



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Plant City Clinic/Pediatrics Dentistry

2. **Senate Sponsor:** Tom Lee

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

The funds requested will be spent to expand the medical, pediatric dental and behavioral health services for residents in Plant City, FL. These funds will be used by Suncoast Community Health Centers to enhance and expand operations to this highly impacted area that is seeing the most critical need for health care.

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
500,000		500,000

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	5,500,000	91.7%
TOTAL	5,500,000	91.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:			

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?

Open pediatric dentistry services in Plant City, FL.

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

Pediatric Dentistry Services.

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	To purchase the necessary equipment to provide pediatric dental services.	500,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Pediatric dentistry.

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

3,000 Children ages 1 - 13.

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

Improved overall health; Reduced absenteeism; Limit Emergency Room visits - HEDIS Measures.

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?

Refunds.

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.

Suncoast Community Health Centers, Inc.

13. Requestor Contact Information:

- a. **Name:** Bradley P. Herremans
- b. **Organization:** Suncoast Community Health Centers, Inc.
- c. **Email:** BHerremans@suncoast-chc.org
- d. **Phone Number:** (813)653-6268

14. Recipient Contact Information:

- a. **Organization:** Suncoast Community Health Centers, Inc.
- b. **County:** Hillsborough
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College



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Other (Please specify)

d. Contact Name: Bradley P. Herremans

e. E-mail Address: BHerremans@suncoast-chc.org

f. Phone Number: (813)653-6268

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

a. Name: Pierce Ron

b. Firm: RSA Consulting

c. Email: ron@rsaconsultingllc.com

d. Phone Number: (813)777-5578