



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1835

1. **Title of Project:** Agape Community Health Center Mobile Dental

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 02/14/2019

4. **Project/Program Description:**

This funding will allow Agape Community Health Center to establish a Mobile Dental Program in conjunction with the Hospital Emergency Departments. Uninsured patients who need dental care would be referred to Agape, who will schedule them within five (5) days to be seen on the mobile unit.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	17.86%
Federal	2,300,000	82.14%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	2,800,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		500,000	447	Yes

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Coordinator.	65,000
Other Salary and Benefits	Dentist, Hygienist, and Dental Assistant.	285,000



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Expense/Equipment/Travel/Supplies/Other	Dental Equipment, supplies, and maintenance.	150,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

a. What is the specific purpose or goal that 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 while also reducing the prescribing of pain medication.

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

Emergency and Urgent Dental services will be provided to adults and children throughout Duval County.

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

Dental Services provided to the uninsured that cannot be addressed in the Emergency Room.

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

The target population is underserved adults and children within Duval County. We are anticipating being able to serve at least 800 patients.

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

Recognition that oral health and general health are interlinked is essential for determining appropriate oral health care programs and strategies at both individual and community care levels. Common Risk Factor Approach to measuring outcomes addresses the 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 in the contract?

As long as the funds are used to provide dental services, hire dental staff, and improve access to dental services for children and adults no penalties should be assessed.

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.

N/A

13. Requestor Contact Information:

a. Name: Mia Jones



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- b. Organization:** Agape Community Health Center Mobile Dental Unit
- c. E-mail Address:** mia.jones@agapefamilyhealth.org
- d. Phone Number:** (904)760-4904

14. Recipient Contact Information:

- a. Organization:** Agape Community Health Center Mobile Dental Unit
- b. County:** Duval
- 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:** Mia Jones
- e. E-mail Address:** mia.jones@agapefamilyhealth.org
- f. Phone Number:** (904)760-4904

15. Lobbyist Contact Information

- a. Name:** None
- b. Firm Name:** None
- c. E-mail Address:**
- d. Phone Number:**