

APPLICATION FOR EXEMPTION FROM AUDIT - SHORT FORM - FOR GOVERNMENTS WITH REVENUES OR EXPENDITURES OF \$100,000 OR LESS

NAME OF GOVERNMENT:	BANNING LEWIS RANCH METRO DIST NO. 5	For the Fiscal Year Ended December 31, 2006 or fiscal year ended:
ADDRESS:	1700 LINCOLN STREET, SUITE 3800 DENVER, CO 80203	
CONTACT PERSON:	MATTHEW R. DALTON	
TELEPHONE:	303-839-3800	
E-MAIL:	m@grimshawharring.com	
FAX:	303-839-3838	

Return to: Office of the State Auditor
Local Government Division
Legislative Services Building
200 E. 14th Avenue
Denver, CO 80203 - 2211
FAX. (303) 869-2875
Email: OSA.LG@state.co.us

Call (303) 869-2870 if you need help completing this form.

Section 29-1-604, C.R.S. outlines the provisions for an exemption from audit. Generally, any local government where neither revenues nor expenditures exceed \$500,000 in any fiscal year qualify for an exemption. If either revenues or expenditures are less than \$100,000 you may use this form. If either revenues or expenditures are \$100,000 but not more than \$500,000, you must use the long form application for exemption from audit.

Instructions:
In order to ensure that your government's application will be accepted by the Office of the State Auditor, you must do the following.

1. Prepare this form completely and accurately. Please note that there are seven parts to this form and all questions must be answered for the application to be considered complete.
2. File this form with the Office of the State Auditor within 3 months after the end of the fiscal year. For years ended December 31, the form must be in the Office of the State Auditor by March 31.
3. The form must be completed by a person skilled in governmental accounting.
4. The application may be mailed, faxed, or emailed as indicated above. If faxed or emailed, a resolution of the governing board must accompany the application from exemption from audit in a format that includes the signatures of a majority of the governing body (see sample resolution). If mailed, an original plus one copy should be sent.
5. The preparer must sign the application that is submitted in order for it to be accepted.
6. Additional information may be attached to the exemption at the preparer's discretion.

PART 1 - CERTIFICATION OF PREPARER

1	Name:	SUSAN J. SCHLEDORN	Title:	PARALEGAL
2	Firm name (if applicable):	GRIMSHAW & HARRING, PC		
3	Address:	1700 LINCOLN STREET, SUITE 3800, DENVER, CO 80203		
4	Date prepared:	13-Mar-07	Telephone number:	303-839-3800
5	Signature:	<i>Susan J. Schledorn</i>		
			Check One	
			Yes	No
6	Are you a person skilled in governmental accounting?	X		
	If no, you are not qualified to complete this form.	/ / / / /		

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.

Ln#	Description	(Omit cents)
7	Taxes: Property:	\$ -
8	Specific Ownership:	\$ -
9	Sales and Use:	\$ -
10	Other (specify): INTEREST	\$ -
11	Licenses and permits	\$ -
12	Intergovernmental: Grants:	\$ -
13	Conservation Trust Funds (Lottery):	\$ -
14	Highway User Tax Funds (HUTF):	\$ -
15	Other (specify):	\$ -
16	Charges for services	\$ -
17	Fines and forfeits	\$ -
18	Special assessments	\$ -
19	Investment income	\$ -
20	Charges for utility services	\$ -
21	Debt proceeds	\$ -
22	Lease proceeds	\$ -
23	Proceeds from sale of capital assets	\$ -
24	Fire and police pension	\$ -
25	Other (specify):	\$ -
26		\$ -
27	TOTAL REVENUE all sources	\$ -

PART 3 - EXPENDITURES

EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

	Description	(Omit cents)
28	Administrative	\$ -
29	Salaries	\$ -
30	Payroll taxes	\$ -
31	Contract services	\$ -
32	Employee benefits	\$ -
33	Insurance	\$ -
34	Accounting and legal fees	\$ -
35	Repair and maintenance	\$ -
36	Supplies	\$ -
37	Utilities and telephone	\$ -
38	Police	\$ -
39	Fire	\$ -
40	Streets and highways	\$ -
41	Public health	\$ -
42	Culture and recreation	\$ -
43	Utility operations	\$ -
44	Capital outlay	\$ -
45	Debt service principal	\$ -
46	Debt service interest	\$ -
47	Contribution to volunteer fire pension plan (such as FPPA)	\$ -
48	Other (specify):	\$ -
49		\$ -
50		\$ -
51		\$ -
52		\$ -
53		\$ -
54		\$ -
55		\$ -
56	TOTAL EXPENDITURES all categories	\$ -

PART 4 - DEBT OUTSTANDING, ISSUED AND RETIRED

Line#	Please answer the following questions by marking the appropriate box	Yes	No
57	Do you have outstanding debt?		X
58	Is the debt repayment schedule attached?		N/A
59	Please complete the following debt schedule, if applicable:	Outstanding at start of fiscal year	Total issued during fiscal year (add)
60	General obligation bonds	\$ -	\$ -
61	Revenue bonds	\$ -	\$ -
62	Notes/loans	\$ -	\$ -
63	Leases	\$ -	\$ -
64	Other (specify):	\$ -	\$ -

Line#	Please answer the following questions by marking the appropriate box	Yes	No
65	Does the entity have any authorized, but unissued debt?	X	
66	If yes, how much?	\$ 929,500,000	
67	If yes, what is the authorization date?	11/7/2008	
68	Does the entity intend to issue debt within the next calendar year (2007)?		X
69	If yes, how much?		

