NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Special Board of Commissioners meeting will be held on Wednesday, July 22, 2020, AT 1:30 p.m., via WebEx. The purpose of this meeting, based upon statutory requirements and requisite timelines, is to certify the DR-420 form and any other applicable forms sent by the Broward County Property Appraiser; set the date, time, and meeting place to hold the FY 2020/2021 tentative and final budget and tax public hearings; determine the roll-back millage rate for FY 2020/2021; and set the proposed millage rate for FY 2020/2021.

NOTE: This public board meeting shall be conducted only through communications media technology in accordance with Fla. Exec. Order No. 2020-69 (March 20, 2020) and § 120.54(5)(b)2., Florida Statutes.

Any person who decides to appeal any decision of the District’s Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.
SUMMARY OF REQUEST

DATE: July 22, 2020

FACILITY / PROGRAM / PRODUCT LINE: North Broward Hospital District Ad Valorem Tax Roll Process 2020

REQUEST: Approval of:
1. 2020 Rolled Back Millage Rate of 0.9854
2. Adoption of Proposed 2020 Millage Rate of 1.2889
3. Setting of Date, Time and Place for First and Second Tax Hearings

PURPOSE: Annual process requiring two public hearings and advertisement placement for review and subsequent approval of rolled back millage rate and proposed millage rate, for levy of taxes for FY 2020/2021.

STRATEGIC INITIATIVE (S) SUPPORTED: Certification Process for Appropriation of Ad Valorem Taxes

CAPITAL REQUIRED: Not Applicable

FISCAL IMPACT: See attached financial analysis and tax schedule

legal review: General Counsel monitoring ongoing during the 105 days of Truth in Millage (TRIM) process

COMPLETION DATE: No later than October 24, 2020 for entire process

APPROVED: 

DATE: 

DATE: 

[Signatures]
MEMORANDUM

DATE: July 22, 2020

TO: BOARD OF COMMISSIONERS

FROM: Gino Santorio, President/CEO

SUBJECT: APPROVAL OF:
1. 2020 ROLLED-BACK MILLAGE RATE OF 0.9854
2. ADOPTION OF PROPOSED 2020 MILLAGE RATE OF 1.2889
3. SETTING OF DATE, TIME AND PLACE FOR FIRST AND SECOND TAX HEARINGS

BACKGROUND
Florida Statutes, Section 200.065 defines specific methods to be followed by all taxing bodies in establishing annual millage rates.

Florida law requires the North Broward Hospital District to advise the Broward County Property Appraiser of a proposed millage rate, its rolled-back rate and the date, time and place at which a public hearing will be held to consider the proposed millage rate and tentative budget. The District, as a taxing authority, must do this within 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 1st, 2020. The District, as a taxing authority, will advise the Property Appraiser of a proposed millage rate and rolled back rate on August 4th, 2020, which is within the 35 day limit. The proposed millage rate is 1.2889 mills and rolled back rate is 0.9854 mills.

ACTION PROJECT DESCRIPTION

1. FIRST REQUIRED ACTION BY THE BOARD OF COMMISSIONERS – THE 2020 ROLLED-BACK MILLAGE RATE MUST BE DETERMINED

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 1st, 2020, 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 2020 Certification of Taxable Value for the North Broward Hospital District. Based on aforementioned criteria, our computation of the rolled-back millage rate for 2020 is 0.9854 mills.
FINANCIAL / BUDGETARY IMPACT


STAFF RECOMMENDATION

Therefore, the Board of Commissioners of the North Broward Hospital District should, by appropriate motion, determine the roll-back millage rate for 2020 is 0.9854 mills.

ACTIONS/PROJECT DESCRIPTION

2. REQUIRED ACTION–THE 2020 PROPOSED MILLAGE RATE MUST BE DETERMINED

Staff recommends that the proposed millage rate to be set at 1.2889 mills. Under Florida Statutes Chapter 200, the “proposed rate” cannot be subsequently adjusted upward at either of the two required public hearings unless each taxpayer within the Taxing 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 ADVISEMENT

Therefore, based upon statutory requirements and process criteria, the North Broward Hospital District sets the proposed millage rate for 2020 at 1.2889
3. **REQUIRED ACTION- THE DATE, TIME AND PLACE OF TWO REQUIRED PUBLIC HEARINGS MUST BE SET**

Florida Statutes require that two public hearings must be held for purposes of discussing and explaining reasons for the millage rate and receiving public comments.

