APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Sundance at Daubert Farm Metropolitan District	For the Year Ended
ADDRESS	1555 California Street No. 505	12/31/22
	Denver CO 80202	or fiscal year ended:
CONTACT PERSON	Dianne Miller	
PHONE	303-285-5320	
EMAIL	dmiller@ddmalaw.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:	PHYLLIS BROWN						
TITLE	DIRECTOR OF FINANCE & ACCOUNTING						
FIRM NAME (if applicable)	COMMUNITY RESOURCE SERVICES OF COLORADO						
ADDRESS	7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, CO 80111						
PHONE	303-381-4960						
DATE PREPARED	3123						
PREPARER (SIGNATURE REQUIRED)							

heli

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL	PROPRIETARY
(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)

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#		Des	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	hip	\$-	any necessary
2-3		Sales and use		\$-	explanations
2-4		Other (specify):		\$ -	-
2-5	Licenses and permit	s		\$-	
2-6	Intergovernmental:		Grants	\$-	1
2-7			Conservation Trust Funds (Lottery)	\$ -	1
2-8			Highway Users Tax Funds (HUTF)	\$-	1
2-9			Other (specify):	\$-	1
2-10	Charges for services	6		\$-	
2-11	Fines and forfeits			\$-	
2-12	Special assessment	s		\$ -	
2-13	Investment income			\$-	
2-14	Charges for utility se	ervices		\$-	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$-	
2-16	Lease proceeds			\$-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$-	
2-18	Proceeds from sale	of capital assets		\$-	
2-19	Fire and police pens	ion		\$-	
2-20	Donations			\$-	
2-21	Other (specify):			\$-	
2-22				\$ -]
2-23				\$ -	
2-24		(add line	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	r 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 (sh	ould agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19	Repayment of Developer Advance Principal (sho	uld agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	-
3-21	Contribution to pension plan (si	hould agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc. (sl	hould agree to line 7-2)	\$	-
3-23	Other (specify):			
3-24			\$	-
3-25			\$	-
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITI	JRES/EXPENSES	\$	-
	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) a	IN GREATER than	\$100.000 - STOP Your	may not use this

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	G, IS	SSUE	D, /	AND RI	ETIF	RED		
	Please answer the following questions by marking the						Yes		No
4-1								[1
	If Yes, please attach a copy of the entity's Debt Repayment Schedule.								
4-2	4-2 Is the debt repayment schedule attached? If no. MUST explain:					.		[
						J			
4-3	Is the entity current in its debt service payments? If no, MUS	T expl	lain:					[
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		standing at of prior yea		sued during		ed during		anding at
	numbers)	ena o	n prior yea		year		year	yea	ar-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
			t tie to prior		ending balance	1 +		+	
	Please answer the following questions by marking the appropriate boxes			,	5		Yes		No
4-5	Does the entity have any authorized, but unissued, debt?								1
If yes:	How much?	\$			-	J			
	Date the debt was authorized:								
4-6	Does the entity intend to issue debt within the next calendar	year?				-			1
If yes:	How much?	\$			-]			
4-7	Does the entity have debt that has been refinanced that it is s	still re	sponsible	e for	?	-			1
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?					J			
	Is the lease subject to annual appropriation?	^				1			
	What are the annual lease payments?	\$	nationa	r 00	-	J			
	Please use this space to provide any	expla	mations o	л со	mments:				

	PART 5 - CASH AND INVESTME	ENTS				
	Please provide the entity's cash deposit and investment balances.		Amo	unt	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):			-		
			\$	-		
5-3			\$	-		
5-3			\$	-		
			\$	-		
	Total Investments				\$	-
	Total Cash and Investments				\$	-
	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. seq., C.R.S.?				4	
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.)?				J	
lf no, Ml	JST use this space to provide any explanations:					

	PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS						
	Please answer the following questions by marking in the appropriate box	es.		Yes	No		
6-1	Does the entity have capital assets?				~		
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:						
6-3		Balance -	Additions (Must				
0-3	Complete the following capital & right-to-use assets table:	beginning of the year*	be included in Part 3)	Deletions	Year-End Balance		
	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 explanations or comments:

	PART 7 - PENSION INFORMATION				
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				1
7-2	Does the entity have a volunteer firefighters' pension plan?				1
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 1?	\$	-		
	Please use this space to provide any explanations or	comm	nents:		

PART 8 - BUDGET INFORMATION					
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A	
8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?	Ţ			
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	¥			

If yes: Please indicate the amount budgeted for each fund for the year reported:

Governmental/Proprietary Fund Name	Total Appropriations By Fund
GENERAL FUND	\$ 48,000

	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)]?	4	
	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.	4	
lf no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		7
10-1			
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:		
10-3	Is the entity a metropolitan district?	1	
	Please indicate what services the entity provides:		
	Streets, street lighting, traffic & safety, water, sewer, storm drainage, landscape, parks & recreation.		
10-4	Does the entity have an agreement with another government to provide services?		4
If yes:	List the name of the other governmental entity and the services provided:		
10-5	Les the district filed a Title 22 Article 4 Special District Natice of Insettive Status during		4
lf yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		4
li yes.	Date Flied.		
40.0	Deep the entity have a certified Mill Leve?		4
10-6	Does the entity have a certified Mill Levy?		4
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?

