Inter**G**overnmental **T**ransfers

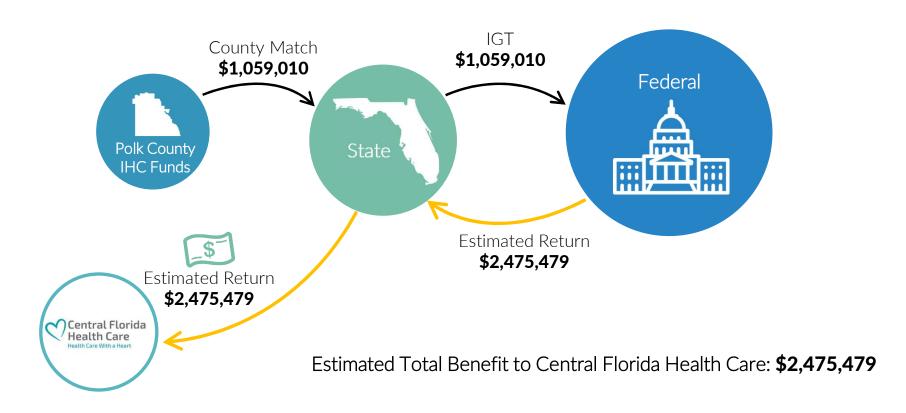
Low Income Pool

September 12, 2025

Joy Johnson, Health and Human Services Administrator

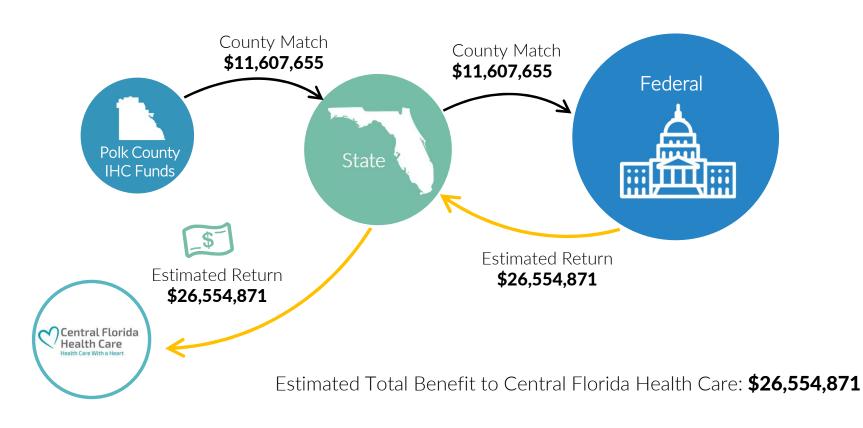
Central Florida Health Care

LIP Funding State FY 25/26



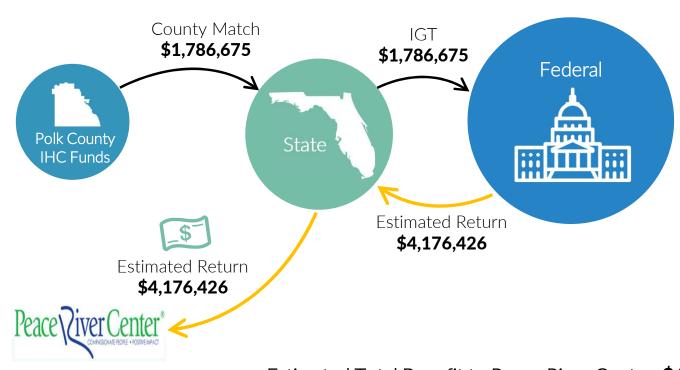
Central Florida Health Care

LIP Historical Funding from 2008 to 2026



Peace River Center

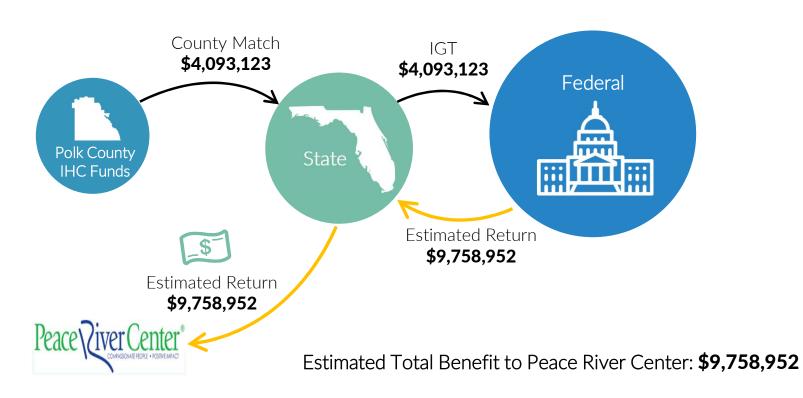
LIP Funding State FY 25/26



Estimated Total Benefit to Peace River Center: \$4,176,426

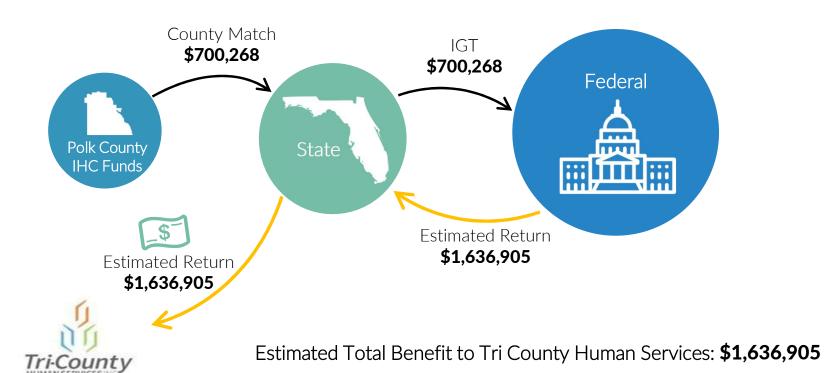
Peace River Center

LIP Historical Funding from 2022 to 2026



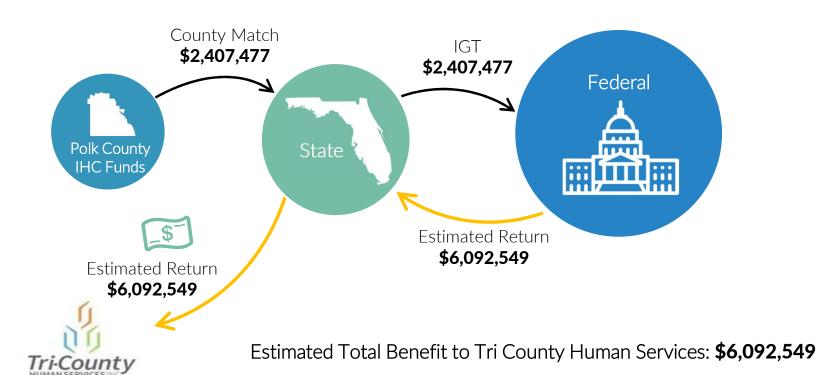
Tri-County Human Services

LIP Funding State FY 25/26



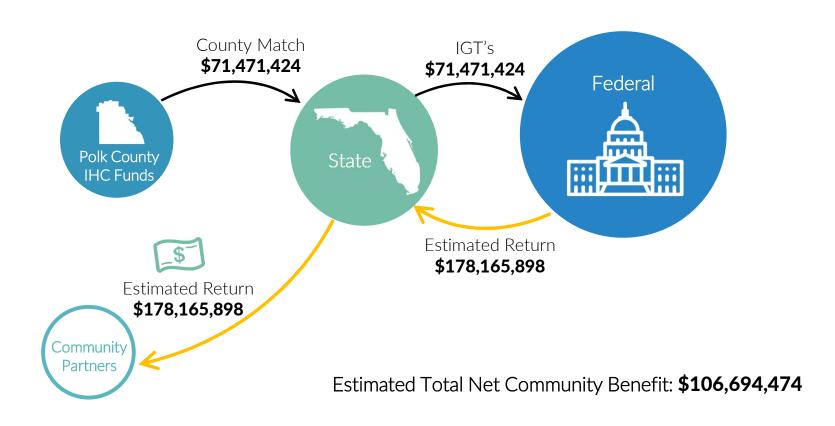
Tri-County Human Services

LIP Historical Funding from 2022 to 2026



TOTAL LIP Funding

2008 to 2026





1/E OF FLOW	
Intergovernmental Transfers Questionnaire	
IGT Provider Name: Polk County	
Health Care Provider Name: Central Florida Health Care, Inc.	
IGT Amount:	1,059,010.46
State Fiscal Year Ending: 6/30/2026	
What type of governmental entity is your organization considered? (county district, or other)	v, city, hospital taxing
County	
If other, please explain	
Does your organization have a relationship with the provider for which you in the preamble of the enclosed Letter of Agreement (LOA)?	contribute IGTs as named
Yes	
If yes, please describe your relationship, including services provided to	
organization and any other financial transactions between the provider	and the organization.
Shared commitment to provide health care services to non-Medicai	d eligible qualified persons
3. Please describe the source of the IGT funding for your organization, including from a tax, a provider donation, or other funds. Provide the amount of funding	
Source	Amount
1/2 Cent Indigent Health Care Sales Tax	\$ 1,059,010
, , , , , , , , , , , , , , , , , , ,	\$ -
	\$ -
If other please explain	
If other, please explain	
 a. Verify whether the funds are public funds as defined by 42 CFR § 433. funds. 	51, and exclude any federal
Yes	
If no, please explain	

