

SUMMARY OF REQUEST

DATE: July 21, 2021

**FACILITY/ PROGRAM/
PRODUCT LINE:** North Broward Hospital District
Ad Valorem Tax Roll Process 2021

REQUEST: Approval of:

1. 2021 Rolled-Back Millage Rate of 1.0982.
2. Adoption of Proposed 2021 Millage Rate of 1.2770.
3. Scheduling of the Date, Time, and Place for First Tentative and Second Final Tax Hearings.

PURPOSE: Annual process requiring two public hearing and advertisement placement for review and subsequent approval of rolled-back millage rate and proposed millage rate for levy of taxes for 2021.

**INITIATIVE(S)
SUPPORTED:** Certification process for appropriation of Ad Valorem Taxes.

FISCAL IMPACT: See attached financial analysis and tax schedule.

COMPLETION DATE: No later than October 24, 2021 for entire process.

APPROVED:



~~Shane Strum 07/21/2021 09:47 EDT~~
Shane Strum, President/CEO

DATE: _____



~~Alex Fernandez 07/21/2021 09:46 EDT~~
Alex Fernandez, SVP/CFO

DATE: _____

MEMORANDUM

DATE: July 21, 2021
TO: BOARD OF COMMISSIONERS
FROM: Shane Strum, President/CEO
SUBJECT: APPROVAL OF:

1. 2021 rolled-back millage rate of 1.0982.
2. Adoption of Proposed 2021 millage rate of 1.2770.
3. Setting of date, time, and place for First Tentative and Second Final tax hearings.

BACKGROUND

Section 200.065, Florida Statutes, defines specific methods that must be followed by all taxing authorities when establishing budgets and annual millage rates.

Florida law requires the North Broward Hospital District to advise the Broward County Property Appraiser of its rolled-back rate, a proposed millage rate, and the date, time and place at which the first tentative public hearing will be held to consider the proposed millage rate and tentative budget. The District, as a taxing authority, must do this within thirty-five (35) days of the date the Property Appraiser certifies the taxable values of property lying within the North Broward Hospital District. The Property Appraiser certified the roll of property tax values on July 1, 2021. As such, by August 4, 2021, the District, in accordance with Florida law, must advise the Property Appraiser of the calculated rolled-back rate, its proposed millage rate, and the date, time, and place for the First Tentative Public Hearing to determine the tentative budget and proposed millage rate.

MOTION # 1

ACTION PROJECT DESCRIPTION

1. FIRST ACTION REQUIRED BY THE BOARD OF COMMISSIONERS – THE ADOPTION OF THE 2021 ROLLED-BACK MILLAGE RATE

Based upon the revised certified taxable value of property lying within the boundaries of the District, which was provided to us by the Broward County Property Appraiser on July 1, 2021, the North Broward Hospital District must compute a rolled-back millage rate. The rolled-back millage rate is defined as a millage rate which when applied to the assessed valuations, exclusive of new construction valuations, will yield gross tax receipts equivalent to the prior year's gross tax receipts before any adjustments from the Valuation Adjustment Board.

Attached, as Exhibit "A" is the 2021 Certification of Taxable Value for the North Broward Hospital District. Based on aforementioned criteria, our computation of the rolled-back millage rate for 2021 is 1.0982 mills.

FINANCIAL/ BUDGETARY IMPACT

See Exhibit "B" - Financial Impact of Various 2021 Millage Rates.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District approve the calculated rolled back millage rate of 1.0982 mills for 2021.

MOTION # 2

ACTIONS/PROJECT DESCRIPTION

2. SECOND ACTION REQUIRED BY THE BOARD OF COMMISSIONERS - THE ADOPTION OF THE 2021 PROPOSED MILLAGE RATE

The District’s staff is recommending that the Board adopt the proposed millage rate for the District’s 2021 at 1.2770 mills. Under ch. 200, Florida Statutes, the “proposed rate” **cannot be subsequently adjusted upward** at either of the two required public hearings unless each taxpayer within the District is sent a special notice by first class mail of their taxes under the tentatively approved millage rate and their taxes under the higher rate to be adopted at the required public hearing.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District set the proposed millage rate for 2021 at 1.2770.