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.

DocuSign Envelope ID: 1EB1DEDF-4454-4D21-8146-1C80FEC6949A

		e names of ALL members of A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.		
	current governing body below. Print Board Member's Name	IJeff Donaldson, attest I am a duly elected or appointed board		
		member, and that I have parasinally reviewed and approve this application for		
Board Member 1	Jeff Donaldson	exemption from audit. Signed Jate: My term Expires: May, 2025		
	Print Board Member's Name	I Mark S. Goldstein , attest I am a duly elected or appointed board		
Board Member 2	Mark S. Goldstein	member, and that I have persemutify reviewed and approve this application for exemption from audit. Mark S Goldstrün Signed Date: 3/8/2023		
	Print Board Member's Name	I <u>John Gerard Giuliano</u> , attest I am a duly elected or appointed board member, and that I hay e percennel , attest and approve this application for		
Board Member 3	John Gerard Giuliano	exemption from audit. Signed/4/2023 Date: My term Expires:May, 2023		
	Print Board Member's Name	l <u>_John Michael Thomas Giuliano</u> , attest I am a duly elected or appointed board member, and that I hay e porosinelly yreviewed and approve this application for		
Board Member 4	John Michael Thomas Giuliano	exemption from audit. Signed Date: <u></u>		
	Print Board Member's Name	I <u>Karen Trippet</u> , attest I am a duly elected or appointed board member, and that I have persentity reviewed and approve this application for		
Board Member 5	Karen Trippet	exemption from audit. Signeg/3/2023 Date:		
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for		
Board Member 6		exemption from audit. Signed Date: My term Expires:		
Board Member 7	Print Board Member's Name	I, 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:		

Sundance at Daubert Farms MD - 2022 Audit Exemption Signature page

DocuSign

Certificate Of Completion

Envelope Id: 1EB1DEDF44544D2181461C80FEC6949A Subject: Sundance at Daubert Farm MD - 2022 Audit Exemption Signature Page Source Envelope: Document Pages: 1 Signatures: 5 Certificate Pages: 5 Initials: 0 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original 3/3/2023 10:25:52 AM

Signer Events

Jeff Donaldson Jeffdonaldson42@aol.com Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/3/2023 11:01:38 AM ID: 8bfde48f-7585-4997-8d75-9c0e8475244d

John Gerard Guilliano

john@giulianoco.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/4/2023 9:33:34 AM ID: 86407206-07b6-4122-9e82-1098d94abc00

John Michael Thomas Guiliano

john.michael@giulianoco.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/6/2023 12:04:13 PM ID: 214f849e-0c84-4ffb-b379-20dceee5d8c0

Karen Trippet

Karen@giulianoco.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/3/2023 12:24:46 PM ID: 856dba28-a23d-4e3c-930f-3f5e1a5a8948 Holder: Rhonda Bilek rbilek@ddmalaw.com

Signature

DocuSigned by: Jeff Donaldson 7A91A93969A466

Signature Adoption: Pre-selected Style Using IP Address: 72.19.135.133 Signed using mobile

John Grand Guilliano

Signature Adoption: Pre-selected Style Using IP Address: 68.230.35.202

John Michael Thomas Guiliano

Signature Adoption: Pre-selected Style Using IP Address: 173.164.46.30

Sent: 3/3/2023 10:52:28 AM Viewed: 3/6/2023 12:04:13 PM Signed: 3/6/2023 12:04:41 PM

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Signature Adoption: Pre-selected Style Using IP Address: 173.164.46.30

Sent: 3/3/2023 10:52:29 AM Viewed: 3/3/2023 12:24:46 PM Signed: 3/3/2023 12:37:44 PM

Sent: 3/3/2023 10:52:27 AM

Viewed: 3/3/2023 11:01:38 AM

Signed: 3/3/2023 11:01:49 AM

Sent: 3/3/2023 10:52:28 AM Viewed: 3/4/2023 9:33:34 AM Signed: 3/4/2023 9:33:56 AM

Loca

Location: DocuSign

Status: Completed

Envelope Originator:

1641 California St

Denver, CO 80202

rbilek@ddmalaw.com IP Address: 96.88.70.121

Rhonda Bilek

Timestamp

Signer Events	Signature	Timestamp
Mark S Goldstein mark@geiresources.com President, Goldstein Enterprises, Inc Goldstein Enterprises, Inc. Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/8/2023 8:36:22 AM ID: d835c84a-f96e-49dc-9169-cb2be1809b2d	DocuSigned by: Mark S Collistin AAAD3EF0921B4E2 Signature Adoption: Pre-selected Style Using IP Address: 71.218.62.233 Signed using mobile	Sent: 3/3/2023 10:52:29 AM Resent: 3/8/2023 8:29:12 AM Viewed: 3/8/2023 8:36:22 AM Signed: 3/8/2023 8:36:53 AM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
sonja Steele ssteele@ddmalaw.com Miller Law pllc Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/3/2023 10:52:30 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/3/2023 10:52:30 AM 3/8/2023 8:36:22 AM
Certified Delivered Signing Complete Completed	Security Checked Security Checked Security Checked	3/8/2023 8:36:53 AM 3/8/2023 8:36:53 AM

Electronic Record and Signature Disclosure