

# 2024-2025 Dental Behavioral Health Grant Program Application

(PDF for review only)

## BEFORE YOU BEGIN

Please select Yes for each statement below that applies to your clinic/network. If a statement does not apply, select No. If it is determined you are not eligible, please contact FAFCC to discuss your circumstances and see what arrangements may be made for your participation in the program.

\* Our clinic/network is a member of FAFCC and in good standing.

\* Our clinic/network has a competent administrator to serve as Project Liaison for this program, and can provide a resume or biography upon request.

\* Our clinic/network has administered grants previously and can supply copies upon request of previous grant applications as well as programmatic and financial reports for grants.

FAFCC is the fiscal agent for the State of Florida's 3,000,000 appropriation to the free and charitable clinic sector, with all expenditures funded by this program to be incurred by June 30, 2025. There is no carry-over of funds. The number and size of the grants awarded will be based upon the number of applications received from eligible organizations, purpose(s) of funds requested, amount of funds requested in proportion to operating budget, organizational capacity, and total funding available. There is no predetermined number of awards, and the submission of a grant application does not guarantee that a grant will be awarded. This application package must be completed by August 12, 2024. This is a competitive grant process. We strongly encourage grantseekers to begin the proposal at least three days prior to the deadline as extensions WILL NOT be provided for technical difficulties and late submissions will not be accepted.

## Organization Information

These fields have been prepopulated based on your FAFCC membership. If you require changes to this information, please contact [kendall@fafcc.org](mailto:kendall@fafcc.org).

\* Applying Organization

\* DBA Name

### Clinic's Address (Use 5 Digit Zip Code)

Street

City

State/Province

Zip/Postal Code

Country


\* Website

\* Phone

\* Tax ID

\* Our clinic/network is presently covered under the Sovereign Immunity statute (766.1115, F.S.) and plans to maintain that status through June 30.


\* Does your clinic have multiple clinic sites?


\* Mission Statement 

\* Counties Served

## FINANCIAL INFORMATION

\* Legal Status

\* Fiscal Year Start Date 

\* Fiscal Year End Date 

\* Choose the option that corresponds to an independent CPA examination of your finances.



\* Date of Last Audit/Review/Compilation

## MOST RECENT BOARD APPROVED OPERATING BUDGET

If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network. If your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites. Do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, it should at least be done in the "expenses" field.

\* Income

Complete this field.

\* Expenses (this is used to determine whether request is more than 20% or 25% of on your organization's budget)

\* Date of when your most recent operating budget was approved by your board



## PREVIOUS FISCAL BUDGET, ACTUALS

If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network. If your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites. Do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, it should at least be done in the "expenses" field.

\* Income

\* Expenses

\* Is there is a 20% difference (positive or negative) in your operating expenses between the previous fiscal year's actual operating budget and the current, board approved operating budget?



## PROJECT LIAISON

Project Liaison information may be prepopulated based on your existing account. If you require changes to these fields, please contact [kendall@fafcc.org](mailto:kendall@fafcc.org).

Is the Project Liaison the authorized signature for the grant agreement?

No

**Title:**

**Name:**

**Email:**

**Phone:**

**Ext:**

## AUTHORIZED OFFICER FOR SIGNING GRANT AGREEMENT

Only complete if authorized signer is a different contact than the Project Liaison.

*While this section may not appear to save after closing and returning, your information has been captured and we will not require you to refill this portion.*

**Name**

Salutation

--None--

First Name

First Name

Last Name

Last Name

Title

Email

you@example.com

Direct Phone

Ext.

## **BUDGET OVERVIEW**

The grant proposal is broken down and awarded by the following Budget Categories: Dental Health Services and Behavioral Health Services. Grantees may apply for either or both categories.

Dental Health Services include dental procedures such as routine checkups and cleanings, fillings, extractions, root canals, dentures, braces, and orthodontics.

