STATE OF COLORADO

DEPARTMENT OF LOCAL AFFAIRS
DIVISION OF LOCAL GOVERNMENT

Local Government Services
1313 Sherman Street, Suite 521
Denver, Colorado 80203
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John W. Hickenlooper
Governor

Reeves Brown
Executive Director

2012 Application for State Contribution to Volunteer Firefighter Pension Funds

→ **Please refer to the attached INSTRUCTIONS**

For DLG Purposes	Date:	_____/_____/_____
	LGID:	

1. Applicant Information:

Local Gov't Name: Town of Colorado
(name of the applying local government)

2. Applicant Contact Information:

Contact Person Name: Joe Wright
(official contact for all DOLA pension correspondence)

Title: Treasurer

Phone: 303-333-3333 Fax: Same

Email Address: Joe.treasurer@colorado.co.us

Mailing Address: 1313 Sherman Street, #521
(line 1)

Mailing Address:
(line 2)

City: Denver State: CO Zip: 80227

3a. Volunteer Firefighter Pension Fund Membership, Benefits, and Administration:

1. Number of volunteer firefighters on roster earning any pension service credit in 2011 _____
2. Number of (*retired*) pensioners/beneficiaries receiving monthly benefit as of *Jan 1, 2011* _____
3. Maximum monthly benefit paid per volunteer upon retirement, as of *Jan 1, 2011** _____
   *if the scheduled plan benefit for normal retirement is greater than $300/month, complete section 3b.
4. Pension fund administrator: Self ☐ Other ☐ _____
   (please identify fund administrator if not self administered by the applicant)
5. If this is a joint pension fund, please list all other participating local governments: _____

Comment [BH1]: Be sure to include your email address as it saves us time if we need to contact you.

Comment [BH2]: Input the number of volunteer's earning credit toward receiving a pension upon retirement at age 50 with 20 years.

Comment [BH3]: Maximum planned benefit for those serving 20 years and age 50. Highest planned retirement benefit amount only.

3b. 2011 Actuarially Required Contribution (ARC) to Volunteer Firefighter Pension Fund:*

1. Applicant's share of the Actuarially Required Contribution to fund a $300 benefit*..... $ _____

2. Actuarially Required Contribution to pension fund from other local gov'ts*..... + $ _____

3. Total Actuarially Required Contribution to Fund a $300 Benefit: ..... = $ _____

*Line 1: Report *only* the applicant's share of the Actuarially Required Contribution for a $300 benefit.
Line 2: The remainder to be contributed to the pension fund by all other jointly participating local governments.

4. Applicant's 2011 Local Tax Contributions to Volunteer Firefighter Pension Fund:*

1. Applicant's local tax contribution * **(This line must be filled in to receive state contribution)** ..... $ _____

*Only report tax revenues authorized to be contributed to the pension fund per CRS 31-30-1110. These include (1) the proceeds from a property tax levy of not more than one mill and/or (2) the proceeds of any other tax that the municipality or district is authorized to collect. (See instructions for 4.1)

NOTE: The DOLA State Contribution is not used to match local contributions to a Length of Service Award Plan (LOSAP) (CRS 31-30-1201).

5. 2011 Volunteer Firefighter Pension Fund Revenues from All Sources:

1. Total 2011 Tax Contributions (from *all* participating local governments)..... $ _____

2. All Other 2011 Local Contributions (include gifts, grants, etc.)..... $ _____

3. Total State Contribution received in 2011 ..... $ _____

6. Required Supporting Information Checklist: (see INSTRUCTIONS for each item)

- ❑ 1. Documentation of the 2011 Actuarially Required Contribution (ARC) for an applicant contributing to a pension fund with a scheduled plan benefit greater than $300 per month as of January 1, 2011.
- ❑ 2. State of Colorado Form Substitute W-9.
- ❑ 3. Yes ☐ No ☐ Have on file with the State Auditor's Office, the 2011 audited financial statements or a State Auditor's Office approved Application for Exemption from Audit.
- ❑ 4. For late application status, a letter requesting late status for a statutorily allowable reason (See pg 3).
- ❑ 5. Application Notarized (Signed and stamped with notary seal).

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND PROPERLY SIGNED TO BE ELIGIBLE TO RECEIVE A STATE CONTRIBUTION. DEADLINE: SEPTEMBER 28, 2012

We **certify** that the above information is correct and complete to the best of our knowledge and that the pension plan meets all applicable Colorado statutory requirements.

Local Government Treasurer or Authorized Designee Signature	Title
Print or Type Name	Date
Local Government Mayor or Board President/Chair Signature	Title
Print or Type Name	Date

For Notary Use Only

State of Colorado, County of _____ Subscribed and sworn to before me this _____ day of _____

WITNESS my hand and official seal.

