

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Agape Community Health Center, Inc. Mobile Dental Unit

2. Date of Submission: 09/30/2019

3. House Member Sponsor: Tracie Davis

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? > 5 years
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:					750,000	750,000

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.

10% Reduction in next year's budget

6. Requester:

- a. Name: Mia L. Jones
- b. Organization: Agape Community Health Center, Inc.
- c. Email: mia.jones@agapefamilyhealth.org
- d. Phone #: (904)930-4607

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

- a. Name: Mia L. Jones
- b. Organization: Agape Community Health Center, Inc.
- c. Email: mia.jones@agapefamilyhealth.org
- d. Phone #: (904)930-4607

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: Agape Community Health Center, Inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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?

In an effort to replace services the community lost from the 2010 closure of UF Community Oral Health Program that provided access to dental services for underserved populations. This funding will allow Agape Community Health Center to establish a Mobile Dental Program in conjunction with the Hospital Emergency Departments. Medicaid & 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. In 2010, 4,395 Duval County Residents sought emergency room treatment for dental condition typically considered avoidable with appropriate preventive and restorative care, incurring total charges of \$6,905,664. Of that total, \$2, 431,617 was paid by Florida Medicaid. This project will create access at the appropriate point and result in a reduction of cost.

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	Dental Director	150,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Electronic Dental Records System	50,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultant	50,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Dentist, Hygienist, and Dental Assistant	350,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Dental Equipment, supplies, and unit maintenance	150,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		750,000
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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?

No

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

No

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?

Preventive, restorative, Emergent and Urgent Dental services will be provided to adults and children throughout Duval County.

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

Dental Services provided to Medicaid and uninsured patients that cannot be addressed in the Emergency Room or by another provider. These will include examinations, cleanings, fillings, extractions, and preventive dental care. Root canal therapies and crowns are also provided as a way to restore severely decayed or fractured teeth.

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)

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	Recognition that oral health and general health are interlinked is essential for determining appropriate	Common Risk Factor Approach, addresses common risk factors and their underlying social determinants

	oral health care programs and strategies at both individual and community care levels.	for oral health promotion.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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:	750,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	750,000	100%	

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

No