

STATE OF FLORIDA			
Intergoverni	mental Transfers Questionnaire		
GT Provider Name:	Polk County Fire Rescue		
Health Care Provider Name:	<u> </u>		
IGT Amount:	\$4,989,893.04		
State Fiscal Year Ending:	6/30/2026		
What type of governmental entity is you or other)	r organization considered? (county	, city, hospital taxi	ng district,
County			
If other, please explain			
Does your organization have a relations the preamble of the enclosed Letter of A	•	contribute IGTs as	named in
Yes			
If yes, please describe your relation organization and any other financial		•	•
	es as a division of Polk County, a p sion of the Polk County Board of Co		
Please describe the source of the IGT for from a tax, a provider donation, or other		-	
Sc	ource	Amoun	t
Local Taxes			4,989,893
		\$	-
		\$	-
If other, please explain			
Verify whether the funds are public funds.	funds as defined by 42 CFR § 433.	51, and exclude a	ny federal
No			
If no, please explain			
	unds that are being claimed in Fed	eral Financial Part	icipation

4. Does your organization have taxing authority?

	Yes		
If th	e source of IGT funding is from taxes	, please answer the following que	estions:
a. I	s the tax a state, county, city, or hospi County If other, please explain	ital district tax?	
b. V	Vhat entities are taxed?		
	N/A		
c. V	Vhat is the tax structure (i.e. property	tax, percentage of revenue, asse	ssment. etc.)?
	The taxes used for the IGT funds of valorem, taxes, fees, assessments	derive from one or more of the foll	
d. V	What is the amount or percent of the to	ax?	
	N/A		
(Does at least 85% of the burden of the CFR §433.55? (Provide the total tax reasons the following questions:		
			Amount
	Total Tax Burden Healthcare Provider Tax Burden		\$ - \$ -
	Healthcare Provider Tax Builden		0.00%
	i) Is the tax broad based? A broad bath all health care items or services in all non-Federal, non-public provide CFR § 433.68.	the class or providers of such iter	that is imposed on at least ms or services furnished by
	Yes		
	If no, please explain		

5.

	payments (in whole or in part), or revenue or receipts with respect Medicare revenue with respect to	be imposed uniformly even if it exclude r both; or in the case of health care-rela- to a class of items or services, if it exc o a class of items or services, or both. ed uniformly to all providers being taxed	ated tax based on ludes either Medicaid or The exclusion of
	modicala revenue muet se applic	ou annormly to an providere being taxe.	u .
	Yes		
_	lf no, please explain		
	ls the tax generally redistributive was granted in accordance with	and a waiver of the broad-based or un 42 CFR §433.68(e)?	niform tax requirement
	No		
	lf no, please explain		
	No, this is not a health care relat	ted tax.	
,	Does the tax program comply wit 433.68(f)?	th the hold harmless provisions include	ed in 42 CFR §
	No		
	lf no, please explain		
	No, this is not a health care relat	ted tax.	
v)		eive a supplemental payment equal to	or exceeding its tax cost?
L	No		
_	lf yes, please explain		
	answer the following regarding pare entities.	provider funds received from the health	care entity and/or other
	provider voluntary payments or i R § 433.52?	in-kind services received by the organiz	zation as defined in 42
	No		
	v much of the organization's reve I revenue and the provider-relate	enue is received from provider-related or ed donation amounts)?	donations (Provide the
[Total Revenue	\$	-
	Provider Related Donations	\$	-
	ndividual provider donations exc anizational entity?	ceed \$5,000 per year or \$50,000 per ye	ear 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 constitut § 433.54? 42 CFR § 433.54 requires donations will provider class, or related entity under a hold harmle	not be returned to the individual provider, the			
 e. Is there an agreement between the IGT provider ar whether the agreement is written and provide the d 				
No				
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	ne appropriation.			
I certify that t in this submittal are true, accurate, and complete.	he statements and information contained			
Sig	nature of Officer or Administrator			
Titl	<u> </u>			

Date