



## South Central Library System

4610 S. Biltmore Lane • Madison, WI 53718  
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**Date:** March 1, 2021  
**To** Library Board & Director, **Madison (MAD)**  
**From** Mark Ibach, South Central Library System  
**RE:** 2021 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 2020 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 2021 (70% minimum reimbursement level)	Do you want SCLS to bill this county for this amount?	
Columbia	\$8,935.05	Yes	No
Dodge	\$1,728.72	Yes	No
Green	\$6,110.81	Yes	No
Iowa	\$9,316.98	Yes	No
Jefferson	\$8,583.28	Yes	No
Rock	\$1,165.88	Yes	No
Sauk	\$11,930.16	Yes	No

1. Please indicate above whether your library would like us to “bill” the adjacent county—**CIRCLE YES OR NO**
2. Please sign and date below—both Library Board President and Library Director.

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, 2021, is the deadline for counties to be billed; counties are then required to pay your library no later than March 1, 2022. 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 by email to [mibach@scls.info](mailto:mibach@scls.info) no later than April 23, 2021.**

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

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The **Madison (MAD)** 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