MOTION # 3

ACTIONS/ JUSTIFICATION

3. THIRD ACTION REQUIRED BY THE BOARD OF COMMISSIONERS – SETTING THE DATE, TIME AND PLACE OF BOTH PUBLIC HEARINGS

Section 200.065, Florida Statutes, requires that two public hearings be held for public comment and for the purposes of discussing and explaining the reasons for the adoption of the fiscal year’s budget and millage rate.

An advertisement, which must include a summary of the operating budget, is required to be placed in a local newspaper within fifteen (15) days following the first tentative public hearing. Thereafter, the second and final public hearing must be held within two (2) to five (5) days of the placement of the newspaper advertisement.

Public hearings may not be held on Sunday and, if held on Monday through Friday, must be after 5:00 p.m. Likewise, it cannot be held on the same day the County Commission and School Board holds their public hearings. Attached, as Exhibit "C" is a calendar for the month of September 2021, reflective of significant dates, potential conflicts and recommended hearing dates for the North Broward Hospital District public hearings.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District adopt the following dates, times, and places to hold the 2021 tentative and final public budget and tax hearings:

- a. **First Tentative Hearing** – Wednesday, September 8, 2021 at 5:30 pm at Broward Health’s Corporate Spectrum Location: 1700 Northwest 49th Street, Suite 150, Fort Lauderdale, Florida, 33309; and
- b. **Second and Final Hearing** – Thursday, September 23, 2021 at 5:30 pm at Broward Health’s Corporate Spectrum Location: 1700 Northwest 49th Street, Suite 150, Fort Lauderdale, Florida, 33309.



CERTIFICATION OF TAXABLE VALUE

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DR-420
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Year: 2021	County: BROWARD
Principal Authority: NORTH BROWARD HOSPITAL DIST	Taxing Authority: NORTH BROWARD HOSPITAL DIST

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	148,932,288,590	(1)
2.	Current year taxable value of personal property for operating purposes	\$	6,169,669,818	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	78,698,678	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$	155,180,657,086	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value over 115% of the previous year's value. Subtract deletions.)	\$	2,429,032,140	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$	152,751,624,946	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$	146,005,357,357	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Number 9 (8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Number 0 (9)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser:	Date:		
	Electronically Certified by Property Appraiser	6/28/2021 1:30 PM		

SECTION II : COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.

10.	Prior year operating millage levy <i>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</i>		1.1469		per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$	167,453,544			(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <i>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</i>	\$	4,604,193			(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$	162,849,351			(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$	4,462,029,822			(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$	148,289,595,124			(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>		1.0982		per \$1000	(16)
17.	Current year proposed operating millage rate		0.0000		per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate <i>(Line 17 multiplied by Line 4, divided by 1,000)</i>	\$	0			(18)

19.	TYPE of principal authority (check one)	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Independent Special District	(19)
		<input type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
20.	Applicable taxing authority (check one)	<input checked="" type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(20)
		<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
21.	Is millage levied in more than one county? (check one)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(21)

DEPENDENT SPECIAL DISTRICTS AND MSTUs		STOP HERE - SIGN AND SUBMIT
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22.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. <i>(The sum of Line 13 from all DR-420 forms)</i>	\$	162,849,351	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>		1.0982 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>	\$	170,419,398	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. <i>(The sum of Line 18 from all DR-420 forms)</i>	\$	0	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>		0.0000 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate <i>(Line 26 divided by Line 23, minus 1, multiplied by 100)</i>		-100.00 %	(27)

First public budget hearing	Date :	Time :	Place :
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S I G N H E R E	Taxing Authority Certification	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.	
	Signature of Chief Administrative Officer :		Date :
	Title :	Contact Name and Contact Title :	
	Alex Fernandez, SVP/CFO	Renee Stahler, Director of Financial Management	
	Mailing Address :	Physical Address :	
1800 NW 49th Street	1800 NW 49th Street		
City, State, Zip :	Phone Number :	Fax Number :	
Fort lauderdale, Florida 33309	954/847-4075	954/847-4141	



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MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

