreements? | year? \$ still responsible | 2021 - for? | | _ |
| 4-6 If yes: 4-7 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is s What is the amount outstanding? Does the entity have any lease agreements? What is being leased? | year? \$ still responsible | 2021 - for? | | V |
| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is sufficiently what is the amount outstanding? Does the entity have any lease agreements? | year? \$ still responsible | 2021 - for? | | V |
| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? | year? \$ still responsible | 2021 - for? | | V |
| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? 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? | 11/2/2 year? \$ still responsible f | - for? | | - V |
| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? | 11/2/2 year? \$ still responsible f | - for? | | - V |
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| 4-6 If yes: 4-7 If yes: 4-8 | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any | 11/2/2 year? \$ still responsible f \$ \$ explanations or | for? - comments: | | |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any PART 5 - CASH AND Please provide the entity's cash deposit and investment balances. | 11/2/2 year? \$ still responsible f \$ \$ explanations or | for? - comments: | Amount | - V |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts | 11/2/2 year? \$ still responsible f \$ \$ explanations or | for? - comments: | Amount \$ - | |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any PART 5 - CASH AND Please provide the entity's cash deposit and investment balances. | 11/2/2 year? \$ still responsible f \$ \$ explanations or | for? - comments: | Amount | |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit | \$ 11/2/2 year? \$ still responsible for \$ 2 explanations or \$ 2 INVESTM | for? - comments: | Amount \$ - | ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit Total Cash Deposits | \$ 11/2/2 year? \$ still responsible for \$ 2 explanations or \$ 2 INVESTM | for? - comments: | Amount \$ - \$ - | ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ |
| 4-6 If yes: 4-7 If yes: 4-8 If yes: | Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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? Please use this space to provide any Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit Total Cash Deposits | \$ 11/2/2 year? \$ still responsible for \$ 2 explanations or \$ 2 INVESTM | for? - comments: | Amount \$ - | ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ |

\$ Total Investments Total Cash and Investments \$ \$ N/A Please answer the following questions by marking in the appropriate boxes Yes No 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. \checkmark seq., C.R.S.? 5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public \checkmark depository (Section 11-10.5-101, et seq. C.R.S.)? If no, MUST use this space to provide any explanations:

| | DARTE CARITAL AND RE | СИТ | TOU | ICE / | CCE | TC | | | |
|---------|---|----------|---------------------------------|-----------------------------|---------|-----------|------|----------|---------------|
| | Please answer the following questions by marking in the appropriate box | | -10-0 | SE F | 133 | EIS Ye | es | N | lo |
| 6-1 | Does the entity have capital assets? | | | | | | | | |
| 6-2 | Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain: | s in acc | cordance | with Se | ction | | | | / |
| | | | | | | | | | |
| 6-3 | Complete the following capital & right-to-use assets table: | beginn | lance - ning of the rear* | Addition be inclu Par | ıded in | Delet | ions | | r-End ance |
| | Land | \$ | - | \$ | - | \$ | - | \$ | - |
| | Buildings Machinery and equipment | \$ | - | \$ | - | \$ | - | \$ | - |
| | Furniture and fixtures | \$ | | \$ | - | \$ | | \$ | - |
| | Infrastructure | \$ | | \$ | | \$ | | \$ | - |
| | Construction In Progress (CIP) | \$ | - | \$ | | \$ | | \$ | |
| | Leased Right-to-Use Assets | \$ | | \$ | | \$ | | \$ | |
| | Other (explain): | \$ | _ | \$ | _ | \$ | _ | \$ | _ |
| | Accumulated Depreciation/Amortization | | | | | | | • | |
| | (Please enter a negative, or credit, balance) | \$ | - | \$ | - | \$ | - | \$ | - |
| | TOTAL | \$ | - | \$ | - | \$ | - | \$ | - |
| | Please use this space to provide any | explan | ations or | comme | nts: | | | | |
| | | | | | _ | | | | |
| | PART 7 - PENSION | INFO | DRMA | MOIT | | | | | |
| | Please answer the following questions by marking in the appropriate box | es. | | | | Υe | es | ı | lo |
| 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: | | | | | | | | |
| | Tax (property, SO, sales, etc.): | | | \$ | - | | | | |
| | State contribution amount: | | | \$ | - | | | | |
| | Other (gifts, donations, etc.): | | | \$ | - | | | | |
| | TOTAL | | f. l | \$ | - | | | | |
| | What is the monthly benefit paid for 20 years of service per re 1? | etiree a | s of Jan | \$ | - | | | | |
| _ | Please use this space to provide any | evnlan | ations or | comme | nts: | | | | |
| | i lease use this space to provide any | Схріан | ations of | Comme | iito. | | | | |
| | | | | | | | | | |
| | PART 8 - BUDGET I | NFC | RMA' | TION | | | | | |
| | Please answer the following questions by marking in the appropriate box | | | Ye | | N | 0 | N | /A |
| 8-1 | Did the entity file a budget with the Department of Local Affai | | he | | | | _ | • | |
| | current year in accordance with Section 29-1-113 C.R.S.? | | | ✓ | | | | | |
| | | | | | | | | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance | ce with | Section | ' | | | | _ | • |
| | 29-1-108 C.R.S.? If no, MUST explain: | | 00011011 | ✓ | | | | | |
| | , , | | | 1 | | | | | |
| | | | | | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar repo | rted: | - | | | | | |
| | Governmental/Proprietary Fund Name | Tota | l Appropria | tions By | Fund | | | | |
| | General Fund | \$ | | روتاد | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | 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, Section 20(5)]? 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. | √ | |
| 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? | | V |
| If yes: | Date of formation: 12/1/2021 | | |
| 10-2 | Has the entity changed its name in the past or current year? | П | ~ |
| If yes: | Please list the NEW name & PRIOR name: | | |
| 10-3 | Is the entity a metropolitan district? | V | |
| | Please indicate what services the entity provides: | | |
| | Finance District for Podtburg Metropolitan Districts | | |
| 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: | | |
| | | | |
| 10-5 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during | | ✓ |
| If yes: | Date Filed: | | |
| 10-6 | Does the entity have a certified Mill Levy? | | √ |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | |
| | General/Other mills | | - |

