

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2304

I. Project Title	Agape Dental Se	ervice				
2. Senate Sponsor	Tracie Davis					
3. Date of Request	03/01/2023					
I. Project/Program Do	escription					
The allocation of the dental problems. In over. Additionally, w	2018, in Duval Coui	nty, 9,007 patier	nts vi	sited the Emergency	artment visits by un y room due to denta	insured patients havi al conditions age 5 ar
5. State Agency to re	ceive requested fu	nds Depa	rtme	nt of Health		
State Agency conta	acted? Yes					
. Amount of the Non	recurring Request	for Fiscal Year	r 202	3-2024		
Type of Funding				Amo	unt]
Operations					500,000	
Fixed Capital Outlay					0	_
Total State Funds I	Requested				500,000	
. Total Project Cost f	or Fiscal Year 202	3-2024 (includi	ng n			ect)
Type of Funding		ation (IC)		Amount	Percentage	1
Total State Funds R	equested (from que	stion #6)		500,000	65%	-
Matching Funds				250,000	32%	1
Federal State (evaluating the amount of this request)				250,000	0%	1
State (excluding the amount of this request)				20,000	3%	1
Local Other				0	0%	1
Total Project Costs	s for Fiscal Year 20	23-2024		770,000	100%	
8. Has this project pro	eviously received	state funding?		Yes		
Fiscal Year	Amo	ount		Specific	Vetoed]
(уууу-уу)	Recurring	Nonrecurrin	g	Appropriation #		
2021-22	0	375,	000	444	No	
). Is future funding lil	kely to be requeste	ed?		Yes		
a. If yes, indicate n	onrecurring amou	nt per year.	[500,000]
b. Describe the sou	urce of funding tha	t can be used	in lie	eu of state funding.		
Private funds or va	rious grants					
10. Has the entity req	uestina this projec	t received any	fed:	eral assistance rela	ated to the COVID-	·19 nandemic?
Yes	acoung uno projet	n icociveu ally	icut	orar assistante fele	ited to the OOVID-	io pandenne:
	omount of founds	roceived and	ıbat 1	ha funda wara	d for	
ir yes, indicate the	amount of funds I	eceived and W	riat i	he funds were use	u ior.	



11. Status of Construction

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ARP Funding - \$ 1,882,050 - Hire three FTE's (ARNP's), marketing, contact less check-in Kiosks, supplies, antibody tests, set up remote employees, security, and software upgrades to support COVID 19 Activities. Supplies included sneeze guards, mobile sanitizer stations, etc..

Complete questions 11 and 12 for Fixed Capital Outlay Projects

i	a. What is the current phase of the project?					
	OPlanning	ODesign	Construction			
	b. Is the projec	t "shovel ready	" (i.e permitted)?			
c. What is the estimated start date of construction?						
	d. What is the e	estimated comp	pletion date of construction?			
2.	List the owne relationship b	rs of the facility between the ow	to receive, directly or indirect ners of the facility and the enti	ly, any fixed capital d ty.	outlay funding. Include the	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Patients Assistant Representative	50,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Consultant	100,000
Operational Costs: Other		
Salary and Benefits	Dental Project Manager	100,000
Expense/Equipment/Travel/Supplies/Other	Services Rendered	250,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

14. Program Performance

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

The allocation of these funds will help to reduce the number of emergency department visits by uninsured patients having dental problems. In 2018, in Duval County, 9,007 patients visited the Emergency room due to dental conditions age 5 and over. Additionally, we will also help to reduce the prescribing of opioids.

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



d. First Name

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Preventive, Restorative, Emergent and urgent Dental Services will be provided to adults and children throughout Duval County.

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

Dental Services				
d. Who is the target population served by this project? How many individuals are expected to be served?				
The target population to be served are elderly persons, persons with poor mental and physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, grade school students, high school students, university/college students. The individuals expected to be served is more than 800 persons.				
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?				
The benefit to improve physical health will be done by recognizing that oral health and general health are interlinked and is essential for determining oral health care programs and strategies at both individual and community care levels. The method is the common risk factor approach that addresses common risk factors and their underlying social determinants for oral health promotion.				
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?				
The allocation of these funds will help reduce the number of emergency department visits by uninsured and under insured patients having dental problems, while also reducing the prescribing of opioids. Failure to meet deliverables will result in a 10 percent penalty.				
15. Requester Contact Information				
a. First Name Mia Last Name Jones				
b. Organization Agape Community Health Center				
c. E-mail Address mia.jones@agapefamilyhealth.org				
d. Phone Number (904)703-0165 Ext.				
16. Recipient Contact Information				
a. Organization Agape Community Health Center				
b. Municipality and County Duval				
c. Organization Type				
□For Profit Entity				
☑Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
□Local Entity				
□University or College				
□Other (please specify)				

Last Name Jones



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e. E-mail Address	mia.jones@agapefamilyhealth.org
f. Phone Number	(904)703-0165
. Lobbyist Contact I	nformation

17.

a. Name	Yolanda Cash Jackson
b. Firm Name	Becker & Poliakoff PA
c. E-mail Address	yjackson@beckerlawyers.com
d. Phone Number	(954)985-4132