Florida Statutes require that the advertisement has to be placed within fifteen days of the first hearing. Then the final hearing has to be held within 2-5 days from 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.

The Truth In Millage (TRIM) bill requires that certain public hearings for budget actions not be held on the same days (i.e., cannot be on the same dates set for the School Board and/or Broward County Commission). Attached, as Exhibit “C” is a calendar for the month of September 2020 reflective of significant dates, potential conflicts and recommended hearing dates for the North Broward Hospital District public hearings.

**STAFF ADVISEMENT**

Therefore, based upon statutory requirements and requisite timelines, the North Broward Hospital District advises that the following dates, times and places be used to hold the 2020 TRIM public hearings:

A) **First hearing – Tuesday, September 8th, 2020 at 5:30 p.m. at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309.**

    and

B) **Second and final hearing – Thursday, September 24, 2020 at 5:30 p.m. at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309.**
# Certification of Taxable Value

**FLORIDA**

**CERTIFICATION OF TAXABLE VALUE**

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>BROWARD</td>
</tr>
</tbody>
</table>

**Principal Authority:** NORTH BROWARD HOSPITAL DIST  
**Taxing Authority:** NORTH BROWARD HOSPITAL DIST

## SECTION I: COMPLETED BY PROPERTY APPRAISER

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Current year taxable value of real property for operating purposes</td>
<td>$140,672,858,160 (1)</td>
</tr>
<tr>
<td>2.</td>
<td>Current year taxable value of personal property for operating purposes</td>
<td>$6,300,777,133 (2)</td>
</tr>
<tr>
<td>3.</td>
<td>Current year taxable value of centrally assessed property for operating purposes</td>
<td>$86,310,498 (3)</td>
</tr>
<tr>
<td>4.</td>
<td>Current year gross taxable value for operating purposes <em>(Line 1 plus Line 2 plus Line 3)</em></td>
<td>$147,059,945,791 (4)</td>
</tr>
<tr>
<td>5.</td>
<td>Current year net new taxable value <em>(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.)</em></td>
<td>$1,827,383,510 (5)</td>
</tr>
<tr>
<td>7.</td>
<td>Prior year FINAL gross taxable value from prior year applicable Form DR-403 series</td>
<td>$138,389,423,904 (7)</td>
</tr>
<tr>
<td>8.</td>
<td>Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0</td>
<td>YES [☑] NO [☐] Number 10 (8)</td>
</tr>
</tbody>
</table>

| 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, Certification of Voted Debt Millage forms attached. If none, enter 0 | YES [☑] NO [☐] Number 0 (9) |

**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:** 6/30/2020 1:07 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-.

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>10.</td>
<td>Prior year operating millage levy <em>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</em></td>
<td>1.0324 per $1,000 (10)</td>
</tr>
<tr>
<td>11.</td>
<td>Prior year ad valorem proceeds <em>(Line 7 multiplied by Line 10, divided by 1,000)</em></td>
<td>$142,873,241 (11)</td>
</tr>
<tr>
<td>12.</td>
<td>Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <em>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</em></td>
<td>$4,641,804 (12)</td>
</tr>
<tr>
<td>14.</td>
<td>Dedicated increment value, if any <em>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</em></td>
<td>$4,955,608,995 (14)</td>
</tr>
<tr>
<td>15.</td>
<td>Adjusted current year taxable value <em>(Line 6 minus Line 14)</em></td>
<td>$140,276,953,286 (15)</td>
</tr>
<tr>
<td>16.</td>
<td>Current year rolled-back rate <em>(Line 13 divided by Line 15, multiplied by 1,000)</em></td>
<td>0.9854 per $1000 (16)</td>
</tr>
<tr>
<td>17.</td>
<td>Current year proposed operating millage rate</td>
<td>1.2889 per $1000 (17)</td>
</tr>
<tr>
<td>18.</td>
<td>Total taxes to be levied at proposed millage rate <em>(Line 17 multiplied by Line 4, divided by 1,000)</em></td>
<td>$189,545,564 (18)</td>
</tr>
</tbody>
</table>

