APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

8390 East Crescent Parkway
Suite 300
Greenwood Village, CO 80111-2814

CONTACT PERSON
PHONE
303-779-5710
EMAIL

Berthoud-Heritage Metropolitan District No. 7
For the Year Ended
12/31/23
or fiscal year ended:

Carrie Bartow
303-779-5710
carrie.bartow@claconnect.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: Carrie Bartow

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814

PHONE 303-779-5710

PREPARER (SIGNATURE REQUIRED)		
GOVERNI	MENTAL	PROPRIETARY
(MODIFIED ACCRUAL BASIS)		(CASH OR BUDGETARY BASIS)
V		
	(MODIFIED ACC	

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#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Question	10-6)	8,042	space to provide
2-2	Specifi	c ownership	\$	579	any necessary
2-3	Sales a	and use	\$	-	explanations
2-4	Other (specify):	\$	-	
2-5	Licenses and permits		\$	-	
2-6	Intergovernmental:	Grants	\$	-	
2-7		Conservation Trust Fun	ds (Lottery) \$	-	
2-8		Highway Users Tax Fun	ds (HUTF) \$	-	
2-9		Other (specify):	\$	-	
2-10	Charges for services		\$	-	
2-11	Fines and forfeits		\$	-	
2-12	Special assessments		\$	-	
2-13	Investment income		\$	221	
2-14	Charges for utility services		\$	-	
2-15	Debt proceeds	(should agree w	ith line 4-4, column 2)	-	
2-16	Lease proceeds		\$		
2-17	Developer Advances receive	ed (shou	ld agree with line 4-4)	-	
2-18	Proceeds from sale of capit	al assets	\$	-	
2-19	Fire and police pension		\$	-	
2-20	Donations		\$	-	
2-21	Other (specify):		\$		
2-22			\$		
2-23			\$	-	
2-24		(add lines 2-1 through 2-23) T	OTAL REVENUE \$	8,842	

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	notado fana oquity infor	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	·	(should agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19		should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	-
3-21	Contribution to pension plan	(should agree to line 7-2)		-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)		-
3-23	Other (specify): County Treasurer's Fee			165
3-24	Intergovernmental Expenditures			677
3-25			\$	-
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$ 8,	842

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>".

		100							
	PART 4 - DEBT OUTSTANDING	3, ISS	SUED), Al	ND RE	ETIRI	ED		
	Please answer the following questions by marking the	appropriat	e boxes.			Y	'es		No
4-1	Does the entity have outstanding debt?								J
4-2	If Yes, please attach a copy of the entity's Debt Repayment S					П		v	
4-2	Is the debt repayment schedule attached? If no, MUST explai	n below:				լ _	J	L	2
4.0						J _	1	_	_
4-3	Is the entity current in its debt service payments? If no, MUS	explain	below:			, 🗆	J	L	7
4-4	Please complete the following debt schedule, if applicable:	Outstan	ding of	loou	ed during	Dotinos	d during	Outote	anding at
	(please only include principal amounts)(enter all amount as positive	end of pr		ISSU	vear		ear		anding at ar-end
	numbers)	ena or pr	ioi yeai		year	, y	cai	yec	ii-Giiu
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	_	\$	_	\$	_	\$	_
	TOTAL	\$	_	\$	_	\$	_	\$	_
**Subscrip	tion Based Information Technology Arrangements		ree to prio		end balance	1 7		<u> </u>	
			p	. ,					
	Please answer the following questions by marking the appropriate boxes					Υ	'es		No
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?						′es √		No
4-5 If yes:	Does the entity have any authorized, but unissued, debt?	\$	28	83,00	0,000.00				
	Does the entity have any authorized, but unissued, debt?		28 5/6/2		0,000.00				
	Does the entity have any authorized, but unissued, debt? How much?	\$			0,000.00]			
If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar	\$			0,000.00]	<u> </u>		
If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar	\$ year?	5/6/2	800	,	[]] [<u> </u>		
If yes: 4-6 If yes:	Does the entity have any authorized, but unissued, debt? How much? 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	\$ year?	5/6/2	800	,	[]] [<u> </u>		
If yes: 4-6 If yes: 4-7	Does the entity have any authorized, but unissued, debt? How much? 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	\$ year?	5/6/2	800	,		<u> </u>		
If yes: 4-6 If yes: 4-7 If yes:	Does the entity have any authorized, but unissued, debt? How much? 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?	5/6/2	800	,				
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? What is the original date of the lease?	\$ year?	5/6/2	800	,				
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? What is the original date of the lease? Number of years of lease?	\$ year?	5/6/2	800	,				• • •
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation?	\$ year? \$ till respo	5/6/2	800	,				
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? 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?	\$ year? \$ till respo	5/6/2	008 for?	-				
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation?	\$ year? \$ till respo	5/6/2	008 for?	-				
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4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? 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?	\$ year? \$ still response \$	5/6/2	for?	arate doc				
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? 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? 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 4 - Please use this space to provide any explanations/cor	\$ year? \$ still response \$	5/6/2	for?	arate doc] 		eeded	
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If yes: 4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt? How much? 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? Part 4 - Please use this space to provide any explanations/cor PART 5 - CASH AND Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit	\$ year? \$ still response \$	5/6/2	for?	arate doc] 	ount	eeded	
1f yes: 4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt? How much? 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? 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 4 - Please use this space to provide any explanations/cor PART 5 - CASH AND Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts	\$ year? \$ still response \$ INVE	5/6/2	for?	arate doc] 	ount	eeded	

