

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alachua County Organization for Rural Needs Pilot Expanded Services of Low-Income Dental Clinic in North Central Florida

2. Date of Submission: 11/04/2019

3. House Member Sponsor: Charles Clemons

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					150,000	150,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Percentage reduction in contracted payment amount.

6. Requester:

- a. Name: Candice King
- b. Organization: Alachua County Organization for Rural Needs, Inc. dba ACORN Clinic
- c. Email: cking@acornclinic.org
- d. Phone #: (352)222-3766

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Candice King
- b. Organization: Alachua County Organization for Rural Needs, Inc. dba ACORN Clinic
- c. Email: cking@acornclinic.org
- d. Phone #: (352)222-3766

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Alachua County Organization for Rural Needs, Inc. dba ACORN
- b. County (County where funds are to be expended): Alachua
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Clay, Columbia, Gilchrist, Levy, Putnam, Suwannee, Union

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

ACORN Dental Clinic provides low-income, uninsured or underinsured, primarily rural residents with affordable, comprehensive dental services. However, we often have a waiting list with hundreds of names . The requested grant will allow us to pilot expanding our capacity to serve low-income residents with affordable dental services using our sliding scale fee structure. Further, serving more uninsured patients will prevent costly visits to the ER for inappropriate dental issues.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Grant Administration	10,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Dentist(s), hygienist(s), dental assistants	140,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

After 45 years of service, ACORN Clinic continues to be strongly supported in its mission by local governments, civic clubs, churches, United Way, foundations and private donors. They provide half of our \$1.3 million operating budget. However, we often have hundreds on our Dental Clinic wait list due to limited capacity. Further, we are a community partner trusted to train many health professional students from UF and Santa Fe College.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Research shows high unmet access to affordable dental care as seen in the rate of untreated cavities in young children (29.5%) and older adults (23%) - higher than most of the nation. ER visits for avoidable dental conditions totaled \$5.3 million in one year in Alachua County; over half was not covered by a payer source. Local Community Health Improvement Plans, studies by health planning councils, and national studies document the great need for affordable dental treatment.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The requested grant will allow us to pilot expanding our capacity to serve low-income residents with affordable dental services using our sliding scale fee structure. We will employ additional staff and/or hours to add treatment time and increase utilization of our 8 dental chairs. While conducting the pilot, we will perform financial analyses to determine if and how the expanded dental service hours can be maintained through ongoing fees and contributions.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Our Dental Clinic will continue to provide comprehensive dental services including, but not limited to: Dental exams and x-rays; Extractions; Preventative care (oral health education at each visit, cleanings and sealants); and Restorative care (fillings, crowns, dentures, root canals, implants). Since many of our patients have had limited or no access to dental care, they often require deep cleaning and have an extensive treatment plan for restorative care.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): ACORN trains students in professional healthcare training programs and undergraduates in pre-health

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Oral health is a key component of overall health. Poor oral health has been linked to many disease conditions and is a barrier to treatment of cancer.	We will use our dental outcome rating scale to assess improvement in oral health status for all patients.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provide outstanding service learning programs/rotations to train healthcare professionals as well as undergraduates in pre-health programs.	Number of students and supervising staff/ faculty; number of student trainee hours, number of supervision hours.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	150,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No