Continued on page 2

20. Applicable taxing authority (check one) □ Principal Authority □ Dependent Special District [20] □ MSTU □ Water Management District Basin

21. Is millage levied in more than one county? (check one) □ Yes □ No [21]

### DEPENDENT SPECIAL DISTRICTS AND MSTUS

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. <em>(The sum of Line 13 from all DR-420 forms)</em></td>
<td>$138,231,437</td>
</tr>
<tr>
<td>23.</td>
<td>Current year aggregate rolled-back rate <em>(Line 22 divided by Line 15, multiplied by 1,000)</em></td>
<td>0.9854 per $1,000</td>
</tr>
<tr>
<td>24.</td>
<td>Current year aggregate rolled-back taxes <em>(Line 4 multiplied by Line 23, divided by 1,000)</em></td>
<td>$144,912,871</td>
</tr>
<tr>
<td>25.</td>
<td>Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. <em>(The sum of Line 18 from all DR-420 forms)</em></td>
<td>$189,545,564</td>
</tr>
<tr>
<td>26.</td>
<td>Current year proposed aggregate millage rate <em>(Line 25 divided by Line 4, multiplied by 1,000)</em></td>
<td>1.2889 per $1,000</td>
</tr>
<tr>
<td>27.</td>
<td>Current year proposed rate as a percent change of rolled-back rate <em>(Line 26 divided by Line 23, minus 1, multiplied by 100)</em></td>
<td>30.80%</td>
</tr>
</tbody>
</table>

**First public budget hearing**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
</table>

**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

Instructions on page 3
# Maximum Millage Levy Calculation

## Preliminary Disclosure
For municipal governments, counties, and special districts

<table>
<thead>
<tr>
<th>Year:</th>
<th>2020</th>
<th>County: BROWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Authority:</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>Taxing Authority:</td>
</tr>
</tbody>
</table>

1. **Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?**

   - Yes [□]  
   - No [□]  
   - (1)

   **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  
   - 0.9854  
   - per $1,000  
   - (2)

3. Prior year maximum millage rate with a majority vote from 2018 Form DR-420MM, Line 13  
   - 2.0372  
   - per $1,000  
   - (3)

4. Prior year operating millage rate from Current Year Form DR-420, Line 10  
   - 1.0324  
   - 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.**

5. Prior year final gross taxable value from Current Year Form DR-420, Line 7  
   - $138,389,423,904  
   - (5)

6. Prior year maximum ad valorem proceeds with majority vote  
   - (Line 3 multiplied by Line 5 divided by 1,000)  
   - $281,926,934  
   - (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  
   - $4,641,804  
   - (7)

8. Adjusted prior year ad valorem proceeds with majority vote  
   - (Line 6 minus Line 7)  
   - $277,285,130  
   - (8)

9. Adjusted current year taxable value from Current Year Form DR-420 Line 15  
   - $140,276,953,286  
   - (9)

10. Adjusted current year rolled-back rate  
    - (Line 8 divided by Line 9, multiplied by 1,000)  
    - $1.9767  
    - per $1,000  
    - (10)

**Calculate maximum millage levy**

11. Rolled-back rate to be used for maximum millage levy calculation  
    - (Enter Line 10 if adjusted or else enter Line 2)  
    - $1.9767  
    - per $1,000  
    - (11)

12. Adjustment for change in per capita Florida personal income  
    - (See Line 12 Instructions)  
    - 1.0322  
    - (12)

13. Majority vote maximum millage rate allowed  
    - (Line 11 multiplied by Line 12)  
    - 2.0403  
    - per $1,000  
    - (13)

14. Two-thirds vote maximum millage rate allowed  
    - (Multiply Line 13 by 1.10)  
    - 2.2443  
    - per $1,000  
    - (14)

15. Current year proposed millage rate  
    - 1.2889  
    - per $1,000  
    - (15)

16. Minimum vote required to levy proposed millage: (Check one)  

   - 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.**

   - 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.**

   - 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.**

   - 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  
    - (Enter rate indicated by choice on Line 16)  
    - 2.0403  
    - per $1,000  
    - (17)

