

Intergovernmental Transfers Questionnaire			
IGT Provider Name: Health Care Provider Name: IGT Amount: Pinellas County Board of County Health Co			
State Fiscal Year Ending: 6/30/2026		221,400.15	
What type of governmental entity is your organization considered? (constrict, or other) County	ounty, city, h	ospital taxing	
If other, please explain			
2. Does your organization have a relationship with the provider for which the preamble of the enclosed Letter of Agreement (LOA)?	you contribu	ute IGTs as named in	
Yes			
If yes, please describe your relationship, including services provide organization and any other financial transactions between the providence of the provid	ider and the	e organization.	
The Pinellas County Human Services Department, which admit Homeless program, is a component of Pinellas County Govern Homeless program is a Federally Qualified Health Center.			
3. Please describe the source of the IGT funding for your organization, in from a tax, a provider donation, or other funds. Provide the amount of			
Source		Amount	
County General Fund Property Tax	\$	221,460.15	
	\$	-	
	\$	-	
If other, please explain			
a. Verify whether the funds are public funds as defined by 42 CFR § funds. Yes	433.51, and	exclude any federal	
If no, please explain			

4. Does your organization have taxing authority?

	Yes		
If the	source of IGT funding is from taxe	s, please answer the following que	estions:
a. Is	the tax a state, county, city, or hos	pital district tax?	
	County If other, please explain		
	il other, please explain		
b W	nat entities are taxed?		
D. 11	Pinellas County property owners		
c \//	pat is the tay structure (i.e. propert	y tax, percentage of revenue, asse	essment etc \2
C. VV	Property tax	y tax, percentage of revenue, asse	essinent, etc.):
		0	
a. vv	nat is the amount or percent of the 4.5947 mills (FY26 Proposed)	tax?	
	(
		ne tax revenue fall on health care p	
	R §433.55? (Provide the total tax swer the following questions:	revenue and the health care provid	der tax burden) If so, please
			Amount
	Total Tax Burden		\$ -
	Healthcare Provider Tax Burden		\$ - 0.00%
			0.00%
i)		pased tax can be defined as a tax	
		n the class or providers of such itellers in the State, and is imposed u	
	CFR § 433.68.		morniny, pursuant to 42
	If no, please explain		

5.

ii) Is the tax uniform across all entities being taxed? Based on 42 related tax will be considered to be imposed uniformly even if payments (in whole or in part), or both; or in the case of health revenue or receipts with respect to a class of items or services. Medicare revenue with respect to a class of items or services, Medicaid revenue must be applied uniformly to all providers be	it excludes Medicaid or Medicare n care-related tax based on s, if it excludes either Medicaid or or both. The exclusion of
If no, please explain	
iii) Is the tax generally redistributive and a waiver of the broad-bawas granted in accordance with 42 CFR §433.68(e)?	sed or uniform tax requirement
If no, please explain	
iv) Does the tax program comply with the hold harmless provisior 433.68(f)?	ns included in 42 CFR §
If no, please 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 health care entities.	ne healthcare entity and/or other
a. Are provider voluntary payments or in-kind services received by the CFR § 433.52?	ne organization as defined in 42
No	
b. How much of the organization's revenue is received from provider total revenue and the provider-related donation amounts)?	,
Total Revenue	Amount -
Provider Related Donations	\$ -
c. Do individual provider donations exceed \$5,000 per year or \$50,0	00 per year for a health care

No

If yes, please list the provider and payment amount.

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

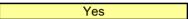
d. Does any portion of the provider donation constitute as a "bona fide donation" pursuant to 42 CFR § 433.54? 42 CFR § 433.54 requires donations will not be returned to the individual provider, the provider class, or related entity under a hold harmless provision.

No	
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e. Is there an agreement between the IGT provider and the health care entity? If so, please specify whether the agreement is written and provide the details.

No			

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.

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

Signature of Officer or Administrator

Born Builo

County Administrator

Title

September 24, 2025

Date