



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1437

1. **Title of Project:** Fluoridation Project
2. **Senate Sponsor:** Anitere Flores
3. **Date of Submission:** 02/06/2019
4. **Project/Program Description:**  
Community Water Fluoridation.
5. **State Agency to receive requested funds :** Department of Health  
State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,000,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		200,000	445	No

9. **Is future-year funding likely to be requested?** Yes
  - a. **If yes, indicate non-recurring amount per year.** \$1,000,000

10. **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		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other	Fluoridation equipment for municipalities, counties, water authorities, etc.	1,000,000
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**11. Program Performance:**

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

Requested funds will be made available to local entities (municipalities, counties, water authorities, etc.) that seek assistance in fluoridating their water systems. Community water fluoridation has proven to be one of the most efficient and safest ways to prevent dental decay, which is one of the most common childhood diseases.

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

Local entities will use these funds to purchase and install water fluoridation. Funds will go towards those cities or counties whose current fluoridated water treatment systems need to be updated.

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

Floridians who utilize a community water supply will be provided the optimal level of fluoride, 0.7ppm, for optimal oral health.

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

All Floridians who utilize a community water supply, but especially those without access to regular dental care.

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

Aside from the reduction in dental decay, the most common childhood disease, fluoridation also benefits middle-aged adults with reductions in tooth decay that occurs on tooth enamel and also on root surfaces that become exposed as gums recede. The CDC has recognized water fluoridation as "one of 10 great public health achievements of the 20th century." Less school hours will be missed by children who suffer dental decay and rural communities will see a decrease in dental decay.

**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?**

None.

**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.**



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N/A

#### 13. Requestor Contact Information:

- a. **Name:** Joe Anne Hart
- b. **Organization:** Florida Dental Association
- c. **E-mail Address:** jahart@floridadental.org
- d. **Phone Number:** (850)224-1089

#### 14. Recipient Contact Information:

- a. **Organization:** Public Health Dental Program
- b. **County:** Statewide
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Dr. Edward Zapert
- e. **E-mail Address:** Edward.Zapert@flhealth.gov
- f. **Phone Number:** (850)245-1089

#### 15. Lobbyist Contact Information

- a. **Name:** Joe Anne Hart
- b. **Firm Name:** Florida Dental Association
- c. **E-mail Address:** jahart@floridadental.org
- d. **Phone Number:** (850)224-1089