18. Current year gross taxable value from Current Year Form DR-420, Line 4  
    - $147,059,945,791  
    - (18)

Continued on page 2
<p>| | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Current year proposed taxes (Line 15 multiplied by Line 18, divided by 1,000)</td>
<td>$ 189,545,564</td>
<td>(19)</td>
</tr>
<tr>
<td>20</td>
<td>Total taxes levied at the maximum millage rate (Line 17 multiplied by Line 18, divided by 1,000)</td>
<td>$ 300,046,407</td>
<td>(20)</td>
</tr>
<tr>
<td>21</td>
<td>Enter the current year proposed taxes of all dependent special districts &amp; MSTUs levying a millage. <em>(The sum of all Lines 19 from each district's Form DR-420MM-P)</em></td>
<td>$ 0</td>
<td>(21)</td>
</tr>
<tr>
<td>22</td>
<td>Total current year proposed taxes <em>(Line 19 plus Line 21)</em></td>
<td>$ 189,545,564</td>
<td>(22)</td>
</tr>
<tr>
<td>23</td>
<td>Enter the taxes at the maximum millage of all dependent special districts &amp; MSTUs levying a millage <em>(The sum of all Lines 20 from each district's Form DR-420MM-P)</em></td>
<td>$ 0</td>
<td>(23)</td>
</tr>
<tr>
<td>24</td>
<td>Total taxes at maximum millage rate <em>(Line 20 plus Line 23)</em></td>
<td>$ 300,046,407</td>
<td>(24)</td>
</tr>
<tr>
<td>25</td>
<td>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)</td>
<td>✓ YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

**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.*

*Instructions on page 3*
**TAX INCREMENT ADJUSTMENT WORKSHEET**

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>County</th>
<th>BROWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>Taxing Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td>Community Redevelopment Area</td>
<td>Coral Springs</td>
<td>Base Year</td>
<td>2002</td>
</tr>
</tbody>
</table>

**SECTION I: COMPLETED BY PROPERTY APPRAISER**

1. Current year taxable value in the tax increment area $136,339,060 (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) $70,017,420 (3)
4. Prior year Final taxable value in the tax increment area $129,914,860 (4)
5. Prior year tax increment value (Line 4 minus Line 2) $63,993,220 (5)

**Property Appraiser Certification**

Signature of Property Appraiser: [Signature]

Electronically Certified by Property Appraiser: [Signature]

Date: 6/30/2020 1:07 PM

**SECTION II: COMPLETED BY TAXING AUTHORITY**

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) $66,516,549 (6b)

**If value is zero or less than zero, then enter zero on Line 6b**

6c. Amount of payment to redevelopment trust fund in prior year $62,282 (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 $ (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) $0 (7e)

**Taxing Authority Certification**

Signature of Chief Administrative Officer: [Signature]

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
<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>Principal Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
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<tr>
<td>County:</td>
<td>BROWARD</td>
</tr>
<tr>
<td>Taxing Authority:</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
</tbody>
</table>

| Community Redevelopment Area: Davie | Base Year: 1988 |

### SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area: $79,200,310 (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): $63,712,510 (3)
4. Prior year Final taxable value in the tax increment area: $73,118,330 (4)
5. Prior year tax increment value (Line 4 minus Line 2): $57,630,530 (5)

**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:**

6/30/2020 1:07 PM

### SECTION II: COMPLETED BY TAXING AUTHORITY

#### Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

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: $60,526,885 (6b)
6c. Amount of payment to redevelopment trust fund in prior year: $57,296 (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)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**

**Contact Name and Contact Title:**
Renee Stahler, Director of Financial Management

**Mailing Address:**
1800 NW 49th Street

**City, State, Zip:**
Fort Lauderdale, Florida 33309

**Phone Number:**
954/847-4075
**Fax Number:**
954/847-4141
### TAX INCREMENT ADJUSTMENT WORKSHEET

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<tr>
<td>Taxing Authority</td>
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<tr>
<td>Community Redevelopment Area</td>
<td>Deerfield Beach</td>
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<tr>
<td>Base Year</td>
<td>1999</td>
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#### SECTION I: COMPLETED BY PROPERTY APPRAISER

