



# The Florida Senate

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

1. **Title of Project:** Premier Community Mobile Bus Project

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

Purchase of a mobile unit along with the required equipment to operate as a mobile dental clinic in rural/semi-rural areas.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
520,016		520,016

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	172,100	24.9%
TOTAL	172,100	24.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 692,116

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



# The Florida Senate

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

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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>			

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

No

**11. Program Performance:**

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

The specific goal that will be achieved with the funds requested is the one time purchase of a mobile unit along with the required equipment to operate as a mobile dental clinic in rural/semi-rural areas.

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

Preventative and restorative dental care for the medically underserved. The health of the teeth, the mouth, and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being.

**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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Mobile dental clinic (RV), dental equipment, computer equipment	520,016
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



# The Florida Senate

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

<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		520,016

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

Fluoride varnishes, dental sealants, cleanings, dental education, oral screenings, and additional restorative dental services as needed.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, students. Over 800 people will be served

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

Patients served will receive oral health screenings and a treatment plan to prevent caries (tooth decay) and periodontal (gum) disease. All patients are registered in the health center's electronic health records system.

**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?**

Reimbursement of funds

**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:** Joseph Resnick
- b. **Organization:** Premier Community Health Care Group, Inc.
- c. **Email:** jresnick@hcnetwork.org
- d. **Phone Number:** (352)518-2000

**14. Recipient Contact Information:**

- a. **Organization:** Premier Community Health Care Group, Inc.
- b. **County:** Hernando, Pasco



# The Florida Senate

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

**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:** Joseph Resnick

**e. E-mail Address:** jresnick@hcnetwork.org

**f. Phone Number:** (352)518-2000

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

**a. Name:** Ron Pierce

**b. Firm:** RSA Consulting Group, LLC

**c. Email:** ron@rsaconsultingllc.com

**d. Phone Number:** (813)777-5578