



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Fluoridation Project

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/07/2017

4. **Project/Program Description:**

Community Water Fluoridation

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
200,000		200,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0 %</b>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 200,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>200,000</b>	<b>200,000</b>

**10. Is future-year funding likely to be requested?**

Yes

**a. If yes, indicate non-recurring amount per year.**

Requested \$200,000 of general revenue to recur each subsequent fiscal year.

**11. Program Performance:**

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

Requested funds will be made available to local entities (municipalities, counties, water authorities, etc.) that seek assistance in fluoridating their water systems. Community water fluoridation has proven to be one of the most efficient and safest ways to prevent dental decay, which is one of the most common childhood diseases.

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

Local entities will use these funds to purchase and install water fluoridation equipment. Funds will go towards those cities or counties whose current fluoridated water treatment systems need to be updated.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Fluoridation equipment for municipalities, counties, water authorities, etc.	200,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Floridians who utilize a community water supply will be provided the optimal level of fluoride, 0.7ppm, for optimal oral health.

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

All Floridians who utilize a community water supply, but especially those without access to regular dental care.

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

Aside from the reduction in dental decay, the most common childhood disease, fluoridation also benefits middle-aged adults with reductions in tooth decay that occurs on tooth enamel and also on root surfaces that become exposed as gums recede. The CDC has recognized water fluoridation as "one of 10 great public health achievements of the 20th century." Less school hours will be missed by children who suffer dental decay and rural communities will see a decrease in dental decay.

**g. 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 in the contract?**

None.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

NONE

**13. Requestor Contact Information:**

- a. **Name:** Joe Anne Hart
- b. **Organization:** The Florida Dental Association
- c. **Email:** jahart@floridadental.org
- d. **Phone Number:** (850)224-1089



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### 14. Recipient Contact Information:

a. **Organization:** Public Health Dental Program

b. **County:** Statewide

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) Government entity

d. **Contact Name:** Dr. Edward Zapert

e. **E-mail Address:** Edward.Zapert@flhealth.gov

f. **Phone Number:** (850)245-4328

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** Joe Anne

b. **Firm:** The Florida Dental Association

c. **Email:** jahart@floridadental.org

d. **Phone Number:** (850)224-1089