DR-420MM-P
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Year: 2021		County: BROWARD	
Principal Authority: NORTH BROWARD HOSPITAL DIST		Taxing Authority: NORTH BROWARD HOSPITAL DIST	
1.	Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (1)
IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation.			
2.	Current year rolled-back rate from Current Year Form DR-420, Line 16	0.0000	per \$1,000 (2)
3.	Prior year maximum millage rate with a majority vote from 2020 Form DR-420MM, Line 13	0.0000	per \$1,000 (3)
4.	Prior year operating millage rate from Current Year Form DR-420, Line 10	0.0000	per \$1,000 (4)
If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.			
Adjust rolled-back rate based on prior year majority-vote maximum millage rate			
5.	Prior year final gross taxable value from Current Year Form DR-420, Line 7	\$	0 (5)
6.	Prior year maximum ad valorem proceeds with majority vote <i>(Line 3 multiplied by Line 5 divided by 1,000)</i>	\$	0 (6)
7.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value from Current Year Form DR-420 Line 12	\$	0 (7)
8.	Adjusted prior year ad valorem proceeds with majority vote <i>(Line 6 minus Line 7)</i>	\$	0 (8)
9.	Adjusted current year taxable value from Current Year form DR-420 Line 15	\$	0 (9)
10.	Adjusted current year rolled-back rate <i>(Line 8 divided by Line 9, multiplied by 1,000)</i>	0.0000	per \$1,000 (10)
Calculate maximum millage levy			
11.	Rolled-back rate to be used for maximum millage levy calculation <i>(Enter Line 10 if adjusted or else enter Line 2)</i>	0.0000	per \$1,000 (11)
12.	Adjustment for change in per capita Florida personal income <i>(See Line 12 Instructions)</i>		1.0443 (12)
13.	Majority vote maximum millage rate allowed <i>(Line 11 multiplied by Line 12)</i>	0.0000	per \$1,000 (13)
14.	Two-thirds vote maximum millage rate allowed <i>(Multiply Line 13 by 1.10)</i>	0.0000	per \$1,000 (14)
15.	Current year proposed millage rate	0.0000	per \$1,000 (15)
16.	Minimum vote required to levy proposed millage: (Check one)		
<input type="checkbox"/>	a. Majority vote of the governing body: Check here if Line 15 is less than or equal to Line 13. The maximum millage rate is equal to the majority vote maximum rate. Enter Line 13 on Line 17.		
<input type="checkbox"/>	b. Two-thirds vote of governing body: Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to proposed rate. Enter Line 15 on Line 17.		
<input type="checkbox"/>	c. Unanimous vote of the governing body, or 3/4 vote if nine members or more: Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.		
<input type="checkbox"/>	d. Referendum: The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.		
17.	The selection on Line 16 allows a maximum millage rate of <i>(Enter rate indicated by choice on Line 16)</i>	0.0000	per \$1,000 (17)
18.	Current year gross taxable value from Current Year Form DR-420, Line 4	\$	0 (18)

Taxing Authority : NORTH BROWARD HOSPITAL DIST		DR-420MM-P R. 5/12 Page 2	
19.	Current year proposed taxes <i>(Line 15 multiplied by Line 18, divided by 1,000)</i>	\$	0 (19)
20.	Total taxes levied at the maximum millage rate <i>(Line 17 multiplied by Line 18, divided by 1,000)</i>	\$	0 (20)
DEPENDENT SPECIAL DISTRICTS AND MSTUs			STOP HERE. SIGN AND SUBMIT.
21.	Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage. <i>(The sum of all Lines 19 from each district's Form DR-420MM-P)</i>	\$	0 (21)
22.	Total current year proposed taxes <i>(Line 19 plus Line 21)</i>	\$	0 (22)
Total Maximum Taxes			
23.	Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage <i>(The sum of all Lines 20 from each district's Form DR-420MM-P)</i>	\$	0 (23)
24.	Total taxes at maximum millage rate <i>(Line 20 plus Line 23)</i>	\$	0 (24)
Total Maximum Versus Total Taxes Levied			
25.	Are total current year proposed taxes on Line 22 equal to or less than total taxes at the maximum millage rate on Line 24? (Check one)	<input type="checkbox"/> YES	<input type="checkbox"/> NO (25)
S I G N H E R E	Taxing Authority Certification	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.	
	Signature of Chief Administrative Officer :	Date :	
	Title : Alex Fernandez, SVP/CFO	Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
	Mailing Address : 1800 NW 49th Street	Physical Address : 1800 NW 49th Street	
	City, State, Zip : Fort lauderdale, Florida 33309	Phone Number : 954/847-4075	Fax Number : 954/847-4141

Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Coral Springs	Base Year : 2002