My Commission expires: _____

Notary Public (Signed/Stamped with Notary Seal)

Comment [BH4]: 3b is specifically for local gov'ts with a planned retirement benefit at $301 or above per month. If your planned benefit is $300 or less than skip this section and move to section 4.1

Comment [BH5]: In the FPPA actuarial this value is located on page 6, line 6 under the $300 plan. For an actuarial completed by a different company look for a page that discusses the annual required contribution or annual calculated contribution at the $300 benefit level. I have 2 examples for review. One example of FPPA and another example by actuarial solutions.

Comment [BH6]: Unless you are a joint pension plan, this value will be the same as value 3b.1

Comment [BH7]: Local Gov't taxable contribution ONLY which was contributed in the year prior to this application! We use your Audited financial statements to verify the value you contributed in the previous year. The financial statements should show the same value as this line.

Comment [BH8]: If you are not a joint pension plan than this line will have the same value as 4.1. If you are a joint pension plan than please provide the combined value of your pension plans.

Comment [BH9]: This line is specific to non-tax contributions and DOLA does not match any value included on this line.

Comment [BH10]: This value should be the exact dollar value that the state contributed to your fund in the previous year.

Comment [BH11]: Please be sure to get both signatures. We will have to contact you for the additional signatures and have you resubmit if only one of the signatures is completed.

Comment [BH12]: You must notarize your application or it cannot be accepted. We will not accept scanned or faxed applications. THEY MUST BE ORIGINAL COPIES.

Table 1

Comparison of Actuarial Results Based on Alternate Benefit Levels

	Current Plan (1)	Plan A (2)	Plan B (3)	Plan C (4)
1. Normal Retirement Benefit	$ 450.00	$ 500.00	$ 550.00	$ 300.00
2. Normal Cost	34,184	38,097	42,007	25,454
3. Present Value of Future Benefits	1,603,782	1,783,483	1,963,168	1,099,327
4. Actuarial Accrued Liability	1,450,635	1,612,817	1,775,004	985,666
5. Unfunded Accrued Liability / (Surplus)	402,608	564,790	726,977	(62,361)
6. Total Annual Calculated Contribution	74,124	96,008	117,889	14,130
7. Assumed Contribution	126,817	126,817	126,817	126,817
8. Funding Period Based on Assumed Contribution	6 years	10 years	17 years	0 years
9. Is current assumed contribution adequate to support the prospective benefit levels on an actuarially sound basis?	Yes	Yes	Yes	Yes

Pension fund

Actuarial Review As of January 1, 2010
$300 Benefit

Actuarial Present Value of Future Benefits		
Active	$	364,026
Normal retired drawing pensions	$	1,746,476
Disabled retired drawing pensions	$	-
Beneficiaries drawing pensions	$	122,308
Vested retired not yet drawing pensions	$	192,349
Total	$	2,425,158
Fund Balance as of January 1, 2010	$	2,906,273
Present Value of Future Normal Cost		-
Average Temporary Annuity		5.6080
Normal Cost		0
Annual Required Contribution		0
Annual Required Contribution as Year End		0
Annual Required Contribution at end of year		0

Substitute Form

W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

State of Colorado

Do NOT send to IRS

PRINT OR TYPE

RETURN TO ADDRESS BELOW

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SOCIAL SECURITY ADMINISTRATION RECORDS)
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPIETORSHIP ON THIS LINE - See Reverse for Important Information

Trade Name -- complete only if doing business as (D/B/A)

Remit Address

Purchase Order Address -- Optional

PART II See Part II Instructions on Back of Form

Check legal entity type and enter 9 digit Taxpayer Identification Number (TIN) below:
(SSN = Social Security Number EIN = Employer Identification Number)

Do Not enter an SSN or EIN that was not assigned to the legal name entered above

☐ Individual (Individual's SSN) __ __ __ -- __ __ -- __ __ __ __
NOTE: If no name is circled on a Joint Account when there is more that one name, the number will be considered to be that of the first name listed.

☐ Sole Proprietorship (Owner's SSN or Business EIN) SSN -- --
Note: Enter both the owner's SSN and the business EIN (if you are required to have one) EIN __ __ -- __ __ __ __ __ __ __

☐ Partnership ☐ General ☐ Limited (Partnership'S EIN) __ __ -- __ __ __ __ __ __ __

☐ Estate/Trust (Legal Entity's EIN) __ __ -- __ __ __ __ __ __ __
NOTE: Do not furnish the identification number of the personal representative or trustee unless the legal entity itself is not designated in the account title. List and circle the name of the legal trust, estate, or pension trust.

☐ Other > (Entity's EIN) __ __ -- __ __ __ __ __ __ __
Limited Liability Company, Joint Venture, Club, etc.

