

Intergoverni	mental Transfers Questionnaire	
IGT Provider Name: Health Care Provider Name: IGT Amount: State Fiscal Year Ending:	Indian River County \$363,337.25 6/30/2024	
What type of governmental entity is you district, or other)      County      If other, please explain      The Emergency Services District	ur organization considered? (count	
Does your organization have a relations in the preamble of the enclosed Letter of Yes      If yes, please describe your relation organization and any other financia      The District is both the provider	of Agreement (LOA)?  Inship, including services provided to	o/by the provider to/by the r and the organization.
3. Please describe the source of the IGT f from a tax, a provider donation, or other  So	• •	•
Ad Valorem Tax Revenue FY 23		\$ 363,337
		-
		-
If other, please explain		
a. Verify whether the funds are public federal funds.  Yes  If no, please explain	funds as defined by 42 CFR § 433	.51, and exclude any
Does your organization have taxing aut  Yes	hority?	

5.	If the source of IGT funding is from taxes, please answer the following q	uestions:
	a. Is the tax a state, county, city, or hospital district tax?	
	County  If other, please explain	
	ii otrier, piease explairi	
	b. What entities are taxed?	
	Property	
	c. What is the tax structure (i.e. property tax, percentage of revenue, as	sessment, etc.)?
	Property Tax	
	d. What is the amount or percent of the tax?  2.3531 mills	
	2.5551 1111118	
	e. Does at least 85% of the burden of the tax revenue fall on health care	nroviders as defined in 12
	CFR §433.55? (Provide the total tax revenue and the health care prov	•
	please answer the following questions:	
	Total Tax Burden	Amount -
	Healthcare Provider Tax Burden	\$ -
		0.00%
	:) In the tay broad based? A broad based toy can be defined as a ta	y that is imposed on at least
	<ul> <li>i) Is the tax broad based? A broad based tax can be defined as a ta all health care items or services in the class or providers of such it</li> </ul>	
	by all non-Federal, non-public providers in the State, and is impos	
	CFR § 433.68.	
	If no, please explain	

ii) Is the tax uniform across all entities being taxed? Based on 42 CFR § 433.68, a heal 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 based on revenue or receipts with respect to a class of items or services, if it exclude Medicaid or Medicare revenue with respect to a class of items or services, or both. T	- l tax es either
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 requests was granted in accordance with 42 CFR §433.68(e)?	uirement
If no place combine	
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	
ii no, picase explain	
v) Does every tax paying entity receive a supplemental payment equal to or exceeding	its tax cost?
If yes, please explain	
6. Please answer the following regarding provider funds received from the healthcare entity and health care entities.	d/or other
Are provider voluntary payments or in-kind services received by the organization as defired CFR § 433.52?	ned in 42
No	
b. How much of the organization's revenue is received from provider-related donations (Prototal revenue and the provider-related donation amounts)?	
Total Revenue \$	_
Provider Related Donations \$	-
c. Do individual provider donations exceed \$5,000 per year or \$50,000 per year for a health organizational entity?	n care
No	

If yes, please list the provider and payment amount.

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

			Ψ	
			\$ -	
§ 4 pro e. Is t	es any portion of the provider donation cor 33.54? 42 CFR § 433.54 requires donation ovider class, or related entity under a hold have the an agreement between the IGT provide ether the agreement is written and provide	ns will not be returned to parmless provision.  Idea and the health care e	the individual provider, the	9
7. Were f	unds utilized for the IGT specifically appropulation.  If yes, provide the board minutes and dat		n's board?	
I in this	John A. Titkanich certify to submittal are true, accurate, and complete	hat the statements and ine.	nformation contained	
		Signature of Officer or	r Administrator	
		County	Administrator	
		Title		
		Date		