



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Senior Smiles Pilot Program - Broward, Miami-Dade, and Palm Beach

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

The Senior Smiles Project will provide much-needed access to comprehensive dental care to economically disadvantaged senior citizens in Palm Beach, Broward, and Miami-Dade Counties. This program attempts to address the problem of transportation and financial burden by establishing a mobile dental unit in partnership with Nova Southeastern University. There is an added benefit that the Nova Southeastern dental students would receive advanced geriatric clinical training.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
485,077		485,077

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 485,077

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		535,250	535,250

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The Senior Smiles Project will provide much-needed access to comprehensive dental care to economically disadvantaged senior citizens in Palm Beach, Broward, and Miami-Dade Counties. This program attempts to address the problem of transportation and financial burden by establishing a mobile dental unit in partnership with Nova Southeastern University. There is an added benefit that the Nova Southeastern dental students would receive advanced geriatric clinical training.

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

Improve Mental health, education and assist those seniors on fix incomes that need dental work.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Faculty Administration for scheduling students, staff, and faculties being serviced.	279,227
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Dental equipment, van, dental chairs, and supplies.	88,475
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Dental Laboratory Costs, both fixed and removable	117,375
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		485,077

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

Oral hygiene instructions, Oral prophylaxis, Flouride varnish restorations, Silver diamine Flouride, Denture repair, Denture adjustments, Denture relines, and Denture labeling.

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

Low income seniors.

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

Oral examinations, Simple restorative services, Denture adjustment services, Dental needs assessment-identifying dental services needed by the seniors.

g. 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?

Withhold funding until deliverables are met.

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.

None.

13. Requestor Contact Information:

- a. **Name:** Sandra Harris
- b. **Organization:** Panza, Maurer, and Maynard
- c. **Email:** Sharris@panzamaurer.com
- d. **Phone Number:** (954)390-0100



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Local Funding Initiative Request - Fiscal Year 2018-2019

14. Recipient Contact Information:

a. Organization: Panza, Maurer, and Maynard

b. County: Broward, Miami-Dade, Palm Beach

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: Sandra Harris

e. E-mail Address: Sharris@panzamaurer.com

f. Phone Number: (954)390-0100

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Sandra Harris

b. Firm: Panza, Maurer, and Maynard

c. Email: Sharris@panzamaurer.com

d. Phone Number: (954)390-0100