



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1729

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This program will serve as a pilot program for Florida Free Clinics to provide free dental services and mental health for the uninsured and working poor. Free Clinics will hire providers, buy equipment, pay for labs and supplies, and provide free prescriptions.

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

**State Agency contacted?**

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

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</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)	3,000,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	25%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>4,000,000</b>	<b>100%</b>

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.**

Private donations.

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.**



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\$47,500 - Paycheck Protection Program.

### 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	A portion of the funds will be used to pay for licensed dental and mental healthcare providers such as dentists, hygienists, PNP, Psychiatric Nurse Practitioner, PCP, LMHC, and social workers.	2,000,000
Expense/Equipment/Travel/Supplies/Other	Funds will be used to purchase dental equipment such as chairs and x-ray machines, dental tools, labs and supplies.	1,000,000
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>3,000,000</b>

**14. Program Performance**

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

This program will serve as a pilot program for Florida Free Clinics to provide free dental services and mental health for the uninsured and working poor.

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



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To expand capacity by hiring dental assistants and hygienists to support volunteer providers which will increase access to dental services such as fillings, extractions, and dentures. Utilizing evidence-based and culturally appropriate interventions, to address the mental health needs identified, the building of an infrastructure of staff and volunteer mental health providers, clinical therapists, and care coordinators uniquely qualified to address individual mental health needs.

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

Dental services such as extractions and dentures.  
Mental health counseling and maintenance prescriptions.

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

Uninsured Floridians 0-64  
Approximately 60,000 individuals

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

Increase the number of people that have access to dental and mental healthcare, increasing capacity for current free clinics to expand access. We will measure the number of new patients seen, additional services/appointments conducted, prescriptions prescribed/dispensed. Reduce the number of avoidable hospitalizations related to untreated dental and mental health needs. Increasing access to these services will reduce the number of mental health and dental related visits among Florida's uninsured population which totals over 2 million.

**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?**

Financial penalties.

**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)



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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