4. Does your organization have taxing authority?

	Yes		
If the	source of IGT funding is from taxes, please answer the following qu	estions:	
a. Is i	the tax a state, county, city, or hospital district tax?		
	County		
	If other, please explain		
h \//h	nat entities are taxed?		
D. VVI	All		
c. Wł	nat is the tax structure (i.e. property tax, percentage of revenue, ass	essment, etc.)	?
	Funded through a half-cent sales surtax for indigent health care (F.	.S. 212.0055 (7	7))
d. Wh	nat is the amount or percent of the tax?		
	1/2 cent		
CF	es at least 85% of the burden of the tax revenue fall on health care FR §433.55? (Provide the total tax revenue and the health care provease answer the following questions:		
pic	add answer the following questions.	Amo	ount
	Total Tax Burden	\$	Julit
	Healthcare Provider Tax Burden	\$	-
	Treattricare i Tovider Tax Burderi	Ψ	0.00%
i)	Is the tax broad based? A broad based tax can be defined as a tax all health care items or services in the class or providers of such ite all non-Federal, non-public providers in the State, and is imposed to CFR § 433.68. If no, please explain	ems or services	s furnished by

5.

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
ii iio, piease explairi
iv) Does the tax program comply with the hold harmless provisions included in 42 CFR § 433.68(f)? 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 healthcare entity and/or other health care entities.
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)?
Total Revenue Amount
Provider Related Donations \$ -
c. Do individual provider donations exceed \$5,000 per year or \$50,000 per year for a health care

No

If yes, please list the provider and payment amount.

	-
9	-
9	-

			\$	-
			\$	-
§ 433.54? 42 CFR § provider class, or re	the provider donation cons 3 433.54 requires donation lated entity under a hold h	s will not be returned to armless provision.	the individual pro	vider, the
	ent between the IGT provide ent is written and provide		ntity? If so, pleas	e specify
7. Were funds utilized for the		riated by the organizatio	n's board?	
	ne board minutes and date	e of the appropriation.		9/16/2025
I in this submittal are tru	certify the certify the certify the complete	hat the statements and in	nformation contaiı	ned
		Signature of Officer of	r Administrator	
		Title		
		Date		



JATE OF FLORIOR			
Intergovernn	nental Transfers Questionnaire		
IOT Describbe Norma	[D. II. O		
IGT Provider Name: Health Care Provider Name:	Polk County Peace River Center for Personal I	Davalanment li	20
lGT Amount:	\$	•	1,786,675.00
State Fiscal Year Ending:	6/30/2026		1,700,070.00
What type of governmental entity is your or other)		, city, hospital t	axing district,
County			
If other, please explain			
Does your organization have a relationsh the preamble of the enclosed Letter of Ag		contribute IGTs	as named in
Yes			
If yes, please describe your relations organization and any other financial Shared commitment to provide he		and the organiz	zation.
Please describe the source of the IGT fu	nding for your organization, includi	ing whether the	source is
from a tax, a provider donation, or other t			
Sol	urce	Amo	unt
1/2 Cent Indigent Health Care Sa		\$	1,786,675
		\$	-
		\$	-
If other, please explain			
a. Verify whether the funds are public for funds. Yes	unds as defined by 42 CFR § 433.	51, and exclude	e any federal
If no, please explain	I		

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 t	he tax a state, county, city, or hos	pital district tax?	
	If other, please explain		
	n carety produce cripraint		
b. Wł	nat entities are taxed?		
	All		
c. Wł		y tax, percentage of revenue, asse	
	Funded through a half-cent sales	surtax for indigent health care (F.	S. 212.0055 (7))
d. Wł	nat is the amount or percent of the	tax?	
	1/2 cent		
CF		ne tax revenue fall on health care prevenue and the health care provid	
G. I	oner are renewing queenene.		Amount
	Total Tax Burden		\$ -
	Healthcare Provider Tax Burden		\$ -
			0.00%
i)	all health care items or services i	based tax can be defined as a tax n the class or providers of such ite ders in the State, and is imposed u	ms or services furnished by
	If no, please explain		