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	137,903,920	(1)
2.	Base year taxable value in the tax increment area	\$	66,321,640	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	71,582,280	(3)
4.	Prior year Final taxable value in the tax increment area	\$	136,120,570	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	69,798,930	(5)

SIGN HERE	Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY. Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	68,003,166	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	76,050	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer :		Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
	City, State, Zip : Fort lauderdale, Florida 33309		Phone Number : 954/847-4075	Fax Number : 954/847-4141



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DR-420TIF
R. 6/10
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Davie	Base Year : 1988

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	83,567,390	(1)
2.	Base year taxable value in the tax increment area	\$	15,487,800	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	68,079,590	(3)
4.	Prior year Final taxable value in the tax increment area	\$	79,200,310	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	63,712,510	(5)

SIGN HERE	Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b	\$	64,675,611	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	70,277	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)		0.00 %	(7d)
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :			Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management		
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street		
	City, State, Zip : Fort lauderdale, Florida 33309		Phone Number : 954/847-4075	Fax Number : 954/847-4141	

EXHIBIT A



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Deerfield Beach	Base Year : 1999

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	486,934,470	(1)
2.	Base year taxable value in the tax increment area	\$	110,827,830	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	376,106,640	(3)
4.	Prior year Final taxable value in the tax increment area	\$	477,193,040	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	366,365,210	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/28/2021 1:30 PM		

SECTION II: COMPLETED BY TAXING AUTHORITY. Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	357,301,308	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	399,175	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :	Date :		
	Title : Alex Fernandez, SVP/CFO	Contact Name and Contact Title : Renee Stahler, Director of Financial Management		
	Mailing Address : 1800 NW 49th Street	Physical Address : 1800 NW 49th Street		
City, State, Zip : Fort lauderdale, Florida 33309	Phone Number : 954/847-4075	Fax Number : 954/847-4141		



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD	
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST	
Community Redevelopment Area : Margate	Base Year : 1997	
SECTION I : COMPLETED BY PROPERTY APPRAISER		
1. Current year taxable value in the tax increment area	\$ 984,193,900 (1)	
2. Base year taxable value in the tax increment area	\$ 306,827,250 (2)	
3. Current year tax increment value (Line 1 minus Line 2)	\$ 677,366,650 (3)	
4. Prior year Final taxable value in the tax increment area	\$ 924,586,930 (4)	
5. Prior year tax increment value (Line 4 minus Line 2)	\$ 617,759,680 (5)	
SIGN HERE	Property Appraiser Certification I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	
	Date : 6/28/2021 1:30 PM	
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.		
6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
6a. Enter the proportion on which the payment is based.	95.00 % (6a)	
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$ 643,498,318 (6b)	
6c. Amount of payment to redevelopment trust fund in prior year	\$ 673,083 (6c)	
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:		
7a. Amount of payment to redevelopment trust fund in prior year	\$ 0 (7a)	
7b. Prior year operating millage levy from Form DR-420, Line 10	0.0000 per \$1,000 (7b)	
7c. Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$ 0 (7c)	
7d. Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>	0.00 % (7d)	
7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$ 0 (7e)	
S I G N H E R E	Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer : 	
	Date : 	
	Title : Alex Fernandez, SVP/CFO	Contact Name and Contact Title : Renee Stahler, Director of Financial Management
	Mailing Address : 1800 NW 49th Street	Physical Address : 1800 NW 49th Street
City, State, Zip : Fort lauderdale, Florida 33309	Phone Number : 954/847-4075	Fax Number : 954/847-4141

EXHIBIT A



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Rule 12D-16.002
Florida Administrative Code
Effective 11/12

TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Plantation	Base Year : 2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	331,581,890	(1)
2.	Base year taxable value in the tax increment area	\$	127,670,650	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	203,911,240	(3)
4.	Prior year Final taxable value in the tax increment area	\$	308,697,790	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	181,027,140	(5)

SIGN HERE	Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b	\$	193,715,678	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	197,239	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)		0.00 %	(7d)
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer :		Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
	City, State, Zip : Fort lauderdale, Florida 33309		Phone Number : 954/847-4075	Fax Number : 954/847-4141



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Pompano Beach West	Base Year : 1989

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	1,347,548,220	(1)
2.	Base year taxable value in the tax increment area	\$	297,388,021	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	1,050,160,199	(3)
4.	Prior year Final taxable value in the tax increment area	\$	1,245,397,640	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	948,009,619	(5)

