



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2016

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

Florida Atlantic University is proposing the addition of a Doctor of Dental Medicine (DMD) program and a College of Dentistry on the Boca Raton campus. The DMD program will produce general dentists who will provide comprehensive, culturally-safe, person-centered oral health care for patients of all ages and abilities by working in teams with other health care providers. The College of Dentistry will be housed in a new 94,000 gsf facility and would become the second public dental school in the state. The program would focus on recruiting students with a passion to work in underserved and rural areas. In addition to faculty and professional staff, the start-up of the program will require state-of-the-art specialized equipment, operating capital outlay and other personnel services such as consultants. The College of Dentistry aims to graduate its first class of 45 dentists in year 4 with a total headcount of 293 in Year 5, accounting for attrition.

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

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	5,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>5,000,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>5,000,000</b>	<b>100%</b>

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

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

**9. Is future funding likely to be requested?**  Yes

**a. If yes, indicate nonrecurring amount per year.**

**b. Describe the source of funding that can be used in lieu of state funding.**

Planned gift of \$30,000,000 from donor



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

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

\$57M HEERF Student - Students' financial needs. \$82M HEERF Institutional & HSI funds - COVID testing & supplies, housing beds & COVID related expenditures, student AR balances & lost revenues due to COVID, IT expenses for students' basic needs on campus.

## 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

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	Projected annual recurring expenses related to salaries and benefits of hiring staff and faculty to begin operationalization of program (accreditation, administration)	3,200,000
Expense/Equipment/Travel/Supplies/Other	Operating Capital Outlay for non-recurring startup costs	1,800,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

14. Program Performance

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



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This request would support the creation and operations of the College and will establish the infrastructure for the College to include the hiring of a founding dean, associate dean for student affairs, assistant dean of curriculum, senior faculty, and administrative personnel. We will also hire an assistant dean of admissions and staff to support student recruitment goals and faculty, administrative and supporting staff. We will hire a focused consulting firm to expedite accreditation, purchase learning tools and equipment and create scholarships and incentives to encourage professional service in rural and underserved areas after graduation.

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

In addition to standardized patient clinical program requirements, dental care clinic experiences will be operationalized throughout FAU's service area with full and affiliate faculty members, similar to the clinical rotations provided by our College of Medicine and College of Nursing. The College of Dentistry also will partner with public and private partners in the FAU Health Network. The College of Dentistry is an essential component of FAU Health Network's mission to best serve the growing population of Florida. Further, the clinical, education and research opportunities will enhance Florida's life sciences sector, boosting its workforce and related economic impact.

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

FAU Health Network aims to best serve the healthcare needs of the population of the region and of Florida through education, research integration, and interprofessional practice. The proposed College of Dentistry will be a key pillar in this foundation of care delivery, providing a pipeline of highly trained dental professionals who are well equipped to serve the community, with a focus on service in rural and underserved areas. We will work collaboratively with the region's 12 dental hygiene programs to provide additional clinical rotation opportunities.

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

Between 80-90% of the dental students that train in Florida remain in Florida, and this will have a tremendous impact on the number of dentists available to serve in the state. Focusing the curriculum on serving the underserved will benefit the 63 counties that have a shortage of dental providers and in FAU's service area of Palm Beach, Broward, Martin, St. Lucie, and Indian River counties. We anticipate serving ~31k individuals in collaboration with the Heartlands Rural Health Network, and anticipate providing care for over 65k patients through a partnership with the Central Florida Healthcare Group.

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

The primary educational outcomes of the proposed programs include student enrollment and graduation numbers. The primary workforce outcomes include the number and percentage of students who successfully pass the National Board Dental Examination and enter the dental workforce in Florida, specifically in underserved areas of the state. This program will increase the number of dental graduates, and will recruit students likely to stay in the region as they develop ties to the community that will further increase the likelihood of retention. The expected ROI include increases in the number of dentists, as well as allied dental professionals, such as dental hygienists and assistants, that are added to Florida's workforce.

**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?**

If Florida Atlantic University does not execute the plan as proposed, the state of Florida may relinquish all funds associated with this request.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**



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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

**17. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number