

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Suncoast Community Health Centers - Plant City Pediatric Dentistry Clinic

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Jake Raburn

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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2018-19 <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: | | | | | 500,000 | 500,000 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

Return payment to State

6. Requester:

- a. Name: Bradley P. Herremans
- b. Organization: Suncoast Community Health Centers, inc.
- c. Email: BHerremans@suncoast-chc.org
- d. Phone #: (813)653-6268

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

- a. Name: Bradley P. Herremans
- b. Organization: Suncoast Community Health Centers, inc.
- c. Email: BHerremans@suncoast-chc.org
- d. Phone #: (813)653-6268

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

- a. Name: Ron Pierce
- b. Firm: RSA Consulting
- c. Email: ron@rsaconsulting.com
- d. Phone #: (813)777-5578

9. Organization or Name of entity receiving funds:

- a. Name: Suncoast Community Health Centers, inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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?

Currently, dental pain is a major cause of absenteeism in youth from school and frequency of Emergency Room visits related to dental pain. According to the American Journal of Public Health, children with poor oral health status were nearly 3 times more likely to miss school as a result of dental pain than were their counterparts and children with toothaches were almost 4 times more likely to have a low grade point average. Suncoast Community Health Centers is looking to turn the tide in our communities on this critical health problem. The appropriation will go to serving the underserved and low-income residents of Plant City, FL. The funds will go to purchasing dental equipment in six pediatric treatment rooms, helping to reach over 3,000 children and families in our region.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Purchase/installation of Pediatric dental equipment (six dental treatment rooms) | 500,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |

| | | |
|-------|--|---------|
| TOTAL | | 500,000 |
|-------|--|---------|

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)

N/A

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:

n/a

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?

Pediatric dental services

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

Low income, under insured, and uninsured citizens of Plant City in Hillsborough County

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 | Reduce school absenteeism; reduce emergency room visits and costs due to dental emergencies, and lower incidents of dental decay. | increased number of Pediatric dental visits and recording dental screenings to assess and treat dental diseases |
| <input checked="" type="checkbox"/> Improve mental health | Reduce psychological trauma, pain, health risks and costs associated with | Measure pain level due to trauma at each visit and note improvements |

| | | |
|---|--|--|
| | dental decay | during follow up |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Dental pain is a major reason for children to miss school. Providing this service will reduce absenteeism resulting in children receiving better quality of education | Reduction of absences at schools due to dental pain |
| <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 checked="" type="checkbox"/> Increase or improve economic activity | Millions of dollars are spent each year due to dental emergencies. By reducing dental visits to emergency rooms due to dental pain, huge savings will be realized by the State | Measuring the number of emergency room visits due to dental pain |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Additional staff will be hired to support the Pediatric dental clinic | Records of additional personnel hired to staff the Pediatric dental clinic |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | The economic impact on families with children will be improved with access to affordable dental care | Compare our cost to the cost of other dental entities |
| <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 2018-19 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: | 500,000 | 7.7% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, Column F) | 500,000 | 7.7% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 5,500,000 | 84.6% | Yes |
| TOTAL | 6,500,000 | 100% | |

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

No