<p>| | |</p>
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<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current year taxable value in the tax increment area</td>
<td>$477,577,210 (1)</td>
</tr>
<tr>
<td>2. Base year taxable value in the tax increment area</td>
<td>$110,827,830 (2)</td>
</tr>
<tr>
<td>3. Current year tax increment value (Line 1 minus Line 2)</td>
<td>$366,749,380 (3)</td>
</tr>
<tr>
<td>4. Prior year Final taxable value in the tax increment area</td>
<td>$449,646,470 (4)</td>
</tr>
<tr>
<td>5. Prior year tax increment value (Line 4 minus Line 2)</td>
<td>$338,818,640 (5)</td>
</tr>
</tbody>
</table>

**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:** 6/30/2020 1:07 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Enter the proportion on which the payment is based.</td>
<td>95.00% (6a)</td>
</tr>
<tr>
<td>6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)</td>
<td>$348,411,911 (6b)</td>
</tr>
<tr>
<td><strong>If value is zero or less than zero, then enter zero on Line 6b</strong></td>
<td></td>
</tr>
<tr>
<td>6c. Amount of payment to redevelopment trust fund in prior year</td>
<td>0 (6c)</td>
</tr>
</tbody>
</table>

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a. Amount of payment to redevelopment trust fund in prior year</td>
<td>$332,658 (7a)</td>
</tr>
<tr>
<td>7b. Prior year operating millage levy from Form DR-420, Line 10</td>
<td>0.0000 per $1,000 (7b)</td>
</tr>
<tr>
<td>7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)</td>
<td>$0 (7c)</td>
</tr>
<tr>
<td>7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)</td>
<td>0.00% (7d)</td>
</tr>
<tr>
<td>7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)</td>
<td>0 (7e)</td>
</tr>
</tbody>
</table>

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**

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
# TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>County</th>
<th>BROWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Authority</td>
<td>NORTH BROOK HOSPITAL DIST</td>
<td>Taxing Authority</td>
<td>NORTH BROOK HOSPITAL DIST</td>
</tr>
<tr>
<td>Community Redevelopment Area</td>
<td>Fort Lauderdale</td>
<td>Base Year</td>
<td>1989</td>
</tr>
</tbody>
</table>

## SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area $1,079,115,760 (1)
2. Base year taxable value in the tax increment area $118,537,320 (2)
3. Current year tax increment value (Line 1 minus Line 2) $960,578,440 (3)
4. Prior year Final taxable value in the tax increment area $1,051,025,190 (4)
5. Prior year tax increment value (Line 4 minus Line 2) $932,487,870 (5)

**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**

6/30/2020 1:07 PM

## SECTION II: COMPLETED BY TAXING AUTHORITY

Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

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 $912,549,518 (6b)
6c. Amount of payment to redevelopment trust fund in prior year $914,565 (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)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer**

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 13
# TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
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<th>Year</th>
<th>County</th>
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<tr>
<td>2020</td>
<td>BROWARD</td>
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</tbody>
</table>

**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  
   $ 337,693,010

2. Base year taxable value in the tax increment area  
   $ 127,159,990

3. Current year tax increment value (Line 1 minus Line 2)  
   $ 210,533,020

4. Prior year Final taxable value in the tax increment area  
   $ 326,021,370

5. Prior year tax increment value (Line 4 minus Line 2)  
   $ 198,861,380

### Property Appraiser Certification
I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
**Date:** 6/30/2020 1:07 PM

**Electronically Certified by Property Appraiser**

## 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 %
   6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)  
      $ 200,006,369
   6c. Amount of payment to redevelopment trust fund in prior year  
      $ 195,039

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
   7b. Prior year operating millage levy from Form DR-420, Line 10  
      0.0000 per $1,000
   7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)  
      $ 0
   7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)  
      0.00 %
   7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d)  
      $ 0

### Taxing Authority Certification
I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**  
**Date:**

**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
# TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>County</th>
<th>BROWARD</th>
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</thead>
<tbody>
<tr>
<td>Principal Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>Taxing Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
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<tr>
<td>Community Redevelopment Area</td>
<td>Margate</td>
<td>Base Year</td>
<td>1997</td>
</tr>
</tbody>
</table>

## SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area $ 923,732,560 (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) $ 616,905,310 (3)
4. Prior year Final taxable value in the tax increment area $ 862,709,400 (4)
5. Prior year tax increment value (Line 4 minus Line 2) $ 555,882,150 (5)

**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:** 6/30/2020 1:07 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*

   $ 586,060,045 (6b)