5.

ii) Is the tax uniform across all entities being taxed? Based on 42 CFI related tax will be considered to be imposed uniformly even if it exc payments (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 be Medicaid revenue must be applied uniformly to all providers being	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	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 inc 433.68(f)?	cluded 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 or CFR § 433.52?	ganization as defined in 42
b. How much of the organization's revenue is received from provider-related total revenue and the provider-related donation amounts)?	ted donations (Provide the
Total Revenue	Amount -
Provider Related Donations	\$ -
c. Do individual provider donations exceed \$5,000 per year or \$50,000 per year or \$50,000 per year.	er year for a health care

No

If yes, please list the provider and payment amount.

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

			\$	
			\$	-
			Φ	-
§ 4	es any portion of the provider donation cons 33.54? 42 CFR § 433.54 requires donations ovider class, or related entity under a hold ha	s will not be returned to t		
	here an agreement between the IGT provid ether the agreement is written and provide t		ntity? If so, pleas	e specify
7. Were fu	unds utilized for the IGT specifically appropr	riated by the organizatior	n's board?	
	Yes			
	If yes, provide the board minutes and date	of the appropriation.		9/16/2025
	7 /1	11 1		
I in this	William D. Beasley certify t submittal are true, accurate, and complete.	hat the statements and i	nformation contai	ned
		Signature of Officer or	r Administrator	
		_		
			ty Manager	
		Title		
		Date		



ATE OF FLORID		
Intergovernmental Transfer	s Questionnaire	
IGT Provider Name: Polk County		
	nan Services, Inc.	
IGT Amount:		700,268.00
State Fiscal Year Ending: 6/30/2026		
What type of governmental entity is your organization co or other)	onsidered? (county, cit	ly, hospital taxing district,
County		
If other, please explain		
Does your organization have a relationship with the prov the preamble of the enclosed Letter of Agreement (LOA)		tribute IGTs as named in
Yes		
If yes, please describe your relationship, including so organization and any other financial transactions bet		
Shared commitment to provide health care service	es to non-Medicaid el	igible qualified persons
Please describe the source of the IGT funding for your o from a tax, a provider donation, or other funds. Provide the source of the IGT funding for your or from a tax, a provider donation, or other funds.		
Source		Amount
1/2 Cent Indigent Health Care Sales Tax	\$	700,268
	\$	-
	\$	-
If other, please explain		
a. Verify whether the funds are public funds as defined funds.	by 42 CFR § 433.51,	and exclude any federal
Yes		
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 t	he tax a state, county, city, or hos	pital district tax?	
	If other, please explain		
	n carety produce cripraint		
b. Wł	nat entities are taxed?		
	All		
c. Wł		y tax, percentage of revenue, asse	
	Funded through a half-cent sales	surtax for indigent health care (F.	S. 212.0055 (7))
d. Wł	nat is the amount or percent of the	tax?	
	1/2 cent		
CF		ne tax revenue fall on health care prevenue and the health care provid	
G. I	oner are renewing queenene.		Amount
	Total Tax Burden		\$ -
	Healthcare Provider Tax Burden		\$ -
			0.00%
i)	all health care items or services i	based tax can be defined as a tax n the class or providers of such ite ders in the State, and is imposed u	ms or services furnished by
	If no, please explain		

5.

ii) Is the tax uniform across all entities being taxed? Based on 42 CFI related tax will be considered to be imposed uniformly even if it exp payments (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 b Medicaid revenue must be applied uniformly to all providers being	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	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 inc 433.68(f)?	cluded 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 or CFR § 433.52?	ganization as defined in 42
b. How much of the organization's revenue is received from provider-related total revenue and the provider-related donation amounts)?	ted donations (Provide the
Total Revenue	Amount -
Provider Related Donations	\$ -
c. Do individual provider donations exceed \$5,000 per year or \$50,000 p	er year for a health care

No

If yes, please list the provider and payment amount.

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

			\$		
			\$	-	
			Φ	-	
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. 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.					
7. Were funds utilized for the IGT specifically appropriated by the organization's board?					
	Yes				
	If yes, provide the board minutes and date	of the appropriation.		9/16/2025	
	7 /1	11 1			
I William D. Beasley certify that the statements and information contained in this submittal are true, accurate, and complete.					
		Signature of Officer or	r Administrator		
		J			
			ty Manager		
		Title			
		Date			