



Intergovernmental Transfers Questionnaire

1. What type of governmental entity is your organization considered? (county, city, hospital taxing district, or other)

County

If other, please explain

The Emergency Services District is a Dependent Special District of Indian River County

2. Does your organization have a relationship with the provider for which you contribute IGTs as named in the preamble of the enclosed Letter of Agreement (LOA)?

Yes

If yes, please describe your relationship, including services provided to/by the provider to/by the organization and any other financial transactions between the provider and the organization.

The District is both the provider of and the agency that will be making the required IGT.

3. Please describe the source of the IGT funding for your organization, including whether the source is from a tax, a provider donation, or other funds. Provide the amount of funding from each source.

Source	Amount
Ad Valorem Tax revenue FY 20/21 Proposed Budget	\$ 97,570
	\$ -
	\$ -

If other, please explain

a. Verify whether the funds are public funds as defined by 42 CFR § 433.51, and exclude any federal funds.

Yes

If no, please explain

4. Does your organization have taxing authority?

Yes

5. If the source of IGT funding is from taxes, please answer the following questions:

a. Is the tax a state, county, city, or hospital district tax?

County

If other, please explain

b. What entities are taxed?

Property

c. What is the tax structure (i.e. property tax, percentage of revenue, assessment, etc.)?

Property Tax

d. What is the amount or percent of the tax?

2.3531 Mills

e. Does at least 85% of the burden of the tax revenue fall on health care providers as defined in 42 CFR §433.55? (Provide the total tax revenue and the health care provider tax burden) If so, please answer the following questions:

	Amount
Total Tax Burden	\$ -
Healthcare Provider Tax Burden	\$ -

0.00%

i) Is the tax broad based? A broad based tax can be defined as a tax that is imposed on at least all health care items or services in the class or providers of such items or services furnished by all non-Federal, non-public providers in the State, and is imposed uniformly, pursuant to 42 CFR § 433.68.

If no, please explain

ii) Is the tax uniform across all entities being taxed? Based on 42 CFR § 433.68, a health care-related tax will be considered to be imposed uniformly even if it excludes Medicaid or Medicare payments (in whole or in part), or both; or in the case of health care-related tax based on revenue or receipts with respect to a class of items or services, if it excludes either Medicaid or Medicare revenue with respect to a class of items or services, or both. The exclusion of Medicaid revenue must be applied uniformly to all providers being taxed.

If no, please explain

iii) Is the tax generally redistributive and a waiver of the broad-based or uniform tax requirement was granted in accordance with 42 CFR §433.68(e)?

If no, please explain

iv) Does the tax program comply with the hold harmless provisions included in 42 CFR § 433.68(f)?

If no, please explain

6. If the source of IGT funding is from provider payments, please answer the following:

a. Are provider voluntary payments or in-kind services received by the organization as defined in 42 CFR § 433.52?

b. How much of the organization's revenue is received from provider-related donations (Provide the total revenue and the provider-related donation amounts)?

	Amount
Total Revenue	\$ -
Provider Related Donations	\$ -

c. Do individual provider donations exceed \$5,000 per year or \$50,000 per year for a health care organizational entity?

If yes, please list the provider and payment amount.

Provider Name	Amount
	\$ -
	\$ -
	\$ -

d. Does any portion of the provider donation constitute as a “bona fide donation” pursuant to 42 CFR § 433.54? 42 CFR § 433.54 requires donations will not be returned to the individual provider, the provider class, or related entity under a hold harmless provision.

e. Please provide the details of the agreement including the amount between the IGT provider and the health care system.

7. Were funds utilized for the IGT specifically appropriated by the organization's board?

If yes, provide the board minutes and date of the appropriation.

**BCC Approved on
12/17/2019 Minutes are
available:
[https://ircgov.legistar.com/
DepartmentDetail.aspx?ID=](https://ircgov.legistar.com/DepartmentDetail.aspx?ID=31089&GUID=EC7BF96E)
~~31089&GUID=EC7BF96E~~**

8. Did the organization receive provider funds from the health care entity the IGT was made on behalf of, or from any other health care entity?

If yes, please provide a listing of providers, funding source, and amounts received.

Provider Name	Funding Source	Amount
		\$ -
		\$ -
		\$ -

I _____ certify that the statements and information contained in this submittal are true, accurate, and complete.

Signature of Officer or Administrator

Title

Date
