



CliftonLarsonAllen

CliftonLarsonAllen LLP

www.cliftonlarsonallen.com

February 7, 2014

**Board of Directors
Sweetgrass Metropolitan District No. 1
Weld County, Colorado**

Dear Board Members:

Enclosed are two (2) copies each of the Application for Exemption from Audit for 2013 for the Sweetgrass Metropolitan District No. 1.

These forms must be signed by the majority of members of the Board of Directors. Please return both signed copies to our office so that we may submit them to the State Auditor no later than **March 31, 2014**. We will send a copy to the District's attorney.

If you have any questions regarding this, please contact us at 303-779-5710.

Very truly yours,

CliftonLarsonAllen LLP

Certified Public Accountants & Consultants

Enclosures



CliftonLarsonAllen

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www.cliftonlarsonallen.com

February 7, 2014

Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

Enclosed are copies of the Application for Exemption from Audit for Sweetgrass Metropolitan District No. 1 for the year ended December 31, 2013. Please mail the Acceptance of Exemption from Audit directly to our offices at:

8390 E. Crescent Pkwy, Suite 600
Greenwood Village, CO 80111

If you have any questions concerning this report, please contact us at (303) 779-5710.

Very truly yours,

CliftonLarsonAllen LLP
Certified Public Accountants & Consultants

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Accountant's Compilation Report

Board of Directors
Sweetgrass Metropolitan District No. 1
Weld County, Colorado

We have compiled the Application for Exemption from Audit of Sweetgrass Metropolitan District No. 1 as of and for the year ended December 31, 2013, included in the accompanying prescribed form. Our compilation is limited to presenting, in the form prescribed by the Colorado State Auditor's Office, information that is the representation of management. We have not audited or reviewed the accompanying Application for Exemption from Audit and, accordingly, do not express an opinion or provide any assurance about whether the Application for Exemption from Audit is in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the Application for Exemption from Audit in accordance with accounting principles generally accepted in the United States of America, and for designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the Application for Exemption from Audit.

Our responsibility is to conduct the compilation of the Application for Exemption from Audit in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information within the Application for Exemption from Audit without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the Application for Exemption from Audit.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado State Auditor's Office, which differ from accounting principles generally accepted in the United States of America. This report is intended solely for the information and use of the Colorado State Auditor's Office and is not intended to be and should not be used by anyone other than this specified party.

CliftonLarsonAllen LLP

Greenwood Village, Colorado
February 7, 2014

APPLICATION FOR EXEMPTION FROM AUDIT - LONG FORM - FOR GOVERNMENTS WITH REVENUE OR EXPENDITURES GREATER THAN \$100,000 BUT NOT MORE THAN \$500,000

Name of Government: Address:	Sweetgrass Metropolitan District No. 1 2500 Arapahoe Avenue, Suite 220 Boulder, CO 80302	For the Fiscal Year
Contact Person: Telephone: Email: Fax:	Jessica Brothers 303-442-2298	Ended December 31, 2013 or fiscal year ended:

Return to: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
Fax: 303-866-4062
Email: OSALG@state.co.us
Call (303) 869-3000 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING THE COMPLETED APPLICATION

Section 28-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenue nor expenditures exceed \$500,000 in any fiscal year may qualify for an exemption.

If either revenues or expenditures are \$100,000 or greater, but not more than \$500,000, you may use this form. If both revenues and expenditures are less than \$100,000 individually, use the short form application for exemption from audit.

Please review ALL instructions prior to the completion of this form.

Instructions: (See "Instructions" tab for additional information.)

- Prepare this form completely and accurately. Please note that there are 11 parts to this form and all questions must be answered for the application to be considered complete.
 - Please use whole dollars. Do not include any cents. Please round consistently to ensure that the financial information balances between schedules.
- File this form with the Office of the State Auditor within 3 months after the end of the fiscal year.
- The form must be completed by an independent accountant (separate from the entity) with knowledge of governmental accounting.
 - The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
 - Resolution of the governing body - application may be emailed, faxed, or mailed.
 - Original signatures - application must be mailed. Email or fax will NOT be accepted.
- The preparer must sign the application that is submitted in order for it to be accepted.
- Additional information may be attached to the exemption at the preparer's discretion.

