

1023.01

Application for Exemption from Audit

For the year ended December 31, 2000
(Fiscal year ended) _____

Entity: BUCKHORN VALLEY METROPOLITAN DISTRICT NO. 2

Address: C/O ROBERSTON & MARCHETTI, PC PO BOX 600
EDWARDS, CO 81632

Telephone: (970) 926-6060 **Year Last Audited:** N/A

The Local Government Audit Law, Section 29-1-604, C.R.S., requires local governments to meet the following criteria in order to be considered for approval for exemption from audit requirements by the Office of the State Auditor.

Revenues or Expenditures	Exempt from Audit?	Who completes exemption form?
Less than \$100,000	Yes	*Person <u>skilled</u> in governmental accounting
More than \$100,000 but less than \$300,000	Yes	** <u>Independent</u> accountant with knowledge of governmental accounting requirements
More than \$300,000	No (Audit is required)	Not Applicable

*This means possessing sufficient knowledge of governmental accounting to complete the exemption form.
**Independent means someone who is separate from the entity.

Certification of Preparer

I certify that I meet the requirements above to complete this Application for Exemption from Audit and that the information in this Application is complete and accurate to the best of my knowledge.

Name: KENNETH J. MARCHETTI, CPA Title: PRESIDENT

Firm Name: ROBERTSON & MARCHETTI, PC

Firm Address: PO BOX 600, EDWARDS, CO 81632

Date Prepared: MARCH 31, 2001 Phone Number: (970) 926-6060

SIGNATURE: *K. Marchetti*

The Audit Law requires that a person independent of the entity complete the Application if revenues or expenditures are more than \$100,000 but less than \$300,000. Please describe what your relationship is with the entity. DISTRICT ACCOUNTANT

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Governing Body Approval

We, the undersigned, certify that this application for exemption has been:

- ▶ Prepared consistent with Section 29-1-604, C.R.S., which states that an application with revenues and expenditures less than \$100,000 must be prepared by a person skilled in governmental accounting **OR** an application with revenues and expenditures more than \$100,000 but less than \$300,000 must be prepared by an independent accountant with knowledge of governmental accounting.
- ▶ Completed to the best of our knowledge and is accurate and true.
- ▶ Reviewed and approved by a majority of the governing body at a meeting of the governing body.

Name (please print or type)	Date Term Expires	Signature
DAVID GARTON		<i>David Garton</i>
SANDE GARTON		<i>Sande Garton</i>
SAMANTHA GALE		<i>Samantha Gale</i>
ROBERT KINGSTON		<i>Robert Kingston</i>
MALLIE KINGSTON		<i>Mallie Kingston</i>

**Application for Exemption from Audit
Balance Sheet for All Funds and Account Groups**

	GENERAL Fund	Fund	Fund	**Account Group	Total
Assets:					
Cash & Cash Equivalents					
Investments					
Receivables:					
Accounts Receivable	1,721.95				1,721.95
Taxes					
Other: (specify)					
Due from other Entities or Funds					
Restricted Assets: (specify)					
Property and Equipment:					
Land					
Buildings					
Machinery and Equipment					
Furniture and Fixtures					
Accumulated Depreciation					
Amt. to be provided for long-term debt					
Other: (specify)					
*Total Assets:	1,721.95				1,721.95
Liabilities and Fund Equity:					
Liabilities:					
Accounts Payable					
Accrued Payroll and Related Liabilities					
Accrued Interest Payable					
Due to other Entities or Funds	1,721.95				1,721.95
Deferred Revenue					
Bank Loans Payable					
Farmer's Home Admn. Payable					
Bonds Payable:					
General Obligation Bonds Payable:					
Current					
Long-term					
Revenue Bonds Payable:					
Current					
Long-term					
Lease Purchase Agreements					
Other: (specify)					
Total Liabilities:	1,721.95				1,721.95
Equity:					
Investment in General Fixed Assets					
Contributed Capital					
Fund Balance and/or Retained Earnings:					
Emergency Reserves					
Other Designations/Reserves					
Undesignated/Unreserved	0.00				0.00
Total Equity:	0.00				0.00
*Total Liabilities and Equity:	1,721.95				1,721.95

* Total Assets should equal Total Liabilities and Total Equity.

