

Intergovernmental Transfers Questionnaire			
IGT Provider Name:	Pinellas County Board of County		
Health Care Provider Name:	Evara Health (Community Health		
IGT Amount:		\$927,262.04	
State Fiscal Year Ending:	6/30/2026		
What type of governmental entity is your or other)	r organization considered? (county	ν, city, hospital taxing district,	
County			
If other, please explain			
in ourior, produce explaint			
Does your organization have a relationsh the preamble of the enclosed Letter of Age		contribute IGTs as named in	
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.			
Pinellas County contracts with Community Health Centers of Pinellas to provide health services for low income residents in Pinellas County. Services include primary care, dental, and substance abuse education.			
3. Please describe the source of the IGT fu from a tax, a provider donation, or other			
Sou	urce	Amount	
County General Fund Property T	ax	\$ 927,262.04	
		\$	
		\$ -	
If other, please explain			
in other, please explain			
a. Verify whether the funds are public for funds. Yes If no, please explain	unds as defined by 42 CFR § 433.	51, and exclude any federal	
4. Does your organization have taxing auth	ority?		

Yes

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ii) Is the tax uniform across all entities being taxed? Based on 42 CFF related tax will be considered to be imposed uniformly even if it excepayments (in whole or in part), or both; or in the case of health care revenue or receipts with respect to a class of items or services, if it Medicare revenue with respect to a class of items or services, or both Medicaid revenue must be applied uniformly to all providers being to	cludes Medicaid or Medicare e-related tax based on excludes either Medicaid or oth. The exclusion of
If no, please explain	
iii) Is the tax generally redistributive and a waiver of the broad-based of was granted in accordance with 42 CFR §433.68(e)?	or uniform tax requirement
If no, please explain	
п по, рісаве ехріант	
iv) Does the tax program comply with the hold harmless provisions inc 433.68(f)?	luded in 42 CFR §
If no, please explain	
v) Does every tax paying entity receive a supplemental payment equa	al to or exceeding its tax cost?
If yes, please explain	
6. Please answer the following regarding provider funds received from the he health care entities.	althcare entity and/or other
 a. Are provider voluntary payments or in-kind services received by the org CFR § 433.52? 	ganization as defined in 42
No	
b. How much of the organization's revenue is received from provider-related 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 \$50,000 per organizational entity?	er year for a health care

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	

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

County Administrator

Title

September 22, 2025

Date