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. Independent means someone who is separate from the entity.

Name:	Kevin Collins
Title:	Independent Accountant
Firm Name (if applicable):	CliftonLarsonAllen LLP
Address:	8390 East Crescent Parkway, Suite 600, Greenwood Village, CO 80111
Telephone Number:	303-779-5710
Date Prepared:	February 7, 2014

Preparer Signature (Required): The application will be rejected if not signed by the preparer.

See Accountant's Compilation Report

Relationship to entity: CPA Firm providing accounting services to the District

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 \$500,000. Independent means someone who is separate from the entity. Please describe above what your relationship is with the entity.

PART 1 - Financial Statements - Balance Sheet

Ln #	Description	Governmental Funds		Debit/Capital Fund*	Proprietary/Fiduciary Funds		Totals
		General Fund*			Fund*	Fund*	
1-1	Assets						
1-2	Cash & Cash Equivalents	\$ 20,115	\$ -		\$ -	\$ -	
1-3	Investments	\$ 2,951	\$ -		\$ -	\$ -	
1-4	Receivables	\$ 17	\$ -		\$ -	\$ -	
1-5	Due from Other Entities or Funds	\$ -	\$ -		\$ -	\$ -	
1-6	Other Assets (specify)	\$ -	\$ -		\$ -	\$ -	
1-7	Property Tax Receivable	\$ 989	\$ -		\$ -	\$ -	
1-8		\$ -	\$ -		\$ -	\$ -	
1-9		\$ -	\$ -		\$ -	\$ -	
1-10		\$ -	\$ -		\$ -	\$ -	
1-11		\$ -	\$ -		\$ -	\$ -	
1-12		\$ -	\$ -		\$ -	\$ -	
1-13	Total Assets (add lines 1-2 through 1-12)	\$ 24,082	\$ -		\$ -	\$ -	\$ 24,082
1-14	Total Deferred Outflows of Resources	\$ -	\$ -		\$ -	\$ -	
1-15	Total Assets and Deferred Outflows	\$ 24,082	\$ -		\$ -	\$ -	
	Liabilities and Fund Balance						
	Liabilities						
1-16	Accounts Payable	\$ 887	\$ -		\$ -	\$ -	
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -		\$ -	\$ -	
1-18	Accrued Interest Payable	\$ -	\$ -		\$ -	\$ -	
1-19	Due to Other Entities or Funds	\$ -	\$ -		\$ -	\$ -	
1-20	Other Liabilities (specify)	\$ -	\$ -		\$ -	\$ -	
1-21		\$ -	\$ -		\$ -	\$ -	
1-22		\$ -	\$ -		\$ -	\$ -	
1-23		\$ -	\$ -		\$ -	\$ -	
1-24		\$ -	\$ -		\$ -	\$ -	
1-25		\$ -	\$ -		\$ -	\$ -	
1-26		\$ -	\$ -		\$ -	\$ -	
1-27		\$ -	\$ -		\$ -	\$ -	
1-28		\$ -	\$ -		\$ -	\$ -	
1-29		\$ -	\$ -		\$ -	\$ -	
1-30	Total Liabilities (add lines 1-16 through 1-29)	\$ 887	\$ -		\$ -	\$ -	\$ 887
1-31	Total Deferred Inflows of Resources	\$ 999	\$ -		\$ -	\$ -	
	Fund Balance						
	Nonspendable:						
1-32	Prepaid	\$ -	\$ -		\$ -	\$ -	
1-33	Inventory	\$ -	\$ -		\$ -	\$ -	
1-34	Restricted:						
	TABOR	\$ 7,600	\$ -		\$ -	\$ -	
	(specify)						
1-35	Committed:						
	(specify)						
1-36	Assigned:						
	(specify)						
1-37	Unassigned:						
	Total Fund Balance (add lines 1-32 through 1-37) This total should be the same as line 1-33.	\$ 14,596	\$ -		\$ -	\$ -	
1-38	Total Liabilities, Deferred Inflows, and Fund Balance (add lines 1-30, 1-31 and 1-38) This total should be the same as line 1-15	\$ 22,196	\$ -		\$ -	\$ -	\$ 22,196
1-39		\$ 24,082	\$ -		\$ -	\$ -	

*Indicate Name of Fund
 Note: Attach additional sheets as necessary.

