



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1806

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Acquire new dental equipment to replace old, out-dated equipment/units for continuation of quality 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.

5. **State Agency to receive requested funds**

State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,000,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	New dental chairs, stools delivery systems, and instruments for dental assisting and dental hygiene clinic - Dental Compressors to run equipment - Planmeca panalypse dental radiography unit - Benco Dental - Custom Air Water Ring	1,000,000
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. 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 for continuation of quality 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 Atlantic Coast Research Clinic currently operates on the College's Lake Worth Campus, so the upgraded state-of-the-art equipment will be used on the current location until the proposed Dental & Medical Services Technology Building is complete on the Loxahatchee Groves Campus. The equipment will then be transported from Lake Worth to the new proposed Dental Hygiene Care Center on the College's Loxahatchee Groves Campus.

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

Dental restorative and emergency procedures (Atlantic Coast Research Clinic); Preventive Dental Hygiene Services (Dental Hygiene Care center); and Education facility for Dental Assisting and Dental Hygiene students.

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

Elderly persons, economically disadvantaged persons, developmentally disabled, physically disabled, pre-school students, grade school students, high school students, etc. With the purchase of new equipment our estimates say we're expected to serve over 800 individuals.

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

Improving physical health, improve quality of education, and create specific immediate job opportunities. Improving physical health will be conducted through patient's oral health to be reevaluated after 6 months, reduction of gum disease and dental cavities, and oral emergency conditions. We will improve quality of education by having access to new state of the art equipment and technology that is consistent with current dental practices in the community. Dental assisting and dental hygiene students will obtain sustainable employment in the dental field within the community. Employment placement after graduation in field; employment satisfaction surveys, and graduate surveys.

- 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?

Return all funds to the state.



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12. **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.**

State agency owned facility

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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