Behavioral Health Services encompasses a range of services that help patients with mental health and substance abuse disorders, including therapy, case management, and medication management.

**Budget line items within each Project Category must be identified as one of the following:**

Clinical Staffing Expenses include wages paid to healthcare providers and may include hourly, salaried, or contractors, regardless of whether they are employees or contracted for services. This may include fringe benefits such as Health Insurance, FICA, etc.

Clinical Programming Expenses are costs that can be explicitly attributed to the execution of a project or program and may include:

- Medical Equipment & Supplies
- Software (Dentrix, EMR software, etc.)
- Prescription medications
- Training and certifications
- Minimal expenses to encompass installation or upgrade of existing infrastructure (i.e. hiring a plumber to complete installation of a dental chair)

### Patient Services Reporting

FAFCC's contract with the Florida Department of Health, requires it to monitor member clinics to ensure the funding goes toward increasing clinic capacity, surrounding support in delivering services, ability to fulfill the clinic's mission and ability to sustain operation and expand service to clients. FAFCC is required to prepare a patient services report that documents the number of clients served by member clinics, the types of services provided, and the number of appointments per client during the contract term and submit it to the DOH.

To ensure quality reporting, FAFCC will include an additional \$125.00 to the total award for each grantee. This fee reflects the annual CMR licensing fee for the Salesforce platform paid directly by the grantee to FAFCC. Grantees must use this funding for this particular purpose and cannot reallocate these specific funds for other expenditures. As this will be automatically applied to all grant awards, grantees are asked to consider this award amount when determining if their total request complies with several budget considerations identified in the Notification of Funding Availability (NOFA).

Service Expansion Expenses are costs that increase a clinic's capacity to provide care, either by the number of patients served, range, or quality of services offered. They may include the purchase and installation of medical equipment and the necessary infrastructure to operate that equipment.

#### CMR Award

FAFCC's contract with the Florida Department of Health requires it to monitor member clinics to ensure the funding goes toward increasing clinic capacity, surrounding support in delivering services, ability to fulfill the clinic's mission and ability to sustain operation and expand service to clients. FAFCC is required to provide a patient services report that documents the number of clients served by member clinics, the types of services provided, and the number of appointments per client during the contract term.

To ensure quality reporting, FAFCC utilizes the Salesforce platform, with access for each applicant. An additional \$125 will be automatically applied to a grantees total award as an annual CRM licensing fee to cover this expense. Grantees must use this funding for this particular purpose and cannot reallocate these specific funds for other expenditures.

#### **Capacity Building Designations**

All proposed expenses must fall in the following Capacity Building Designations as outlined in the NOFA:


- Personnel Costs for Healthcare Providers
- Equipment and Supplies
- Technology and Software
- Staff Training and Certifications
- Other direct programming needs

Expenses cannot include major construction or renovation projects or the purchase of vehicles. University and College-based grantseekers are not permitted to include expenses for indirect costs (a handling or management fee). Grant funds cannot be directed toward the renewal of a grantseeker's FAFCC membership dues.


I, the Project Liaison, have read and understand the Dental and Behavioral Health Expansion Grant's budget Structure and parameters and hereby check the box as confirmation of my comprehension.

Please be aware that the following fields **DO NOT SAVE**; however, they serve the essential purpose of dynamically displaying or hiding the subsequent sections of the screens as required

\* Are you requesting funding for Behavioral Health Costs?


\* Are you requesting funding for Dental Health Costs?


 



## PROPOSAL REQUEST


### Behavioral Health Costs

Describe the scope of work to be performed under Behavioral Costs from implementation to completion by June 30. 

Budget Justification (explain how you arrived at the amount requested) 

Were any of the provided line items in the budget justification funded in the previous FAFCC Grant Cycle?

--None--

Statement of Need (explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission) 

If FAFCC cannot fully fund this category, please indicate whether and how much you would still need to receive in order to implement and operationalize this category by June 30.