PART 2 - Financial Statements - Operating Statement - Revenues

	Governmental Funds		Debt/Capital Fund*	Proprietary/Fiduciary Funds		Total of All Funds
	General Fund*			Fund*	Fund*	
2-1	Revenues and Other Financing Sources					
2-2	Taxes					
2-3	Property	\$ 2,803	\$ -	\$ -	\$ -	\$ -
2-4	Specific Ownership	\$ 205	\$ -	\$ -	\$ -	\$ -
2-5	Sales and Use Tax	\$ -	\$ -	\$ -	\$ -	\$ -
2-6	Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -
2-7		\$ -	\$ -	\$ -	\$ -	\$ -
2-8		\$ -	\$ -	\$ -	\$ -	\$ -
2-9		\$ -	\$ -	\$ -	\$ -	\$ -
2-10	Licenses and Permits	\$ -	\$ -	\$ -	\$ -	\$ -
2-11	Intergovernmental					
2-12	Highway Users Tax Funds (HUTF)	\$ -	\$ -	\$ -	\$ -	\$ -
2-13	Conservation Trust Funds (Lottery)	\$ -	\$ -	\$ -	\$ -	\$ -
2-14	Community Development Block Grant	\$ -	\$ -	\$ -	\$ -	\$ -
2-15	Fire & Police Pension	\$ -	\$ -	\$ -	\$ -	\$ -
2-16	Grants	\$ -	\$ -	\$ -	\$ -	\$ -
2-17	Donations	\$ -	\$ -	\$ -	\$ -	\$ -
2-18	Charges for Sales and Services	\$ -	\$ -	\$ -	\$ -	\$ -
2-19	Rental Income	\$ -	\$ -	\$ -	\$ -	\$ -
2-20	Fines and Forfeits	\$ -	\$ -	\$ -	\$ -	\$ -
2-21	Interest/Investment Income	\$ 2	\$ -	\$ -	\$ -	\$ -
2-22	Tap Fees	\$ -	\$ -	\$ -	\$ -	\$ -
2-23	Developer Advances	\$ -	\$ -	\$ -	\$ -	\$ -
2-24	Other (specify): Transfer from SGMD No. 2	\$ 163,317	\$ -	\$ -	\$ -	\$ -
2-25	Transfer from SGMD No. 3	\$ 86,623	\$ -	\$ -	\$ -	\$ -
2-26	Total Revenues (Add lines 2-3 through 2-25)	\$ 251,950	\$ -	\$ -	\$ -	\$ -
2-27	Other Financing Sources					
2-28	Debt Proceeds	\$ -	\$ -	\$ -	\$ -	\$ -
2-29	Proceeds from Sale of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -
2-30	Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -
2-31	Total Other Financing Sources (Add lines 2-28 through 2-30)	\$ -	\$ -	\$ -	\$ -	\$ -
2-32	Total Revenues and Other Financing Sources (Add lines 2-26 and 2-31)	\$ 251,950	\$ -	\$ -	\$ -	\$ 251,950

Note: If Total Revenues and Other Financing Sources - Total of All Funds (Line 2-32) are greater than \$600,000 - STOP. you may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact us at

