

Declaration of Fiscal Body

_____ Public Library (“the library”)

INSTRUCTIONS: (1) This report must be completed, adopted by the library board and board of the designated fiscal body, and signed by the library board president and president of the designated fiscal body. No later than October 1, 2020, a copy of this completed report must be e-mailed to StatewideServices@library.IN.gov or physically mailed to: Indiana State Library, 140 N. Senate Ave., Indianapolis, IN 46204-2296, Attn: Statewide Services. The library should keep a copy of the report on file.

(2) In the event the library’s taxing territory is modified (ex – expansion/annexation/merger, etc.), a new report must be completed and submitted by the next October 1st following that modification if the modification results in a change to the library’s adopting fiscal body.

WHEREAS, library officials typically submit the library’s annual budget for nonbinding review by a separate fiscal body pursuant to the provisions of IC 6-1.1-17; and

WHEREAS, under certain conditions designated in IC 6-1.1-17-20.3 and 20.4, the library’s budget is subject to binding review and adoption by a separate fiscal body; and

THEREFORE, this report identifies the fiscal body that would do any binding budget adoption in the event such binding adoption is required under the provisions of IC 6-1.1-17-20.3 or 20.4.

In the case of a triggering event under IC 6-1.1-17-20.3 or 20.4 which requires the library to submit its budget to a separate fiscal body for binding budget adoption, the fiscal body that is responsible for that binding adoption is _____.

I hereby certify this report was adopted by the library board on _____.

Library Board President Name Printed Library Board President Signature Date

Fiscal Body Acknowledgement

Pursuant to the requirements of IC 6-1.1-17-20.6, the _____

(Insert name of fiscal body)

acknowledges it is the fiscal body responsible for binding review and approval of the library’s budget under IC 6-1.1-17-20.3 and 20.4 when the conditions exist that require such binding review.

I hereby certify this report was adopted by the _____ on _____.

(Insert name of fiscal body)

Fiscal Body President Name Printed Fiscal Body President Signature Date