In the event your organization cannot be funded in all requested budget categories, please indicate your funding preference for Behavioral Costs.

--None--

### Behavioral Health Expenses

Date

Item

Designation Areas

--None--

Service Type

--None--

Funds Requested from FAFCC

Other Funding Sources

Add Behavioral Expense

Amount Requested: \$

This table currently has no data to display

Update Behavioral Expenses

### ▼ Dental Health Costs

Describe the scope of work to be performed under Dental Costs from implementation to completion by June 30. 

Budget Justification (explain how you arrived at the amount requested)

Were any of the provided line items in the budget justification funded in the previous FAFCC Grant Cycle?

--None-- 

Statement of Need (explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission)

If FAFCC cannot fully fund this category, please indicate whether and how much you would still need to receive in order to implement and operationalize this category by June 30.

In the event your organization cannot be funded in all requested budget categories, please indicate your funding preference for Dental Costs.

--None-- 

### ▼ Dental Health Expenses

Date



Item

Designation Areas

--None-- 

Service Type

--None-- 

Funds Requested From FAFCC

Other Funding Sources

Add Dental Expense

**Total Planned Expenses: \$**

This table currently has no data to display

Update Dental Expenses

## ✓ CMR Award

To ensure quality reporting, FAFCC will include an additional \$125 to the total award for each grantee. This fee reflects the annual CMR licensing fee for our Salesforce platform paid directly by the grantee to FAFCC. Grantees must use this funding for this particular purpose and cannot reallocate these specific funds for other expenditures.

---

## Grant Request Amount


Please note, no one grantseeker will be awarded more than \$250,000 to ensure availability of funds.

Calculated Grant Amount Requested for Grant Proposal \$0

\* As defined in the NOFA, grant requests are capped at 25% for operating budgets under \$249,999, and 20% above \$250,000. If you have not met this requirement, please provide an explanation.

Complete this field.

## Grant Overview

\* Describe the demand for the grant by the community, including the target population (if appropriate). 

---

## Outcomes

Prior to completing this section, please thoughtfully examine what intended outcomes will be for the duration of the grant cycle as you are asked to report your progress on these outcomes for every reporting period.

Grantees are strongly encouraged to incorporate measurable outcomes, as this is a tool used by FAFCC to monitor progress and performance, and to determine if capacity building is occurring. Outcomes may include but are not limited to health/patient outcomes, development outcomes, as well as, administrative efficiencies and processes.

Proposed timelines should show progress by six, nine, and twelve months , to align with the reporting periods.

\* What are the specific outcomes you expect to achieve within the grant's scope of work?

Complete this field.

\* Aside from patient services data, how will you track your progress?

\* How will you measure your successes, identify barriers, and make corrections in your program?

\* What is the anticipated timeline for achieving these results?


\* How will you know when your results have been achieved?

---

## Sustainability

\* Aside from FAFCC, are there any partners critical to your success? If so, please list them and describe what role they will play.

Complete this field.

\* Total number of grant and award dollars received from funders in the last fiscal year: 

\* Total number of fundraising and private dollars received from donors in the last fiscal year:

\* Describe how you intend to sustain the grant's scope of work once the grant cycle is complete?

\* Outside of FAFCC funded projects, how has your clinic or network implemented steps toward self-sustainability?

\* Considering the grant program's focus on capacity building, how will funding enhance your organization's ability to increase service delivery, fulfill its mission, sustain operations, and expand client services?

## REQUIRED ATTACHMENTS

1. Attachment 1 – 501c3 Letter
2. Attachment 2 – Most Recent Board Approved Operating Budget
3. Attachment 3 – Previous Fiscal year, Actual Operating Budget
4. Attachment 4 – Audit, Review, Compilation, or Letter of Explanation

Attachments must be submitted with your application. Please attach below.

