

IGT Transferring Entity's representative will complete all fields on this document's associated "IGT Data" tab. The certifier may utilize the drop-down box if available or fill in the blank with the required identifiers and data. The IGT Transferring Entity's representative will complete the "Provider" portion chart for all providers it is sponsoring. If data for more than 10 providers are to be submitted, the certifier may add additional provider lines.

The purpose of this form is for governmental entities to declare the amounts they intend to IGT for use as the state share of TIPPS funding. The declared amount is non-binding; however, the declaration amount gives HHSC a valuable estimate of expected IGT amounts across the program. The non-federal share of all TIPPS payments is funded through IGTs from sponsoring governmental entities. **Please send your completed IGT Commitment Form to HHSC by email to PFD_TIPPS@hhs.texas.gov no later than close of business on May 25, 2022.**

Per Title 1 of the Texas Administrative Code (TAC) **§353.1309(f)(2)**: *Sponsoring governmental entities will determine the amount of IGT they intend to transfer to HHSC for the entire program period and provide a declaration of intent to HHSC 21 business days before the first half of the IGT amount is transferred to HHSC.*

(A) *The declaration of intent is a form prescribed by HHSC that includes the total amount of IGT the sponsoring governmental entity intends to transfer to HHSC.*

(B) *The declaration of intent is certified to the best knowledge and belief of a person legally authorized to sign for the sponsoring governmental entity but does not bind the sponsoring governmental entity to transfer IGT.*

Name of IGT Transferring Entity		
Operational Nature of the Transferring Entity <i>Select "Other" if you are a hospital district or LPPF.</i>		
County Name		
Does the Transferring Entity have General Taxing Authority?		
Is the Transferring Entity Eligible for Payment Under TIPPS?		

Certifier's Name		
Certifier's Title		
Certifier's Email		
Certifier's Phone		
I attest that I am a person legally authorized to sign for the transferring entity and that the information entered is correct to my best knowledge and belief. I also understand that the declaration of intent does not bind the governmental entity to transfer IGT.		

Physician Group Name	Physician Group Name	Physician Group NPI	First Half Amounts (Transfer Occurs on June 23rd, 2022)	Second Half Amounts (Transfer Occurs on November 23rd, 2022)