



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2258

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Project has three components:

1. Provide dental services through the county public health units in Wakulla/Leon County and Suwannee/Lafayette County by using dental students, supervised by an NSU faculty member, to provide preventative and restorative dental care.
2. Conduct training of school health nurses to identify, refer and report on the prevalence of untreated caries and the need for urgent dental care.
3. Acquire a digital software solution to conduct a proof-of-concept study to provide a more robust assessment of all of the dental needs in the state.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	2,600,000
Fixed Capital Outlay	0
Total State Funds Requested	2,600,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,600,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	2,600,000	100%

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.

Medicaid fee for service for children enrolled in the dental medicaid program

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



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Yes

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

NSU received \$17,854,287 from HEERFI, II and III that was direct student aid; NSU received \$22,089,642 from HEER I, II and III that was for institutional aid; NSU received \$2,980,489 from HEERF I, II and III as a minority serving institution; NSU received \$194,222 for telehealth; NSU received \$4,410,023 from the CDC to study the long term health effects on persons who contracted COVID

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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?

12. 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.

### 13. 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	Provide (2) NSU dental faculty members at county public health units in Wakulla/Leon County and Suwannee/Lafayette County to supervise dental students who will rotate through the CHUs and provide dental services to residents in those counties (\$1,850,000); provide statewide training to school health nurses to identify and refer school children who have critical dental needs (\$200,000; and purchase software to conduct a statewide needs assessment on an annual basis to provide DoH with informatio	2,600,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>2,600,000</b>
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**14. Program Performance**

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

Dental services will be made available in rural/unmet need counties where dental services are not available. School health nurses will be trained to identify and refer students who have critical dental needs; The state Department of Health and policymakers will have a more robust and up to date picture of what the dental needs of the state for both adults and children are.

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

Dental services, both preventative and restorative will be provided.  
 Training of school nurses on dental issues will be provided  
 Annual survey on dental needs will be conducted

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

Direct dental care to citizens.  
 Training of school nurses.

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

Children and Adults with dental needs.

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

Improved physical health of children and adults; fewer emergency room visits for dental issues; better quality of life

**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 of money to the state

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**