



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2118

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

SFSC will creatively expand and enhance the learning opportunities available to students in its dental education programs. The increasing complexities of the health care environment that dental education graduates must be equipped for requires schools to provide a setting that mirrors contemporary dental practice. Funds will provide the resources needed to update the twenty-year old dental education clinic and lab spaces to provide a holistic health care setting.

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	1,950,000
Fixed Capital Outlay	0
Total State Funds Requested	1,950,000

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)	1,950,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,950,000	100%

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.

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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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Expenses related to the purchase of equipment to outfit approximately 15 operatories (an increase of 25%) with a focus on ergonomic design including up-to-date 3D technology to digitize clinic/lab operations i.e., printing, scanning, x-ray, and intra-oral cameras. Additional needs include simulators, student workspaces, debriefing spaces, student computers, and accessories.	1,750,000
Consultants/Contracted Services/Study	Contracted services for connectivity and minor construction projects to retrofit existing labs.	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,950,000

14. Program Performance

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



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

Instruction related to the delivery of dental hygiene and dental assisting curriculum; dental-medical integration, continuing workforce education, competency validation, and specialized care across the lifespan. The clinics provide patient care for student clinical competency attainment i.e. screenings, dental hygiene therapy, radiographs, fluoride treatment, sealants, and patient education.

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

Funds provided will narrow the dental skills gap. The shortage of dental hygienists and dental assistants has precipitated a staffing crisis. Local dental offices and citizens as consumers of dental care will directly benefit from the improved quality of dental care. The national demand for hygienists will increase by 10%, with Florida's demand at 13%, and assistant demand in rural areas is even higher.

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

The target population to be served includes students in all Dental Education programs at the College: Dental Assisting, Dental Hygiene, continuing education, certifications, and advanced/updated competencies for dental professionals, collaborative instructional activities with other health care disciplines, as well as healthcare providers seeking continuing education. The number of individuals directly served is estimated at 250-500 healthcare providers annually who, in turn, will potentially touch the lives of thousands of patients in their care. The ripple effect of the Center's impact on individuals in the community will be profound.

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

The expected benefit or outcome of this project is to provide competent graduates to close the gap in the workforce dental fields and will also serve to provide a contemporary, holistic patient education environment to sustain a strong enrollment in these programs. Measurements will include enrollment and licensure exam data, certification reporting, competency attainment, employer/alumni/patient surveys, and employment statistics.

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?

Suggested penalties for failure to establish the Dental Education Clinic would be related to returning funds not utilized for the stated expenditures.

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



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- 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