



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1540

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Florida Mission of Mercy (FLA-MOM) is a large-scale, two-day, professional dental clinic that provides free care to patients, with the goal of serving the underserved and under-insured in Florida. Since 2014, FLA-MOM has provided \$9.43 million in donated care to 9,986 patients with the help of more than 8,200 volunteers. FLA-MOM is held in a different Florida region each year. The 2022 FLA-MOM has a goal of treating of 2,000 patients in Tallahassee.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	580,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>580,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	580,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>580,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Florida Mission of Mercy Impact Study - consultant fees for analysis of FLA-MOM Impact Study, which utilizes registration software written specifically for the FLA-MOM to collect patient demographic data, social service utilization, history of emergency department visits and treatment outcomes in order to measure FLA-MOM's effect on the communities it serves.	50,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Venue; moving/storage; dental chairs/dental equipment; lighting; communications; dental supplies/materials; on-site oral health educational materials; oral health educational takeaways; technology; insurance; marketing/advertising; security.	386,000
Consultants/Contracted Services/Study	On-site technicians to provide dental charting, patient check-in and records; after-care consulting for FLA-MOM patients with regional dental clinics.	144,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>580,000</b>

#### 12. Program Performance

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

Florida Mission of Mercy (FLA-MOM) is a large-scale, two-day, professional dental clinic that provides free care to patients, with the goal of serving the under-served and under-insured in Florida. Since 2014, FLA-MOM has provided \$9.43 million in donated care to 9,986 patients with the help of more than 8,200 volunteers. FLA-MOM is held in a different Florida region each year. The 2022 FLA-MOM has a goal of treating of 2,000 patients in Tallahassee.

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

Services provided at FLA-MOM include oral health education, oral cancer & other health screenings, dental exams, cleanings, fillings, extractions, root canals, pediatric dental treatments, X-rays, and dentures and partials. Our program also successfully connects patients with options for a dental home by providing a resource guide of local community dental programs and clinics.

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

Oral health education, oral cancer screenings, medical history review & blood pressure screening, panoramic X-ray, and dental exam by a licensed dentist.  
Dental treatments: extractions, restorations, cleanings, sealants, fluoride, root canals, partial or full dentures. All patients will receive a resource guide with the area's available dental services and dental home care products.

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

Uninsured, elderly persons, persons with poor health, unemployed, economically disadvantaged persons, homeless, school-aged children, college students.



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

Relieve pain and infection, provide oral prosthetics for patients missing teeth -- Data to be tracked using event software developed specifically for FLA-MOM. Reduce number of dental-related emergency department visits in Leon County and surrounding counties, provide patients with options for a dental home to receive preventive care -- collection/analysis of FLA-MOM Impact Study and AHCA emergency department data; track number of patients who visit partner providers for preventive care and maintenance.

**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?**

Deobligation of funds

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity  
☒ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☐ Local Entity  
☐ University or College  
☐ Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number