

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Palm Beach State College Dental Health Services - New Equipment
2. Date of Submission: 11/08/2019
3. House Member Sponsor: Mike Caruso
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:					1,000,000	1,000,000

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 Education
 - 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.
Return funds to the state.

6. Requester:

- a. Name: Ava Parker, President
- b. Organization: Palm Beach State College
- c. Email: avaparker@palmbeachstate.edu
- d. Phone #: (561)868-3501

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

- a. Name: Judith McCauley, Dental Hygiene & Col
- b. Organization: Palm Beach State College
- c. Email: mccaulej@palmbeachstate.edu; bradshawc@palmbeachstate.edu
- d. Phone #: (561)868-3758

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

- a. Name: Rachael Bonlarron
- b. Firm: Palm Beach State College
- c. Email: bonlarr@palmbeachstate.edu
- d. Phone #: (561)868-3140

9. Organization or Name of entity receiving funds:

- a. Name: Atlantic Coast Dental Research Clinic - Dental Hygiene Care
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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?

Acquire new dental equipment to replace old, out-dated equipment/units for continuation of quality care in the community and enhanced education resources for students to learn and keep up with technological advances in the dental industry. The equipment will assist with better preparing students for work in the dental industry due to the consistent upgrades in dental technology and make them more employable.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	-New dental chairs, stools delivery systems, and instruments for dental assisting and dental hygiene clinic - Dental Compressors to run equipment - Planmeca panalypse dental radiography unit - Benco Dental - Custom Air Water Ring	1,000,000

	Pump vacuum system, and a larger Dental Air compressor	
TOTAL		1,000,000

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:

Support from Board of Trustees for new Dental and Medical Technology Building; Dental Health Services Business Partnership Council; and Community Dental Professionals in Palm Beach County

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:

The need for a new dental facility, including upgraded - industry necessary - equipment and education resources for students, has been documented for the past several years.

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 Atlantic Coast Research Clinic currently operates on the College's Lake Worth Campus, so the upgraded state-of-the-art equipment will be used on the current location until the proposed Dental & Medical Services Technology Building is complete on the Loxahatchee Groves Campus. The equipment will then be transported from Lake Worth to the new proposed Dental Hygiene Care Center on the College's Loxahatchee Groves Campus.

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

Dental restorative and emergency procedures (Atlantic Coast Research Clinic); Preventive Dental Hygiene Services (Dental Hygiene Care center); and Education facility for Dental Assisting and Dental Hygiene students

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): Dental care & preventative education provided by students & Clinics to community public school group

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	Provide education/services and high quality dental treatment for good oral health, which is directly linked to good physical health. It will also increase awareness of the need for dental examinations to prevent dental problems and emergency oral/mouth emergencies.	Patient oral health reevaluated after 6 months, reduction of gum disease and dental cavities, and oral emergency conditions. More frequent dental visits to treat dental needs and maintain a healthy mouth.
<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 new state-of-the-art equipment and technology to enhance the education of students and stay consistent with current dental practice in the community.	Program completion rates of students and positive job placement in field after graduation.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Dental Assisting and Dental Hygiene students will obtain sustainable employment in the dental field within the community.	Employment placement after graduation in field; Employment satisfaction surveys; and Graduate surveys.
<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:	1,000,000	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	1,000,000	100%	

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

No