



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Donated Dental Services Program

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

Florida Donated Dental Services Program

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
170,000		170,000

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%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 170,000

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.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		100,000	100,000

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

Yes

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

Requested \$170,000 of general revenue to reoccur each subsequent fiscal year.

11. Program Performance:

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

Funding is for two full-time coordinators and operating expenses for the Florida Donated Dental Services (DDS) Program through the Dental Lifeline Network.

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

The coordinators will facilitate appointments for comprehensive dental treatment between those indigent Floridians who are disabled, elderly, or medically compromised.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	T & A for payroll, A/P, A/R, Budget, Reports	15,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Coordinators / Supervisors	127,984
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expenses, equipment, travel, phone, postage, print, insurance and training	23,916
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Audit, lab Reimbursements	3,100
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		170,000

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

Those in the Donated Dental Services Program will receive much needed and sometimes life saving dental care.

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

Citizens who are disabled, elderly or medically compromised. Last year the program served approximately 620 individuals. Next year up to 800 individuals are expected to be served.

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 coordination of dental care for those that are some of the most needy, the program will help reduce costs in emergency room settings, which is typically where these individuals end up if they can't get access to a dentist. A program summary report and financial report for the fiscal year will be created to document performance data for the project. Attached is the most recent program summary and financial report.

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:

- Name:** Joe Anne Hart
- Organization:** The Florida Dental Association
- Email:** jahart@florida
- Phone Number:** (850)224-1089



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14. Recipient Contact Information:

a. Organization: Dental Lifeline Network

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)

d. Contact Name: Hollie Stevenson

e. E-mail Address: hstevenson@dentallifeline.org

f. Phone Number: (720)287-6185

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

a. Name: Joe Anne Hart

b. Firm: The Florida Dental Association

c. Email: jahart@floridadental.org

d. Phone Number: (850)224-1089