



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2416

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

A program of the Florida Dental Association Foundation, Florida Mission of Mercy (FLA-MOM) is the largest charitable dental clinic in Florida. FLA-MOM is a large-scale, two-day, professional dental clinic that provides free care to patients, with the goal of serving the underserved and under-insured in Florida. Since 2014, FLA-MOM has provided \$14.67 million in donated care to 13,816 patients with the help of more than 12,000 volunteers. FLA-MOM is held in a different Florida region each year. The 2025 FLA-MOM has a goal of treating of 2,000 patients in Volusia County.

5. State Agency to receive requested funds

State Agency contacted?  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	458	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Corporate and individual donations, private foundations, grants, and member dentists of the Florida Dental Association

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Comp and benefits: 50% of Foundation Director and 80% of Foundation Coordinator (as determined by annual time studies)	100,000
Expense/Equipment/Travel/Supplies/Other	Venue, moving & storage, rental of dental chairs and dental equipment, rental of panoramic x-ray machines, dental supplies/materials, oral health education materials, patient care kits, technology, post-operative care for FLA-MOM patients, volunteer training materials and supplies, marketing/advertising, security, event insurance	400,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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**b. What activities and services will be provided to meet the intended purpose of these funds?**

Services provided at FLA-MOM include oral health education, oral cancer & other health screenings, dental exams, cleanings, fillings, extractions, root canals, pediatric dental treatments, X-rays, and dentures and partials. Our program also successfully connects patients with options for a dental home by providing a resource guide of local community dental programs and clinics.

**c. What direct services will be provided to citizens by the appropriation project?**

Oral health education, oral cancer screenings, medical history review & blood pressure screening, panoramic X-ray, and dental exam by a licensed dentist. Dental treatments: extractions, restorations, cleanings, sealants, fluoride, root canals, partial or full dentures. All patients will receive a resource guide with the area's available dental services and dental home care products.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

The target population for FLA-MOM are those who are uninsured, elderly persons, persons with poor health, veterans, unemployed, economically disadvantaged persons, homeless, and school-aged children. 2000 patients are expected to be served.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

To relieve pain and infection, provide oral prosthetics for patients missing teeth, reduce the number of dental-related emergency department visits in Volusia County and surrounding counties, provide patients with options for a dental home to receive preventive care. Patient demographic data will be tracked using event software developed specifically for FLA-MOM. Additionally, the collection/analysis of FLA-MOM Impact Study questionnaires will be used to determine the overall health and dental needs specific to Volusia County and surrounding counties.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Standard contract penalties are sufficient.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)



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- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**