Please use this space to provide any explanations or comments:

Total mills

| | 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? | / | | | | |

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 members of current governing body below. | A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below. |
|----------------------|---|---|
| Board Member 1 | Print Board Member's Name Greg Podtburg | I Greg Podtburg, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signe Reg Podtburg Date: Mar 16, 2023 My term Expires: May 2023 |
| Board Member 2 | Print Board Member's Name Eric Podtburg | I Eric Podtburg, 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 Eric Enterpolities Date: Mar 21, 2023 My term Expires: May 2023 |
| Board Member | Print Board Member's Name Ricky Podtburg | I , Ricky Podtburg 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 Rick Podtburg Date: Mar 12, 2023 My term Expires: May 2023 |
| Board Member 4 | Print Board Member's Name Wade Podtburg | I Wade Podtburg, 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 **Mar 2020** Date: Mar 22, 2023 My term Expires: May 2025 |
| Board Member 5 | Print Board Member's Name Marcus Podtburg | I Marcus Podtburg, 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 12. Date: Mar 21, 2023 My term Expires: May 2025 |
| Board Member 6 | Print Board Member's Name | I |
| Board Member 7 | Print Board Member's Name | I |

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor. Se exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, which ever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of gwernment) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and

C.R

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from availt for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordaned by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

| Mayor/President/Chairman, etc. | | |
|--------------------------------|---------|-----------|
| ATTEST: | | |
| | | |
| | | |
| Town Clerk, Secretary, etc. | | |
| | | |
| | Date | |
| Type or Print Names of | Term | |
| Members of Governing Body | Expires | Signature |
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2022_Audit_Exemption_Short_Form_D2

Final Audit Report 2023-03-22

Created: 2023-03-10

By: Andrea Weaver (andrea@ccgcolorado.com)

Status: Signed

Transaction ID: CBJCHBCAABAAtYT9go8QYE-EM1S00dvR3GVqcJ2rWb86

"2022_Audit_Exemption_Short_Form_D2" History

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- Signer gregpodtburg@yahoo.com entered name at signing as Greg Podtburg 2023-03-16 5:53:08 PM GMT- IP address: 72.19.140.236
- Document e-signed by Greg Podtburg (gregpodtburg@yahoo.com)

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- Signer m.podtburg@hotmail.com entered name at signing as Marcus Podtburg 2023-03-21 4:14:41 PM GMT- IP address: 97.122.165.114
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- Document e-signed by Wade Podtburg (wadepodtburg@gmail.com)

 Signature Date: 2023-03-22 3:48:55 PM GMT Time Source: server- IP address: 96.60.233.160
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