

Local Government Financial Test Worksheet for Solid Waste Financial Assurance

Facility Name:					
Fiscal Year Ending:		2014 Deflator: 1.015	Last Year's Closure Cost Estimate	Last Year's Post Closure Cost Estimate	Current Year's Deflator*
Date of Submission:		2013 Deflator: 1.018	*If submitting a Revised Cost Estimate, Current Year's Deflator = 1		
		2012 Deflator: 1.021			
		2011 Deflator: 1.009			
		2010 Deflator: 1.012			
		2009 Deflator: 1.022			
		2008 Deflator: 1.027	CDPHE USE ONLY		
			Is estimate/adjustment adequate? ___ Yes ___ No		

FINANCIAL ASSURANCE CRITERIA 1.8.3 MEETS REQ?

Date 5 Year Cost Estimate Due _____	New cost estimates submitted	___ Yes ___ No ___ N/A
Cost estimates annually adjusted to account for inflation or deflation and expressed in current dollars		___ Yes ___ No ___ N/A

RECORD KEEPING AND REPORTING REQUIREMENTS 1.8.11(C)(1) MEETS REQ?

1.8.11(C)(1)
 The local government owner/operator must place the following items in the facility's operating record and submit a copy to CDPHE:

- (a) Local Government's CFO certifies that: x _____
 Print Name _____
 - (i) Lists current cost estimates stated in CAFR, Closure: _____ Post Closure: _____ Total: _____ explain on page 2 if different ___ Yes ___ No
 - (ii) Provides evidence and certifies that the local government meets conditions of 1.8.11(A)(1-3) ___ Yes ___ No
 - (iii) Provides evidence and certifies that the local government meets conditions of 1.8.11(D) ___ Yes ___ No
- (b) The local government's independently audited year-end financial statements for the latest fiscal year, including the unqualified opinion of the auditor who must be an independent CPA or appropriate state agency that conducts equivalent comprehensive audits ___ Yes ___ No

CALCULATION OF COSTS TO BE ASSURED 1.8.11(D) MEETS REQ?

The portion of the Closure, Post-Closure, and Corrective Action costs for which a local government owner or operator can assure: <43%

Total Revenue:	Total Costs: Closure	Total Costs: Post Closure	Cost Ratio	
				___ Yes ___ No

FINANCIAL COMPONENT 1.8.11(A)(1) *The owner or operator must satisfy either 1.8.11(A)(1)(a) or 1.8.11(A)(1)(b)* MEETS REQ?

___ **1.8.11(A)(1)(a)****

(a) If the owner or operator has outstanding, rated, general obligation bonds that are not secured by insurance, letter of credit, or other collateral or guarantee, the bond rating must be ___ Yes ___ No
 ___ AAA, AA+, AA, AA-, A+, A, A-, BAA+, BAA, or BAA- as issued by Moody's or be
 ___ AAA, AA+, AA, AA-, A+, A, A-, BBB+, BBB, or BBB- as issued by Standard & Poor's.

**Attach to the Local Government Financial Test Worksheet, evidence of the bond rating from Moody's or Standard & Poor's

OR

___ **1.8.11(A)(1)(b)(i-ii)**

(b) The owner or operator must satisfy **both** of the following financial ratios based on the owner or operator's most recent audited annual financial statements

(i) Liquidity Ratio

Cash and Marketable Securities	Total Expenditures	Liquidity Ratio	> 5%
			___ Yes ___ No

(ii) Debt Service Ratio

Annual Debt Service	Total Expenditures	Debt Service Ratio	< 20%
			___ Yes ___ No

GAAP & CPA CERTIFICATION 1.8.11(A)(2) MEETS REQ?

The owner or operator must prepare its financial statements and have them audited in conformity with Generally Accepted Accounting Principles for Governments and by an independent Certified Public Accountant. ___ Yes ___ No ___ N/A

- GASB 18 Requirements Certification (Can be "No" or "N/A" and be compliant) ___ Yes ___ No ___ N/A

Local Government Financial Test Worksheet for Solid Waste Financial Assurance

LOCAL GOVERNMENT ELIGIBILITY 1.8.11(A)(3)	MEETS REQ?
--	-------------------

Local governments are not eligible to assure its obligations under paragraph 1.8.11(A) if they:
 (If the answer to any question below is "Yes", the local government does not comply with regulation and does not meet the requirement, if there are no bonds mark N/A)

(a) are currently in default on any outstanding general obligation bonds ___ Yes ___ No	___ Yes ___ No
(b) have an outstanding general obligation bond rated lower than BAA- for Moody's or BBB- for Standard & Poor's ___ Yes ___ No ___ N/A	
(c) operated at a deficit equal to 5% or more of Total Annual Revenue in each of the past two fiscal years unless auditor's statement complies with regulation ___ Yes ___ No	
(d) received an adverse opinion, disclaimer of opinion, or other qualified opinion from the independent CPA (or appropriate State agency) auditing its financial statements as required under paragraph 1.8.11(A)(2) ___ Yes ___ No	

RECORD KEEPING AND REPORTING REQUIREMENTS 1.8.11(C)(7)	MEETS REQ?
---	-------------------

An independent CPA's report based on performing agreed upon procedures of engagement relative to the ratios contained in 1.8.11(A)(1)(b)(i-ii) and the requirements of 1.8.11(A)(2) and 1.8.11(A)(3)(C-D).
The report should state that the auditor conducted the following agreed upon procedures:

(a) Conducted a comparison between data and statements contained in the CFO Letter and audited financial statements for the most recently completed fiscal year	___ Yes ___ No
(b) Found that data and statements presented in the CFO letter were taken directly, or appropriately derived from data in the financial statements	___ Yes ___ No
(c) Recomputed totals and percentages used in calculating the conditions of the local government financial test	___ Yes ___ No

PUBLIC NOTICE COMPONENT 1.8.11(B)	MEETS REQ?
--	-------------------

The local government owner or operator must place reference to the costs assured through the financial test into its annual Comprehensive Annual Financial Report (CAFR) or audited financial statements. Disclosures should include and/or address:

• Closure Costs and Post-closure Care Costs	___ Yes ___ No ___ N/A
• Nature and source of Closure/Post-Closure Care Requirements	___ Yes ___ No ___ N/A
• Reported liability at the balance sheet date	___ Yes ___ No ___ N/A
• The estimated total Closure and Post-Closure costs remaining to be recognized	___ Yes ___ No ___ N/A
• The percentage of landfill capacity used to date	___ Yes ___ No ___ N/A
• The estimated landfill lifespan in years	___ Yes ___ No ___ N/A
• Amount of each cost estimate and the year(s) in which costs are expected to be incurred ___ Appear as budgeted line items for activities in current budget period, OR ___ Appear in supplemental data for activities after current budget period	___ Yes ___ No ___ N/A
• Corrective Action Costs _____	___ Yes ___ No ___ N/A
• For Corrective Action Costs, a reference to costs must be placed in CAFR no later than 120 days after remedy selection. If timing does not permit incorporation of the reference into the most recently issued CAFR or budget, the reference may be placed in the operating record until issuance of the next available CAFR or budget. Paste Link to CAFR: _____	___ Yes ___ No ___ N/A

COMMENTS (Explanation needed for; costs outside of adequate inflationary adjustments, missing items, unable to meet qualifications, or why an RCE was not submitted if due)

<u>CDPHE USE ONLY</u>
Analyst: _____ x _____ Date: _____