SIGN HERE	Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7, as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		0.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	0	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	0	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	1,000,000	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		1.1469 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	1,087,272	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		91.97 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	965,832,335	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer :		Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
	City, State, Zip : Fort lauderdale, Florida 33309		Phone Number : 954/847-4075	Fax Number : 954/847-4141

EXHIBIT A



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Progresso	Base Year : 1995

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	1,865,198,070	(1)
2.	Base year taxable value in the tax increment area	\$	208,260,650	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	1,656,937,420	(3)
4.	Prior year Final taxable value in the tax increment area	\$	1,657,134,500	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	1,448,873,850	(5)

SIGN HERE	Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	1,574,090,549	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	1,578,628	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer :		Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
	City, State, Zip : Fort lauderdale, Florida 33309		Phone Number : 954/847-4075	Fax Number : 954/847-4141



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2021	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Lauderdale Lakes	Base Year : 2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area	\$	398,661,370	(1)
2. Base year taxable value in the tax increment area	\$	127,159,990	(2)
3. Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	271,501,380	(3)
4. Prior year Final taxable value in the tax increment area	\$	337,915,590	(4)
5. Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	210,755,600	(5)

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	Signature of Property Appraiser :		Date :	
	Electronically Certified by Property Appraiser		6/28/2021 1:30 PM	

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:			
6a.	Enter the proportion on which the payment is based.	95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$ 257,926,311	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$ 229,630	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:			
7a.	Amount of payment to redevelopment trust fund in prior year	\$ 0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10	0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$ 0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>	0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$ 0	(7e)

S I G N H E R E	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer :		Date :	
	Title : Alex Fernandez, SVP/CFO		Contact Name and Contact Title : Renee Stahler, Director of Financial Management	
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EXHIBIT A

**NORTH BROWARD HOSPITAL DISTRICT
FINANCIAL IMPACT
OF VARIOUS 2021/2022 MILLAGE RATES**

	Various Millage Rates	% Increase / (Decrease) From Roll-back Rate	Gross Tax Receipts	Gross Financial Impact	Net Tax Receipts		Net Financial Impact
					(After discounts, VAB adj., CRA & Tax Assessor/Collector Cost)		
Rolled Back/Proposed Mil Rate	1.0982	0.00%	\$170,419,398	\$0	\$154,805,820	\$0	
	1.1280	2.7%	\$175,043,781	\$4,624,383	\$159,128,596	\$4,322,776	
Current Rate	1.1469	4.43%	\$177,976,696	\$7,557,298	\$161,870,223	\$7,064,403	
	1.1578	5.4%	\$179,668,165	\$9,248,767	\$163,451,373	\$8,645,553	
	1.1876	8.1%	\$184,292,548	\$13,873,150	\$167,774,149	\$12,968,329	
	1.2174	10.9%	\$188,916,932	\$18,497,534	\$172,096,925	\$17,291,105	
	1.2472	13.6%	\$193,541,316	\$23,121,918	\$176,419,702	\$21,613,882	
	1.2770	16.3%	\$198,165,699	\$27,746,301	\$180,742,478	\$25,936,658	
	1.3068	19.0%	\$202,790,083	\$32,370,685	\$185,065,255	\$30,259,435	
Majority Vote Max Rate	2.0654	88.1%	\$320,510,129	\$150,090,731	\$295,107,476	\$140,301,656	
Two-Thirds Vote Max Rate	2.2719	106.9%	\$352,554,935	\$182,135,537	\$325,062,285	\$170,256,465	
Millage Cap - Unanimous Vote	2.5000	127.65%	\$387,951,643	\$217,532,245	\$358,150,382	\$203,344,562	

Note: An increase of \$4.6M in Gross Tax Revenues is equal to \$2.97 in tax increases to a home owner per every \$100,000 of property value

September 2021

September 2021

Su	Mo	Tu	We	Th	Fr	Sa
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2021

Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug 29	30	31	Sep 1	2	3	4
5	6	7	8 BH 1ST TAX HEARING	9	10	11
12	13	14 2ND PUBLIC SCHOOL BOARD HEARING	15	16	17	18
19	20	21	22	23 BH 2ND TAX HEARING	24	25
26	27	28	29	30	Oct 1	2