PART 3 - Financial Statements - Operating Statement - Expenditures

	Governmental Funds		Proprietary/Fiduciary Funds		Total of All Funds
	General Fund*	Debt/Capital Fund*	Fund*	Fund*	
3-1 Expenditures					
3-2 General Government	\$ 22,493	\$ -	\$ -	\$ -	\$ 22,493
3-3 Judicial	\$ -	\$ -	\$ -	\$ -	\$ -
3-4 Public Safety	\$ -	\$ -	\$ -	\$ -	\$ -
3-5 Law Enforcement	\$ -	\$ -	\$ -	\$ -	\$ -
3-6 Fire	\$ -	\$ -	\$ -	\$ -	\$ -
3-7 Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -
3-8 Public Works	\$ -	\$ -	\$ -	\$ -	\$ -
3-8 Highways & Streets	\$ -	\$ -	\$ -	\$ -	\$ -
3-10 Solid Waste	\$ -	\$ -	\$ -	\$ -	\$ -
3-11 Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -
3-12 Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	\$ -	\$ -	\$ -
3-13 Health	\$ -	\$ -	\$ -	\$ -	\$ -
3-14 Culture and Recreation	\$ -	\$ -	\$ -	\$ -	\$ -
3-15 Capital Outlay	\$ -	\$ 2,893	\$ -	\$ -	\$ 2,893
3-16 Debt Service	\$ -	\$ -	\$ -	\$ -	\$ -
3-17 Principal (matches part 4)	\$ -	\$ -	\$ -	\$ -	\$ -
3-18 Interest	\$ -	\$ -	\$ -	\$ -	\$ -
3-19 Bond Issuance Costs	\$ -	\$ -	\$ -	\$ -	\$ -
3-20 Developer Repayments (matches part 4)	\$ -	\$ 209,180	\$ -	\$ -	\$ 209,180
3-21 Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -
3-22	\$ -	\$ -	\$ -	\$ -	\$ -
3-23 Total Expenditures (Add lines 3-2 through 3-22)	\$ 22,493	\$ 212,173	\$ -	\$ -	\$ 234,666
3-24 Net Interfund Transfers In (Out)	\$ (212,173)	\$ 212,173	\$ -	\$ -	\$ -
3-25 Other (specify):	\$ -	\$ -	\$ -	\$ -	\$ -
3-26	\$ -	\$ -	\$ -	\$ -	\$ -
3-27	\$ -	\$ -	\$ -	\$ -	\$ -
3-28	\$ -	\$ -	\$ -	\$ -	\$ -
3-29	\$ -	\$ -	\$ -	\$ -	\$ -
3-30 Total Transfers and Other Expenditures (Lines 3-24 plus lines 3-25 through 3-29)	\$ (212,173)	\$ 212,173	\$ -	\$ -	\$ -
Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures (Line 2-32, less line 3-23, plus lines 3-24 through 3-30)	\$ 17,284	\$ -	\$ -	\$ -	\$ 17,284
3-31 Fund Equity, January 1 from December 31 prior year report	\$ 4,912	\$ -	\$ -	\$ -	\$ 4,912
3-32 Fund Equity, December 31 (Line 3-31 plus line 3-32) This total should be the same as line 1-39.	\$ 22,196	\$ -	\$ -	\$ -	\$ 22,196

Note: If Total Expenditures - Total of All Funds (Line 3-23) are greater than \$500,000 - STOP, you may not use this form. An audit may be required. See Section 29-1-804, C.R.S., or contact us at (303) 866-3338 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes. Please use this space to provide any explanations or comments:

4-1 Does the entity have outstanding debt? Yes No
 Is the debt repayment schedule attached? If no, please explain: X
 Developer advances will be paid as funds become available.

4-2 Is the entity current in its debt service payments? If no, please explain: X
 N/A - Developer advances will be paid as funds become available.

4-3 Please complete the following debt schedule, if applicable: (please only include principal amounts)

	Outstanding at end of prior year	Issued during fiscal year	Retired during fiscal year	Outstanding at fiscal year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ 1,674,961	\$ -	\$ -	\$ 1,674,961
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ 152,180	\$ -	\$ 42,180	\$ 110,000
Other (specify): Accrued interest on Notes and Advances	\$ 283,671	\$ 142,372	\$ 167,000	\$ 259,043
Total	\$ 2,110,712	\$ 142,372	\$ 209,180	\$ 2,043,904

Please answer the following questions by marking the appropriate boxes.

