



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2898

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To bridge the inequity in dental access, providing free or low-cost treatment to those who are uninsured or underinsured — which will prevent unnecessary visits to ER for non-traumatic dental issues, saving the State of Florida an estimated \$4+ million. Services are provided to all living in Miami-Dade, Monroe, Broward and Palm Beach Counties.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	15%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,315,000	85%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,715,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	0		No

9. Is future-year 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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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</b>		
Salary and Benefits	Dental Assistants Lab Technicians	50,000
Expense/Equipment/Travel/Supplies/Other	Dental Medical Supplies Dental Equipment	300,000
Consultants/Contracted Services/Study	Oral Surgeon	50,000
<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>400,000</b>

13. Program Performance

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

Purpose: To bridge the inequity in dental access, providing free or low-cost treatment to those who are uninsured or underinsured — which will prevent unnecessary visits to ER for non-traumatic dental issues, saving the State of Florida an estimated \$4+ million.  
 Goal: Improved oral health  
 Goal: Reduced healthcare costs  
 Goal: Improved health outcomes  
 Goal: Improved employee productivity, resulting in economic stabilization  
 Goal: Improved student attendance, leading to academic success

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



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Community Smiles provides state-of-the art dental treatment to the disadvantaged living in Miami-Dade County, regardless of their ability to pay or produce insurance. Health insurance is on the forefront of change, but often not discussed is the importance of dental hygiene and its direct correlation to health. An unhealthy mouth, especially gum disease, may increase the risk of serious health problems such as heart attack, stroke, poorly controlled diabetes and pre-term labor.

Community Smiles also provides patient education and oral health screenings to over 4,000 community members annually.

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

Since 1947, Community Smiles has been bridged the inequity in dental access — providing preventative and restorative care, including:

- Advanced Implantology
- Crown and Bridge
- Comprehensive Aesthetic Dentistry
- Comprehensive Reconstruction
- Comprehensive Implantology
- Endodontics
- Oral Surgery
- Periodontics
- Prosthetics and Surgical Procedures
- Removable Prosthetic

The clinic also now delivers expanded pediatric services, including fluoride treatment, protective varnishes, fillings and orthodontics.

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

Provide 5,000+ people with free or low-cost dental and oral health care last year, with 14,393 total visits by our clients. Treatment helps uninsured and underinsured people by providing access to dental services that they otherwise might not be able to afford.

In FL \$550 million spent in ER for preventable dental issues, of which \$85 mil+ FL could save \$4.35 billion over 10 years if dental care provided to uninsured  
 \$45 billion lost in work productivity due to untreated oral disease.  
 34 million lost school hours because of emergency dental care  
 Sources: www.floridiansfordentalaccess.org • www.ada.org • www.cdc.gov

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

Outcome: Improved oral health for individuals who might otherwise not access dental services due to financial constraints. By preventing dental issues from progressing, the need for costly treatments is reduced, and workforce productivity as well as student academic success improves.  
 Other benefit include (and are measured by screening of repeat client visits and patient surveys):\n  
 Access to Preventative Care: Regular cleanings become more attainable, allowing for early detection and treatment of dental problems.  
 Reduced Dental Disease: Preventative care reduces the prevalence of tooth decay, gum disease, and other oral health issues.  
 Improved Quality of Life: Good oral health positively impact self-esteem and overall well-being.  
 Cost Savings: By preventing more severe dental issues from developing free and low-cost dental care leads to lower healthcare costs in the long run.

**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?**

1. Loss of funds
2. Repayment of funds
3. Possible legal action



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14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. Recipient Contact Information**



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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  Ext.

**19. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*