

MISSOURI STATE LIBRARY  
FY 2012 STATE AID FOR PUBLIC LIBRARIES

**Instructions for Set # 2, Voted-Tax Districts: Municipal, Consolidated,  
City- County, County or Regional Library**

Use the table below to select the forms needed from the website

<b>Library Districts (supported by a voted property tax)</b>	<b>Application form</b>	<b>Trustee Instructions</b>	<b>Trustee form</b>
Municipal Library Districts	7	8	9
Consolidated Library District	5	8	10
City-County Library District	6	8	11
County Library District	6	8	12
Regional Library District – (select a form for each member district).	4,6,7 and/or	8	13, 9,11,12 and/or

***Date & Location*** — Date report prepared as mm/dd/yyyy.

***Fiscal Year for this Report*** — Fill in the beginning (From) and ending (To) dates of your most recent full fiscal year. Libraries having fiscal years ending June 30, 2011 shall consider 07/01/2010 to 06/30/2011 their most recent full fiscal year.

**Library Director to complete Items 1-8.**

***Item 5*** — Provide the county or counties that the library serves. Consolidated libraries give date of consolidation.

***Item 7***— Provide the total amount of per capita State Aid funds received during the fiscal year of this report. DO NOT include any Equalization and/or Athlete & Entertainer tax funds your library received during this reporting period. **IF** using the fillable-PDF form, insert numbers only, the program will insert commas and a period to complete this entry-

***Item 8*** — Check one or more items to show how your library used State Aid funds received during the fiscal year of this report. If available, give an estimated amount budgeted to each category. This information will be used in developing the FY 2011 budget request for State Aid.

**Items 9-17 are completed by City or County official**, i.e. City/County Clerk, Collector or Treasurer

**NOTE: IF** using the fillable-PDF form, insert numbers only, the program will complete your entry with commas and a period.

***Item 9*** — See 182.480 RSMo. Give the total assessed valuation of the library district for the fiscal year of this report.

***Item 10*** — Report library tax rate on \$100 valuation as of December 31, 1946 OR the date of library’s establishment if library post-1946. Consolidated library districts report tax rate in effect when consolidated.

***Item 11*** — **Report** the most recent, voter-approved, full library tax.

*NOTE for Items\* 12 and\* 15, regarding allowable tax levy for fiscal year of this report, refer to forms filled out by the library district and supplied to State Auditor's office.*

*\*Item 12* — Report the State Auditor's Office suggested library tax rate (on \$100 valuation) for compliance with the Hancock Amendment during the fiscal year of this report

*Item 13* — Report the actual Library-Board-set AND levied tax rate per \$100 valuation for the fiscal year of this report.

*Item 14* — Report the actual amount of tax income COLLECTED on assessed valuation; include delinquent and intangible taxes in this total.

*\*Item 15* – If Line 13 is less than .10 (ten cents) or less than the amount reported on Line 10 or Line 12, you must indicate the reason for such reduction: i.e.

Hancock amendment rollback

Library Board decision/action to reduce levy rate OR

Other (please state): \_\_\_\_\_

*Item 16* — Signature certification is required of the city/county official who provided this tax information. Include title of certifying official and their telephone number. No wording of the certification section may be changed in any way by the city or county official.

***Certification – By Library Officials*** (see reverse side of application form)

***Checklist:***

\_\_\_\_\_ All application entries reviewed and proofread

\_\_\_\_\_ All Application signatures must be **NOTARIZED**

\_\_\_\_\_ Signed by **LIBRARY DIRECTOR**

\_\_\_\_\_ RSMo 181.060.3 requires the Library Board-elected **TREASURER** to sign. Alternate signature is permitted only if authorized by the current board by-laws. A photocopy of the appropriate section of the by-laws permitting such action must be attached.

\_\_\_\_\_ **Notary must be someone other than the certifying signatories**

\_\_\_\_\_ State Aid Application and List of Trustees forms must be **postmarked no later than June 30, 2011**. We recommend the forms be sent by certified mail or another means that will provide you firm documentation of date transmittal.

**Mailing address:**

**State Aid Application  
Missouri State Library  
600 West Main Street, P.O. Box 387  
Jefferson City, MO 65102-0387**