4-4 Does the entity have any authorized, but unissued debt?
 If yes: How much? \$ 161,250,000
 Date the debt was authorized: 2005

4-5 Does the entity intend to issue debt within the next calendar year (2013)?
 If yes: How much? \$ -

Please answer the following questions by marking the appropriate boxes.

4-6 Does the entity have debt that has been refinanced that it is still responsible for?
 If yes: What is the amount outstanding? \$ -

Please answer the following questions by marking the appropriate boxes.

4-7 Does the entity have any lease agreements?
 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?
 What are the annual lease payments? \$ -

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances. Please use this space to provide any explanations or comments:

	Amount	Total
5-1 Checking accounts	\$ 20,115	
5-2 Savings accounts	\$ -	
5-3 Certificates of deposit	\$ -	
Total Cash Deposits		\$ 20,115
Investments (if investment is a mutual fund, please list underlying investments):		
5-4 CS&A	\$ 2,951	
5-5	\$ -	
5-6	\$ -	
5-7	\$ -	
Total Investments		\$ 2,951
Total Cash and Investments		\$ 23,066

Please answer the following question by marking in the appropriate box

5-8 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, please explain: Yes No

PART 6 - CAPITAL ASSETS

	Please answer the following questions by marking in the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
6-1	Does the entity have capital assets?		X	
	If yes: Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, please explain:			
6-2	Complete the following table for GOVERNMENTAL FUNDS:			
	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ 2,993	\$ 2,993	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ 2,993	\$ 2,993	\$ -
6-3	Complete the following 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)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -

PART 7 - PENSION INFORMATION

	Please answer the following questions by marking in the appropriate boxes.	Yes	No	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firemen's pension plan?		X	
7-2	Does the entity have a volunteer firemen's pension plan?		X	
	If yes: Who administers the plan?			
	Indicate the contributions from:			
	Tax (property, SO, sales, etc.):			\$ -
	State contribution amount:			\$ -
	Other (gifts, donations, etc.):			\$ -
	Total:			\$ -
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 17			\$ -

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Please use this space to provide any explanations or comments:	
8-1	Did the entity file a 2013 budget with the Department of Local Affairs? If no, please explain:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8-2	Did the entity pass an appropriations resolution? In no, please explain:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes:	Please indicate the amount appropriated for each fund for 2013:		
	Fund Name	Budgeted 2013 Expenditures	
	General Fund	\$	257,342
	Debt Service Fund	\$	210,000
	Capital Projects Fund	\$	6,000

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		Please use this space to provide any explanations or comments:	
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article 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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>



PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Please use this space to provide any explanations or comments:	
10-1	Is this application for a newly formed governmental entity?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10-4	Please indicate what services the entity provides: Water, streets, traffic safety controls, parks and recreation, and sewer.		
10-5	Does the entity have an agreement with another government to provide services?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes:	List the name of the other governmental entity and the services provided: Facility Connection and Services Agreement with Sweetgrass Metropolitan District Nos. 2 and 3; District covenants with City of Durango, Colorado.		
10-6	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes:	Date Filed:		

Please use this space to provide any additional explanations or comments not previously included:

PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board 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 \$500,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of all current governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Members Name Jon Lee	I, Jon Lee, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed:  My term Expires: May 2014 Date: 3/3/14
Board Member 2	Print Board Members Name Kim Lytle	I, Kim Lytle, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed: _____ My term Expires: May 2016 Date: _____
Board Member 3	Print Board Members Name David Rhodes	I, David Rhodes, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed:  My term Expires: May 2016 Date: 3/9/14
Board Member 4	Print Board Members Name	I, _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed: _____ My term Expires: _____ Date: _____
Board Member 5	Print Board Members Name	I, _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed: _____ My term Expires: _____ Date: _____
Board Member 6	Print Board Members Name	I, _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed: _____ My term Expires: _____ Date: _____
Board Member 7	Print Board Members Name	I, _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed: _____ My term Expires: _____ Date: _____