



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1817

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Comprehensive, no-cost dental care for homeless individuals — children through seniors. As South Florida's only provider of restorative care at no charge, Community Smiles provides crowns, bridges, dentures, implants, orthodontics, oral-trauma care, and case management. Their goal is to prevent costly ER use, restore health, and enable employability — a smile is often an employer's first impression. Triage alone doesn't repair oral health; this program does. Oral health is tightly linked to primary health: untreated dental disease worsens diabetes control, raises cardiovascular risk, impairs nutrition, fuels chronic infection and pain, and undermines overall care outcomes. For those experiencing homelessness, this care is vital — poor dental health not only drives systemic illness but also creates barriers to shelter, food, employment, and dignity.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	232,664
Fixed Capital Outlay	0
Total State Funds Requested	232,664

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	232,664	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	232,664	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	465,328	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

12. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Root Canals \$21,500—\$425 each (files, gutta-percha), Crowns \$27,500—\$550 each (blocks, impressions, cement), Bridges \$30,000—\$950 each + \$550 lab, Dentures \$42,500—\$850 each, Implants \$25,000—\$2,500 each, Infection care \$30,000—\$600 each, Consumables \$11,414—~\$23/visit (PPE/supplies) .	187,664
Consultants/Contracted Services/Study	Operating costs include contracted specialized dental providers:Endodontist, Periodontist, Oral Surgeon, Pediatric Dentist, Orthodontist, Periodontist \$450/day/100 days	45,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		232,664

13. Program Performance

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



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Goals: cut preventable ER dental visits by diverting care to clinics; save taxpayers by offsetting Florida's >\$400M/year ED dental charges (avg \$2,657/visit) with \$90–\$200 office care; achieve =10:1 ROI (every \$1 invested saves ~\$10) per ADA/HPI Florida estimates; boost employability—treatment doubles odds of favorable work outcomes; improve primary health by reducing diabetes and CVD risks via periodontal care, integration, and case management; track outcomes and housing/job gains.

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

Intake/eligibility; exams/x-rays; prevention; restorative (fillings, crowns, bridges), endodontics; prosthodontics (dentures, implant restorations); limited orthodontics; oral surgery/trauma; anesthesia; lab work; dental case management (plans, navigation, reminders, follow-up with partner case managers); patient transport; outcomes tracking and reporting.

Oral-health education: Skills-based chairside demos (brushing, flossing, interdental and denture/implant care); fluoride use and caries-risk reduction; recognizing infection/pain warning signs and when to use clinic vs ER; hygiene-kit distribution; multilingual, accessible materials with teach-back; SMS micro-lessons to reinforce habits.

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

No-cost dental care for homeless Floridians: diagnostics (exams, x-rays), prevention (cleanings, fluoride, sealants), restorative (fillings, crowns, bridges, root canals), prosthodontics (partial/full dentures, implant restorations), limited orthodontics for function, oral surgery/trauma, anesthesia, lab fabrication/repairs, and dental case management for scheduling, navigation, and follow-up. Plus intake/eligibility, transport, outcomes tracking, and skills-based oral-health education.

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

Target population: people experiencing homelessness across Miami-Dade, Broward, Palm Beach, and Monroe counties. We will serve 800–1,000 individuals annually, prioritizing adults and seniors while treating children as needed. Community Smiles — the region's safety-net dental provider — is South Florida's only clinic offering full restorative care at no cost: crowns, bridges, dentures, implants, and oral-trauma treatment. Coordinated with shelters and partner case managers to support jobs & stability.

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

Expected benefits: fewer preventable ER dental visits and taxpayer savings; improved employability and chronic disease control; reduced pain/infection; restored dignity. Methodology: track patients, procedures, pain scores, ER diversions, cost avoided, and employability (IDs gained, interview readiness, job starts/retention at 30/90 days), plus housing outcomes; quarterly dashboards/annual reports using baseline/post surveys and hospital data. Compare clinic costs to ED benchmarks to show ROI.

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 in the contract?

The contracting agency may apply graduated consequences for failing to meet deliverables, including: retainage (10–25%); proportional payment reductions; liquidated damages for late milestones (up to 1% per day, capped at 10%); suspension of drawdowns pending a corrective action plan; de-obligation or recoupment of unaccepted or non-allowable costs; ineligibility for renewal; and termination for cause after a cure period.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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)



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☐ Local Entity

☐ University or College

☒ Other (please specify) Broward, Palm Beach, Monroe

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.