



South Central Library System

4610 S. Biltmore Lane • Madison, WI 53718
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Date: March 8, 2018
To Library Board & Director, **Dane County (DCL)**
From Mark Ibach, South Central Library System
RE: 2018 Adjacent County Reimbursement Requests

The South Central Library System, with your permission, will request adjacent county reimbursements on behalf of your library per Wisconsin State Statute 43.12(2). Based upon information reported on your library's 2017 Wisconsin Public Library Annual Report, your library is eligible to request the estimated reimbursement from the following counties. **Do not use these estimates for budgeting purposes.**

Adjacent County	Amount Eligible to Request – payable in 2019 (70% minimum reimbursement level)	Do you want SCLS to bill this county for this amount?	
Columbia	\$369	Yes	No
Green	\$6,936	Yes	No
Iowa	\$22	Yes	No
Jefferson	\$6	Yes	No
Sauk	\$303	Yes	No

Because the decision to request adjacent county reimbursements lies with each library, we need you to do two things: 1) please indicate above whether your library would like us to "bill" the adjacent county (**circle Yes or No**), and if so, 2) please sign and date below—both Library Board President and Library Director—to authorize SCLS to request the reimbursement.

When authorized by this completed form, SCLS will "bill" the adjacent county (a confirmation e-mail will be sent to your library director with the final reimbursement amounts). July 1, 2018, is the deadline for counties to be billed; counties are then required to pay your library no later than March 1, 2019. We will request that the reimbursement check be sent directly to your library and made payable to your library. In order for us to submit the reimbursement requests in a timely manner, **please return this completed form (via fax, e-mail, or system delivery) to my attention no later than May 1, 2018.**

Please contact me via e-mail (mibach@scls.info) or phone (608-246-5612) if you have questions.

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The **Dane County (DCL)** Board of Trustees and the Library Director authorize SCLS to submit the adjacent county reimbursement requests listed above:

\_\_\_\_\_  
Signature of Library Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Library Director

\_\_\_\_\_  
Date