**This column may be used to record financial information for a Fund or an Account Group. Please specify.

Note: Attach additional sheets as necessary. For assistance in completing these financial forms, see the Application Instructions.

**Application for Exemption from Audit
Operating Statement - All Governmental and Expendable Trust Funds**

(Includes General, Special Revenue, Debt Service, Capital Projects, and Expendable Trust Funds)

	GENERAL Fund	Fund	Fund	Fund	Total Carry forward to Page 9
Revenues and Other Financing Sources:					
Taxes:					
Property					
Specific Ownership					
Sales and Use Tax					
Other: (specify)					
License: and Permits					
Intergovernmental:					
Highway User Tax					
Mineral Leasing					
Conservation Trust Fund					
Community Development Block Grant					
Fire & Police Pension					
Other: (specify)					
Charges for Sales and Services					
Fines and Forfeits					
Special Assessments					
Interest/Investment Income					
Debt Proceeds					
Sale of Fixed Assets					
Other: (specify) DEVELOPER ADVANCE	1,721.95				1,721.95
Total Revenues and Other Financing Sources:	1,721.95				1,721.95
Expenditures and Other Financing Uses:					
Current:					
General Government:	1,721.95				1,721.95
Judicial:					
Public Safety:					
Law Enforcement					
Fire					
Other: (specify)					
Public Works:					
Highways & Streets					
Solid Waste					
Other: (specify)					
Health					
Culture and Recreation:					
Other: (specify)					
Capital Outlay					
Debt Service:					
Principal					
Interest					
Bond Issuance Costs					
Total Expenditures and Other Financing Uses:	1,721.95				1,721.95
Net Interfund Transfers:					
Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures & Other Uses:	0.00				0.00
Fund Balance, January 1:	0.00				0.00
Fund Balance, December 31:	0.00				0.00

Note: Attach additional sheets as necessary. For assistance in completing these financial forms, see the Application instructions.

**Application for Exemption from Audit
Operating Statement - Proprietary and Similar Trust Funds
(Includes Enterprise, Internal Service, Nonexpendable Trust, and Pension Trust Funds)**

	Fund	Fund	Fund	Total	Total from Page 8	Total All Funds
Revenues and Other Financing Sources:						
Taxes:						
Property						
Specific Ownership						
Sales and Use Tax						
Other: (specify)						
Grants and Subsidies:						
Mineral Leasing						
Community Development Block Grant						
Conservation Trust Fund						
Fire & Police Pension						
Other: (specify)						
Charges for Sales and Services						
Rental Income						
Interest Revenue						
Other: (specify)						
Sub-Total Revenues:						
Other Financing Sources:						
Tap fees						
Development fees						
Debt proceeds						
Sale of Fixed Assets						
Other: (specify) DEVELOPER ADVANCE					1,721.95	1,721.95
Sub-Total Other Financing Sources:					1,721.95	1,721.95
Total Revenues and Other Financing Sources:					1,721.95	1,721.95
Expenses and Other Financing Uses:						
General Operating & Administrative					1,721.95	1,721.95
Salaries						
Payroll Taxes						
Contract Services						
Employee Benefits						
Insurance						
Accounting and Legal fees						
Repair and Maintenance						
Supplies						
Utilities						
Capital Outlay						
Debt Service:						
Debt Principal						
Interest						
Other: (specify)						
Total Expenses and Other Financing Uses:					1,721.95	1,721.95
Net Interfund Transfers:						
Reconciling Items:						
Subtract: Other Financing Sources Subtotal						
Depreciation						
Add back: Capital Outlay						
Debt Principal						
Other: (specify)						
Total Reconciling Items:						
Net Income:						
Retained Earnings, January 1:						
Retained Earnings, December 31:						

Note: Attach additional sheets as necessary. For assistance in completing these financial forms, see the Application instructions.