   6c. Amount of payment to redevelopment trust fund in prior year $ 545,198 (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)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer:**

**Date:**

**Contact Name and Contact Title:**

Renee Stahler, Director of Financial Management

| Title: Alex Fernandez, SVP/CFO |
| Mailing Address: 1800 NW 49th Street |
| City, State, Zip: Fort Lauderdale, Florida 33309 |
| Phone Number: 954/847-4075 |
| Fax Number: 954/847-4141 |
## TAX INCREMENT ADJUSTMENT WORKSHEET

**Year:** 2020  
**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  
   $310,354,300 (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)*  
   $182,683,650 (3)
4. Prior year taxable value in the tax increment area  
   $282,784,500 (4)
5. Prior year tax increment value *(Line 4 minus Line 2)*  
   $155,113,850 (5)

### SIGN HERE

**Property Appraiser Certification**  
I certify the taxable values above are correct to the best of my knowledge.

**Signature of Property Appraiser:**  
Electronically Certified by Property Appraiser

**Date:** 6/30/2020 1:07 PM

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

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  
   $173,549,468 (6b)
6c. Amount of payment to redevelopment trust fund in prior year  
   $152,133 (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)

### 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
**TAX INCREMENT ADJUSTMENT WORKSHEET**

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>County</th>
<th>BROWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>Taxing Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td>Community Redevelopment Area</td>
<td>Pompano Beach East</td>
<td>Base Year</td>
<td>2001</td>
</tr>
</tbody>
</table>

**SECTION I: COMPLETED BY PROPERTY APPRAISER**

1. Current year taxable value in the tax increment area $ 482,848,930 (1)
2. Base year taxable value in the tax increment area $ 136,427,940 (2)
3. Current year tax increment value *(Line 1 minus Line 2)* $ 346,420,990 (3)
4. Prior year Final taxable value in the tax increment area $ 468,785,000 (4)
5. Prior year tax increment value *(Line 4 minus Line 2)* $ 332,357,060 (5)

**SIGN HERE**

**Property Appraiser Certification**

Signature of Property Appraiser: [Signature]
Electronically Certified by Property Appraiser: [Signature]

Date: 6/30/2020 1:07 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 $ 329,099,941 (6b)
   
   6c. Amount of payment to redevelopment trust fund in prior year $ 325,077 (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)

**SIGN HERE**

**Taxing Authority Certification**

Signature of Chief Administrative Officer: [Signature]

Date: [Date]

Title: Alex Fernandez, SVP/CFO
Contact Name and Contact Title: Renee Stahl, 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
**TAX INCREMENT ADJUSTMENT WORKSHEET**

<table>
<thead>
<tr>
<th><strong>Year:</strong></th>
<th>2020</th>
<th><strong>County:</strong></th>
<th>BROWARD</th>
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<tbody>
<tr>
<td><strong>Principal Authority:</strong></td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td><strong>Taxing Authority:</strong></td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td><strong>Community Redevelopment Area:</strong></td>
<td>Pompano Beach West</td>
<td><strong>Base Year:</strong></td>
<td>1989</td>
</tr>
</tbody>
</table>

### SECTION I: COMPLETED BY PROPERTY APPRAISER

| 1. Current year taxable value in the tax increment area | $1,245,713,860 | (1) |
| 2. Base year taxable value in the tax increment area | $297,386,021 | (2) |
| 3. Current year tax increment value (Line 1 minus Line 2) | $948,325,839 | (3) |
| 4. Prior year Final taxable value in the tax increment area | $1,182,086,700 | (4) |
| 5. Prior year tax increment value (Line 4 minus Line 2) | $884,698,679 | (5) |

**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: 6/30/2020 1:07 PM

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

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*  
$900,909,547  (6b)

6c. Amount of payment to redevelopment trust fund in prior year  
$864,035  (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)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

Signature of Chief Administrative Officer:  
Alex Fernandez, SVP/CFO

Date:  

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

EXHIB 18
# TAX INCREMENT ADJUSTMENT WORKSHEET

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>County</th>
<th>BROWARD</th>
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<tbody>
<tr>
<td>Principal Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
<td>Taxing Authority</td>
<td>NORTH BROWARD HOSPITAL DIST</td>
</tr>
<tr>
<td>Community Redevelopment Area</td>
<td>Progress</td>
<td>Base Year</td>
<td>1995</td>
</tr>
</tbody>
</table>

