



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1208

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The current Dental Health Sciences Building cannot be retrofitted or renovated to meet current technology needed in the profession. In 2008, a Castaldi Report stated that it is more cost effective to demolish and construct a new building than to renovate. The new building will be placed on the Loxahatchee Groves Campus and will continue to house the accredited Dental Hygiene and Assisting programs in Palm Beach County, a Dental Research Clinic, and will also include Surgical Technologist and Physical Therapy Assistant programs - two additional workforce areas needed within the community. Therefore, to meet the current needs of the campus, the surrounding community, and to support our mission to provide more medically oriented programs, the new building will contain General Education Classrooms, Science Wet Labs, Dental and Science Labs, and Dental and Medical Vocational Programs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	24,961,556
<b>Total State Funds Requested</b>	<b>24,961,556</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	24,961,556	56%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	5,000,000	11%
Local	15,000,000	33%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>44,961,556</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2017-18	0	5,000,000	20	No

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?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1208

Yes

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

HEERF I, II and III - CARES Act and CRRSAA: \$131 million (Through the federal requirements/criteria to utilize the funds, 50% has gone into and will continue into the Spring 2022 semester to be distributed directly into students hands through student grants, while the other 50% has gone into or has been earmarked for technology, classroom standards and remote learning, PPE and clean air quality standardization, other material supplies, on campus COVID-19 testing, etc.

**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		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering	The initial planning allocation of \$5,000,000 was approved by the State Legislature and Governor in July 2017. An architect was commissioned to initiate design, and we have followed up with the selection of a Construction Manager. The requested remaining funds will go towards the construction, equipment, and fixtures costs of the new building.	24,961,556
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>24,961,556</b>

**12. Program Performance**

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

Acquire new dental equipment to replace old, out-dated equipment/units to improve the standard quality of care in the community and enhanced education resources for students to learn and keep up with technological advances in the dental industry. The equipment will assist with better preparing students for work in the dental industry due to the consistent upgrades in dental technology and make them more employable.

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

The building will house the College's Dental Hygiene and Dental Assisting programs, the Dental Research Clinic, Surgical Technologist and Physical Therapy Assistant programs. The building will provide for flexibility to adapt for new technology and increase capacity as the employment demand grows by allowing Palm Beach State to create additional cohorts by offering day, evening and weekend courses. Furthermore, advanced clinical education can be enhanced and offered to Florida licensed dentists and dental hygienists, which is required for relicensure in addition to the need of practitioners to keep up with new and ongoing developments required to learn in order to provide dental care.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1208

In addition to providing quality education for dental and medical services technology programs, the Atlantic Coast Dental Research Clinic provides the clinical education for the dental assisting programs. Their members are dentist practitioners throughout Palm Beach County. This is a one of a kind clinical educational model in the state and their continued participation is pivotal to the success of the only accredited dental assisting program in Palm Beach County. A new building will mirror the new and future technologies practitioners/employers utilize, which is why our program graduates will continue to have 100% employment rates.

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

Students, service learning business partners, and those within the community who utilize the Dental Research Clinic. Specifically, there are 48 dental hygiene students (24 dental hygiene students are enrolled in both the first and second year of the dental hygiene program) who provide treatment in the dental hygiene clinic. There are 24 dental assisting students enrolled each year. There are over 3,000 patients who are served annually at the dental clinic.

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

Dental and medical services technology students will continue to acquire a quality-level education in dental and health sciences programs and find employment in those respective career paths. With a new building and new equipment, these students will now have the ability to receive an education with state-of-the-art technology that is currently being used in dental and medical offices in Palm Beach County and around the state. Community members will continue receive dental care at the dental clinic. Outcomes will be measured through IPEDS and the College's Institutional Research and Effectiveness Department.

**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?**

Return the money to the state.

**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.**

Ava L. Parker, is the president of Palm Beach State College, and therefore would receive the funds as President of the College.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1208

#### 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