General Questions Concerning the Entity

1. What type of services does the entity provide? (check the applicable services)

<input type="checkbox"/> Police	<input type="checkbox"/> Electric	<input type="checkbox"/> Cemetery
<input checked="" type="checkbox"/> Street Maint.	<input checked="" type="checkbox"/> Traffic Control	<input checked="" type="checkbox"/> Sewer
<input type="checkbox"/> Fire	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Parks & Recreation
<input checked="" type="checkbox"/> Pest Control	<input type="checkbox"/> Trash Removal	<input type="checkbox"/> Street Lighting
<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Other - explain	<u>TELEVISION RELAY AND TRANSLATOR</u>

2. Does the entity provide services in cooperation with any other governmental unit (i.e., mutual aid or intergovernmental agreements)? Yes No N/A

If so, list service and name of other government entity. BUCKHORN VALLEY METROPOLITAN DISTRICT NO. 1, REGIONAL FACILITIES AGREEMENT

Is the entity financially accountable for any other organizations?

Yes No N/A

Note: Financially accountable is defined by governmental standards as, "The level of accountability that exists if a primary government appoints a voting majority of an organization's governing board and is either able to impose its will on that organization or there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary government."

If so, what are the names of the other organizations? _____

3. Pension Information:

a) How many employees does the entity have? N/A Volunteers? _____

b) Please indicate amount of pension contributions applicable to the following employee/volunteer plans:

	Employer/Local Contribution
Social Security	\$ _____
Public Employees Retirement Assn. (PERA)	\$ _____
Fire and Police Pension Assn. (FPPA)	\$ _____
* Other	\$ _____

*Please provide a plan name and description if "Other" employee/volunteer pension plan is indicated above. _____

c) If the State contributes to local fire and police pension plans, please indicate the amount. \$ _____

4. **Interfund Transfers:** Please list interfund transfers by fund and amount.

Interfund Transfers From:

Interfund Transfers To:

_____ Fund \$ _____	_____ Fund \$ _____
_____ Fund \$ _____	_____ Fund \$ _____
_____ Fund \$ _____	_____ Fund \$ _____
_____ Fund \$ _____	_____ Fund \$ _____

5. Does the entity take an annual inventory of individual items of property, including equipment and fixtures, in accordance with Section 29-1-504, C.R.S., inventory requirements?
 Yes ___ No ___ N/A xx

6. Are the entity's deposits entirely covered by Federal Insurance?
 Yes xx No ___ N/A ___

If 6 is no, are the deposits collateralized in accordance with the Public Deposit Protection Act? (The entity may need to consult with its financial institution to answer this question.)
 Yes ___ No ___ N/A xx

7. Please list the amount and types of investments your entity holds, in accordance with Section 24-75-601.1, C.R.S.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. **Budget Information:**

a) Did the entity file a budget with the Department of Local Affairs, in accordance with Section 29-1-103, C.R.S.?
 Yes xx No ___ N/A ___

b) Please list the expenditures portion of the adopted budget, including any supplementals, of the reporting year by fund. (A budget to actual statement may be substituted.)

<u>Fund Type</u>	<u>AMENDED Adopted Budget</u>
General Fund	\$ 5,000
_____ Fund	\$ _____
_____ Fund	\$ _____
_____ Fund	\$ _____
_____ Fund	\$ _____
_____ Fund	\$ _____
Total	\$ 5,000

9. Debt Information: (NOTE: Please attach a copy of the entity's debt schedule for any debt, including general obligation bonds and revenue bonds.)

a) Is the entity current in its debt service payments? Yes ___ *No ___ N/A XX
(*If no, please explain in the comments section provided below.)

b) Does the entity have any authorized, but unissued, bonds?
Yes XX No ___ N/A ___
If so, what amount? \$ SEE ATTACHED What year(s) authorized? 2000

c) Does the entity have refunded/defeased debt? Yes ___ No ___ N/A XX
If so, include amount outstanding? _____

d) Lease Agreements:
What is being leased? _____ N/A
What is the original date of the lease? _____
How many years is this lease for? _____
Is this lease subject to annual appropriation? _____
What are the entity's annual lease payments? \$ _____

10. Does the entity believe it is in compliance with all provisions of TABOR?
Yes XX No ___ N/A ___
If no or N/A, please explain. _____

11. Are there any pass-through grants or other resources that are not included in the financial information submitted?
Yes ___ No ___ N/A XX
If yes, please describe. _____

12. Comments: _____

13. Mail Form to: **Office of the State Auditor
Local Government Audits
Legislative Services Building
200 E. 14th Avenue
Denver, CO 80203 - 2211**