



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1755

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The allocation of these funds will help to reduce the number of emergency department visits by uninsured patients having dental problems. In 2018 in Duval County 9,007 patients visited the Emergency room due to dental conditions age 5 and over. Additionally we will also help to reduce the prescribing of opioids.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	65%
Matching Funds		
Federal	250,000	32%
State (excluding the amount of this request)	0	0%
Local	20,000	3%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	770,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	458	No

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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

Yes

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



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Dental Project Manager	100,000
Other Salary and Benefits	Patient Assistant Representative	50,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Dental Services Rendered, Marketing & Supplies	350,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

The allocation of these funds will help to reduce the number of emergency department visits by uninsured patients having dental problems. In 2018 in Duval County 9,007 patients visited the Emergency room due to dental conditions age 5 and over. Additionally we will also help to reduce the prescribing of opioids

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

Preventive, Restorative, Emergent and urgent Dental Services will be provided to adults and children throughout Duval County.

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

Dental Services



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

The target population to be served are elderly persons, persons with poor mental and physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, grade school students, high school students, university/college students. The individuals expected to be served is more than 800 persons.

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

The benefit to improve physical health will be done by recognizing that oral health and general health are interlinked and is essential for determining oral health care programs and strategies at both individual and community care levels. The method is the common risk factor approach that addresses common risk factors and their underlying social determinants for oral health promotion.

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?

The allocation of these funds will help reduce the number of emergency department visits by uninsured and under insured patients having dental problems. While also reducing the prescribing of opioids. Failure to meet deliverables will result in a 10 percent penalty.

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
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information



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