*\*\*In order to keep forms in order, please follow this naming convention: Attachment # - Clinic/Network*


501c3 Letter

 Upload Files Or drop files

Most Recent Board Approved Operating Budget

 Upload Files Or drop files

Previous Fiscal year, Actual Operating Budget

 Upload Files Or drop files

Please check here to confirm all attachments have been uploaded.

Even though they may not show after saving and returning, if you upload your attachments on the initial submission, they have been attached. You can confirm attachments by navigating to your Funding Request record and clicking the "Uploaded Files" tab.

## ACKNOWLEDGEMENTS

### Acknowledgment of the Notification of Funding Availability (NOFA)

All grant applicants should review the NOFA in detail before submitting. The NOFA includes important information pertaining to deadlines, eligibility, application scoring, reporting requirements, and more. The NOFA can be found at <https://www.fafcc.org/dental-and-behavioral-health-program>.

I, the Project Liaison, have read and understand the Notification of Funding Availability (NOFA) and hereby confirm my comprehension.

### Member Management Fee

#### Structure:

Member organizations will be billed quarterly for a management fee equal to 5% of funds received by FAFCC. This fee cannot be paid from the awarded grant dollars and must be sources from other funds.

Member organizations must remain in good standing by ensuring annual membership dues and management fees are up-to-date.

#### Benefits:

The management fee covers administrative costs associated with managing the grant, such as managing and reporting the results of public and private funds provided to member organizations.

This arrangement ensures that 100% of grant funds are used for their intended purpose, free from administrative or indirect costs.

Please read the Member Management Fee Policy above or by visiting [www.fafcc.org/member-only-resource-library](http://www.fafcc.org/member-only-resource-library).

I, the Project Liaison, have read and understand FAFCC's Member Management Fee policy and hereby confirm my comprehension.

### Purpose and Responsibilities of the Project Liaison

The Project Liaison, as outlined in the NOFA, is capable of performing the duties required to manage and oversee the successful performance of the grant. The Project Liaison is the lead contact on all grant related matters, which includes forwarding FAFCC correspondences to additional team members as they relate to deadlines, management fees, and payments. Additionally, the Project Liaison will be expected by FAFCC staff to be knowledgeable of the progress and outcomes of funded projects.

FAFCC WILL NOT be responsible for forwarding or sending grant correspondences to an organization's employees who are not the designated Project Liaison

I, the Project Liaison, have read, understand, and will assume the responsibilities as outlined in the above statement.



## Notice of Compliance

FAFCC maintains a continued interest in the projects that it supports. Timely reporting facilitates this process and enables the association to review the impact of grant awards as required by the Department of Health. Therefore, grant payments will be provided upon receipt and review of key deliverables.

A 24-hour grace period is given on deadlines and FAFCC will work with grantees to submit outstanding deliverables within 3 days before additional action is taken. Action taken by the association may include the following:

- Written notice attached to grantee's performance for the duration of the grant cycle
- A request for a monitoring call

Any deliverable not met within five days of the specified deadline will result in a hold of all remaining payments. In addition, the grantee will be considered out of compliance with the association until outstanding deliverables are submitted and they have participated in a mandatory monitoring call where corrective action is discussed and agreed upon between both the association and the grantee.

Grant performance is a consideration in the grant determination process, and repeat offenses may affect your participation in future grant cycles.

I, the Project Liaison, have read and understand the above notice of compliance.


## Terms of Funding

The Florida Legislature's appropriation for this program in 2024-2025 is \$3,000,000. The number and amount of the grant awards will be based upon the number of applications received, amount of funds requested in proportion to operating budget, prior grant performance, and results of application scoring.

There is no predetermined number of awards or amounts. Funding of grant awards is subject to FAFCC's receipt of funds from the State of Florida, Department of Health. However, no one grantseeker will be awarded more than \$250,000.00 to ensure availability of funds.

I, the Project Liaison, have read and understand the above terms of funding.

## Signatures

I, the Project Liaison, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge. 

I, the Board Chair or Executive Director, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge. 