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	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):			
				٦
5-3			\$ -	1
5-3			\$ -	1
			\$ -	
	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.?			abla
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, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND R	GHT	-TO-U	JSE A	SSE	TS		
	Please answer the following questions by marking in the appropriate bo					Yes		No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:							7
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ing of the ear*	Additions be include Part	ed in	Deletions		ear-End Balance
	Land	\$	-	\$	-	\$ -	\$	-
	Buildings Machinery and equipment	\$	<u>-</u>	\$	-	\$ - \$ -	\$	-
	Furniture and fixtures	\$	<u> </u>	\$	-	\$ -	\$	-
	Infrastructure	\$	<u> </u>	\$		\$ -	\$	-
	Construction In Progress (CIP)	\$		\$	_	\$ -	\$	-
	Leased & SBITA Right-to-Use Assets	\$		\$	<u> </u>	\$ -	\$	
	Other (explain):	\$		\$	_	\$ -	\$	
	Accumulated Depreciation/Amortization						Ψ_	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	\$	_
	TOTAL	\$	-	\$	-	\$ -	\$	-
		*must ti	e to prior ye	ear ending b	alance		•	
	Part 6 - Please use this space to provide any explanation	s/comm	ents or a	ttach doo	umer	ntation, if need	ded:	
	PART 7 - PENSION	INFO	RMA	TION				
	Please answer the following questions by marking in the appropriate bo					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?					$\overline{}$		
							Ľ	
If yes:	Who administers the plan?							<u>u</u>
If yes:	Who administers the plan?							<u>v</u>
If yes:	Who administers the plan? Indicate the contributions from:			•				
If yes:	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$	-			
If yes:	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			\$	-			
If yes:	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):			\$ \$				
If yes:	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL	retiree as	s of Jan	\$ \$ \$	-			
If yes:	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):	retiree as	s of Jan	\$ \$	-			
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 1?			\$ \$ \$	- - -			ŭ
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			\$ \$ \$	- - -			
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 1?			\$ \$ \$	- - -			E.
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 1? Part 7 - Please use this space to provide	any exp	olanation	\$ \$ \$ s or com	- - -			
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 1? Part 7 - Please use this space to provide PART 8 - BUDGET	any exp	olanation	\$ \$ \$ s or com	- - - - ments			N/A
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 1? Part 7 - Please use this space to provide	INFO	olanation ORMA	\$ \$ \$ s or com	- - - - ments	: No		N/A
	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both	INFO	olanation ORMA	\$ \$ \$ s or com	- - - - ments	:		
	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body bid the entity file a budget with the Department of Local Affairs for the same of the same o	INFO	olanation ORMA	\$ \$ \$ s or com	- - - - ments	: No		N/A
8-1	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	INFO	PRMA	\$ \$ \$ s or com	- - - - ments	: No		N/A
	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body bid the entity file a budget with the Department of Local Affairs for the same of the same o	INFO	PRMA	\$ \$ \$ s or com	- - - - ments	: No		N/A
8-1	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance are contributions.	INFO	PRMA	\$ \$ \$ s or comi	- - - - ments	No		N/A
8-1	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INFO exes. or the cur nce with	PRMA Trent year Section	\$ \$ \$ s or comi	- - - - ments	No		N/A
8-1	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance are contributions.	INFO exes. or the cur nce with	PRMA Trent year Section	\$ \$ \$ s or comi	- - - - ments	No		N/A
8-1	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 11? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bood in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	INFO Exes. Or the cur Ince with	PRMA Prent year Section	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - ments	No		N/A
8-1	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 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INFO Exes. Or the cur Ince with	PRMA Prent year Section	\$ \$ \$ s or comi	- - - ments	No		N/A
8-1	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 11? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the control of the years in th	INFO exes. or the cur exercise with	PRMA Prent year Section	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - ments	No		N/A
8-1	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 11? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the control of the years in th	INFO exes. or the cur exercise with	PRMA Prent year Section	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - ments	No		N/A

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)					
	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.	<u> </u>				
If no, MI	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:]	
10-2	Has the entity changed its name in the past or current year?		✓
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?		
	Please indicate what services the entity provides: See Below]	
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: See Below]	
10-5 If yes:	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during Date Filed:		7
11 ycs.	Date Fried.		
10-6 If yes:	Does the entity have a certified Mill Levy?	√	
11 you.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills General/Other mills		-
	Total mills		20.000 20.000
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	No	N/A
10-7	the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.	_	_
	, and the same of		
	Please use this space to provide any additional explanations or comments not previous	nielv included.	

10-3 The District was established to provide financing for the design, acquisition, installation, construction, and completion of public improvements and services, including streets, transportation, drainage improvements, traffic and safety control, park and recreation facilities, sewage, television relay and translation facilities and mosquito and pest control, security services, fire protection, directional drilling, operations and maintenance.

10-4 Berthoud-Heritage No. 1 is the Operating District and Berthoud-Heritage No. 4 is the Financing District.

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?	V			

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 th	e names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Emily Kupec	I
Board Member 2	Print Board Member's Name Jonathan Turner	IJonathan Turner
Board Member 3	Print Board Member's Name Christopher Frye	I _Christopher Frye
Board Member 4	Print Board Member's Name James Birdsall	IJames Birdsall
Board Member 5	Print Board Member's Name corr	IElizabeth Birdsall
Board Member 6	Print Board Member's Name	I
Board Member 7	Print Board Member's Name	I



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Accountant's Compilation Report

Board of Directors Berthoud-Heritage Metropolitan District No. 7 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Berthoud-Heritage Metropolitan District No. 7 as of and for the year ended December 31, 2023, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, 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 Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Berthoud-Heritage Metropolitan District No. 7.

Greenwood Village, Colorado

Clifton Larson allen LLG

February 22, 2024