Line#	Please answer the following questions by marking the appropriate box	Yes	No
70	Do you have any debt that has been refinanced that you are still responsible for?		X
71	If yes, what is the amount outstanding?	\$ -	

Line#	Please answer the following questions by marking the appropriate box	Yes	No
72	Do you have any lease agreements?		X
73	If yes, indicate what is being leased and the original date of the lease:		
74	Is the lease subject to annual appropriation?		
75	For how many years is the lease?		
76	What are your annual lease payments?	\$ -	

PART 5 - CASH AND INVESTMENTS HELD AT END OF FISCAL YEAR

Line#	Please provide the entity's cash deposit and investment balances:	Checking Accounts	Savings Accounts	Certificates of Deposit	Total
77	Cash deposits	\$ -	\$ -	\$ -	\$ -
78	Investments (if investment is a mutual fund, please list underlying investments):				\$ -
79					\$ -
80					\$ -
81					\$ -
82					\$ -
83	Total Investments				\$ -
84	Total Cash and Investments				\$ -

Line#	Please answer the following question by marking in the appropriate box	Yes	No
85	Are your deposits in an eligible (PDPA) public depository (Sec 11-10.5-101 et Seq, C.R.S.)	X	
86	If no, please explain:		

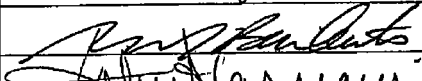
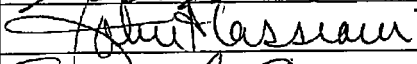
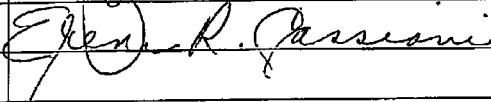
PART 6 - OTHER INFORMATION

Line#	Please answer the following questions by marking in the appropriate boxes	Yes	No
87	Do you have land, buildings, and/or equipment?		X
88	Have you prepared an inventory of your land, buildings, and/or equipment (Section 29-1-506,		N/A
89	If no, please explain:		
90			
91	If yes, complete the following table:		
		Balance - Beginning of the Year	Additions
		Deletions	Balance - End of the Year
92	Land	\$ -	\$ -
93	Buildings	\$ -	\$ -
94	Machinery and equipment	\$ -	\$ -
95	Furniture and fixtures	\$ -	\$ -
96	Other (explain):	\$ -	\$ -
Line#	Please answer the following questions by marking in the appropriate boxes	Yes	No
97	Do you have an "old hire" firemen's pension plan?		X
98	Do you have a volunteer firemen's pension plan?		X
99	If yes, who administers the plan?		
100	Indicate your contributions from:		
101	Tax: (Property, SO, Sales, etc)	\$ -	
102	State Contribution Amount	\$ -	
103	Other: (Gifts, Donations, etc)	\$ -	
104	What is your monthly benefit paid for 20 years of service per retiree as of Jan 1st?	\$ -	
Line#	Please answer the following question by marking in the appropriate boxes	Yes	No
105	Did you file a 2006 budget with the Department of Local Affairs?	X	
106	If no, please explain:		
107			
108	Please indicate the amount appropriated for each of your funds for 2006:		
109	Fund Name	Budgeted 2006 Expenditures	
110	GENERAL FUND	\$ -	
111	DEBT SERVICE	\$ -	
112	CAPITAL PROJECTS	\$ -	
Line#	Please answer the following question by marking in the appropriate boxes	Yes	No
113	Are you in compliance with all the provisions of TABOR (Article X, Section 20) of the State Constitution? If no please explain:	X	
114	Note: An election to exempt your government from the spending limitations of TABOR does not exempt you from the 3% emergency reserve requirement. In this case, you should see if you meet this requirement and check yes or no above.		
Line#	Please answer the following questions by marking in the appropriate boxes	Yes	No
115	Are you a newly formed governmental entity?		X
116	Are you a metropolitan district?	X	
117	Please indicate what services you provide: Streets, parks & rec, water, sewer, traffic controls, public transportation, fire protection, mosquitos, translation systems. At present the District does not provide any services.		
118	Do you have an agreement with another government entity to provide services?		X
119	If yes, list the name of the other government entity and the services provided:		

PART 7 - GOVERNING BODY APPROVAL

We, the undersigned, certify that this Application for Exemption from Audit has been:
 Prepared consistent with Section 29-1-604, C.R.S., which states that an Application with revenues or expenditures of \$100,000 or less must be prepared by a person skilled in governmental accounting;
 Completed to the best of our knowledge and is accurate and true;
 Reviewed and approved by a majority of the governing body.

Note: Please list all current members of the governing body. In addition, original signatures must be provided for a majority of those listed.

	Name (please print or type all current members of the governing body)	Date Term Expires	Signature
1	GREGORY J. BARBUTO	2008	
2	JOHN A. CASSIANI	2010	
3	ERENA R. CASSIANI	2010	
4			
5			
6			
7			