### SECTION I: COMPLETED BY PROPERTY APPRAISER

1. Current year taxable value in the tax increment area $1,658,764,610 (1)
2. Base year taxable value in the tax increment area $208,260,650 (2)
3. Current year tax increment value (Line 1 minus Line 2) $1,450,503,960 (3)
4. Prior year Final taxable value in the tax increment area $1,425,170,590 (4)
5. Prior year tax increment value (Line 4 minus Line 2) $1,216,909,940 (5)

**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**: 6/30/2020 1:07 PM

### SECTION II: COMPLETED BY TAXING AUTHORITY

**Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.**

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 $1,377,978,762 (6b)
6c. Amount of payment to redevelopment trust fund in prior year $1,193,521 (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)

**Taxing Authority Certification**

I certify the calculations, millages and rates are correct to the best of my knowledge.

**Signature of Chief Administrative Officer**: Alex Fernandez, SVP/CFO

**Contact Name and Contact Title**: Renee Stahl, 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
## NORTH BROWARD HOSPITAL DISTRICT
### FINANCIAL IMPACT
OF VARIOUS 2020/2021 MILLAGE RATES

<table>
<thead>
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<td>$119,514,076</td>
<td>($10,366,876)</td>
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<td>0.9224</td>
<td>-6.4%</td>
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<td>($9,264,777)</td>
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<td>($8,639,064)</td>
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<td>0.9350</td>
<td>-5.1%</td>
<td>$137,501,049</td>
<td>($7,411,822)</td>
<td>$122,999,627</td>
<td>($6,911,251)</td>
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<td>0.9476</td>
<td>-3.8%</td>
<td>$139,354,005</td>
<td>($5,558,866)</td>
<td>$124,897,141</td>
<td>($5,183,438)</td>
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<td></td>
<td>0.9602</td>
<td>-2.6%</td>
<td>$141,206,960</td>
<td>($3,705,911)</td>
<td>$126,425,327</td>
<td>($3,455,625)</td>
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<td>0.9728</td>
<td>-1.3%</td>
<td>$143,059,915</td>
<td>($1,852,956)</td>
<td>$128,153,139</td>
<td>($1,727,813)</td>
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<tr>
<td>Rolled Back Mil Rate</td>
<td>0.9854</td>
<td>0.0%</td>
<td>$144,912,871</td>
<td>$0</td>
<td>$129,880,952</td>
<td>$0</td>
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<tr>
<td>Proposed Mil Rate</td>
<td>1.2889</td>
<td>0.0%</td>
<td>$189,546,317</td>
<td>$44,633,246</td>
<td>$174,909,814</td>
<td>$41,619,048</td>
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<tr>
<td>Current Rate</td>
<td>1.0324</td>
<td>4.8%</td>
<td>$151,824,688</td>
<td>$6,911,817</td>
<td>$136,325,868</td>
<td>$6,445,016</td>
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<tr>
<td>Majority Vote Max Rate</td>
<td>2.0406</td>
<td>107.1%</td>
<td>$300,090,525</td>
<td>$155,177,854</td>
<td>$274,878,641</td>
<td>$144,697,459</td>
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<tr>
<td>Two-Thirds Vote Max Rate</td>
<td>2.2447</td>
<td>127.8%</td>
<td>$330,105,480</td>
<td>$185,192,589</td>
<td>$302,566,923</td>
<td>$172,685,282</td>
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<tr>
<td>Millage Cap - Unanimous Vote</td>
<td>2.5000</td>
<td>153.70%</td>
<td>$367,649,864</td>
<td>$222,736,993</td>
<td>$337,575,011</td>
<td>$207,694,059</td>
</tr>
</tbody>
</table>

*Note: A reduction of $1.6M in Net Tax Revenues is equal to $1.26 in tax savings to a home owner per every $100,000 of property value*
# September 2020

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<td>31</td>
<td>Sep 1</td>
<td>2</td>
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<td>29</td>
<td>30</td>
<td>Oct 1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- **6**: BH 1st Tax Hearing
- **9**: School Board Second Hearing
- **10**: County 1st Public Hearing
- **22**: County 2 Public Hearing
- **24**: BH 2nd Tax Hearing