☐ Corporation Do you provide medical services? ☐ Yes ☐ No (Corp's EIN) __ __ -- __ __ __ __ __ __ __
Includes corporations providing medical billing services

✔ Government (or Government Operated) Entity (Entity's EIN) __ __ -- __ __ __ __ __ __ __

☐ Organization Exempt from Tax under Section 501(a) (Org's EIN) __ __ -- __ __ __ __ __ __ __
Do you provide medical services? ☐ Yes ☐ No

☐ Check Here if you do not have a SSN or EIN, but have applied for one. See reverse for information on *How to Obtain A TIN*
Licensed Real Estate Broker? ☐ Yes ☐ No

Under Penalties of Perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contribution to an individual retirement arrangement (IRA), and payment other than interest and dividends).

CERTIFICATION INSTRUCTIONS -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. (See Signing the Certification on the reverse of this form.)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

NAME (Print or Type) _____ TITLE (Print or Type) _____

AUTHORIZED SIGNATURE _____ DATE _____ PHONE (_____)_____

DO NOT WRITE BELOW THIS LINE **RETURN BOTH COPIES TO ADDRESS ABOVE**

AGENCY USE ONLY

Agency ____ ____ ____ Approved by _____ Date _____

1099: Yes ____ No ____ Action Completed by _____ Date _____

VENDOR: Addition ____ Change ____

615-82-50-7093 (R 4/97)

SUBSTITUTE FORM 1099 INSTRUCTIONS

PART I

NAME AND TAX IDENTIFICATION NUMBER (TIN)

INDIVIDUAL: Enter First and Last name EXACTLY as it appears on your Social Security Card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name and both the last name shown on your social security card and your new last name (IN THAT ORDER). For your TIN, enter your Social Security Number (SSN).

SOLE PROPRIETORSHIPS: Enter the owner's name on the first line; on the second name line you may enter the business name. YOU MAY NOT ENTER ONLY THE BUSINESS NAME. For the TIN, enter both the owner's Social Security Number and the Federal Employer Tax Identification Number (EIN) if you are required to have one.

ALL OTHER ENTITY'S: Enter the name of the owner of the EIN or SSN exactly as originally registered with the IRS. The correct TIN is the Employer Identification Number (EIN).

DO NOT ENTER AN SSN OR EIN THAT WAS NOT ASSIGNED TO THE LEGAL NAME OF THIS FORM

HOW TO OBTAIN A TIN

If you do not have a TIN, you should apply for one immediately. To apply for the number, obtain Form SS-05, Application for a Social Security Number Card (for individual), or Form SS-4, Application of Employer Identification Number (for businesses and all other entities), at your local office of the Social Security Administration or the Internal Revenue Service. Complete and file the appropriate form according to its instructions.

To complete Form W-9 if you do not have a TIN, check "Applied For" box in the space indicated in front, sign and date the form, and give it to the requester. For payments that could be subject to backup withholding, you will then have 60 days to obtain a TIN and furnish it to the requester. During the 60-day period, the payments you receive will not be subject to the 31% backup withholding, unless you make a withdrawal. However if the requester does not receive your TIN from you within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester.

Note: *Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.*

As soon as you receive your TIN, complete another form W-9, include your new TIN, sign and date the form, and give it to the requester.

PART II

FOR PAYEES EXEMPT FROM BACKUP WITHHOLDING

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter you correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester a completed Form W-8, Certificate of Foreign Status.

PART III

CERTIFICATION

(1) **Interest, Dividends, and Barter Exchange Accounts Opened Before 1984 and Broker Accounts That Were Considered Active During 1983.** - You are not required to sign the certification; however, you may do so. You are required to provide your correct TIN.

(2) **Interest, Dividend, Broker and Barter Exchange Accounts Opened After 1983 and Broker Accounts That Were Considered Inactive During 1983.** - You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item (2) in the certification before signing the form.

(3) **Real Estate Transactions** - You must sign the certification. You may cross out item (2) of the certification if you wish.

(4) **Other Payments** - You are required to furnish your correct TIN, but you are not required to sign the certification unless you have been notified of an incorrect TIN. Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services, payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.

(5) **Mortgage Interest Paid by You, Acquisition or Abandonement of Secured Property, or IRA Contribution** - You are required to furnish your correct TIN, but you are not required to sign the certification.

OTHER

Signature - The signature should be an authorized signature, generally the person whose name is on the top line of the form, a partner in the partnership, or an officer of the corporation. For a joint account, only the person whose TIN is shown in LEGAL BUSINESS DESIGNATION should sign the form.

Privacy Act Notice - Section 6109 requires you to furnish your correct taxpayer identificatioon number (TIN) to persons who must file information returns with IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonement of secured property, or contributions you made to an individual retirement arrangement (IRA). IRS uses the numbers for identification purposes and to help verify the accuracy of your tax returns. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain other penalties may also apply.

CONTACT INFORMATION

For all application inquiries or to submit late status

Leslie Jones at 303-866-2354

Leslie.jones@state.co.us

Address: 1313 Sherman Street, #521

Denver, CO 80203