

This document is for planning purposes only and is intended to help you prepare for your proposal. All applications must be submitted within the Salesforce Grant Portal. Please note that some questions will use logic-based display within the portal, and may not appear as shown here.

ELIGIBILITY CONFIRMATION

If you are not able to select Yes for each statement below, 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.

Yes/No

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

Yes/No

*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.

Yes/No

ORGANIZATION INFORMATION

These fields have been pre-populated based on your FAFCC membership. If you require changes to this information, please contact kendall@fafcc.org.

*Applying Organization

*Legal Name (501c3 Fiscal Agent)

Clinic's Address

*Street

*City

*State/Province

*Zip/Postal Code

*County

*Website

*Phone

*Tax ID

*Does your clinic have additional locations?

Yes/No

*Additional Sites Listed

*Mission Statement

*Counties Served

FINANCIAL INFORMATION

*Legal Status

- 501c3 tax-exempt organization
- DBA or program component of a 501c3 tax-exempt
- Operate under a separate 501(c)(3) tax-exempt organization that manages our finances as a fiscal agent

*Fiscal Year Start Date

*Fiscal Year End Date

If your clinic is part of a larger organization, submit an operating budget that reflects only the income and expenses directly related to the FAFCC member clinic's operations. For clinics with multiple sites or programs, the budget should encompass all associated locations. Exclude capital expenditures and in-kind contributions.

MOST RECENT BOARD APPROVED OPERATING BUDGET

*Income

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

*Date your most recent operating budget was approved by your board

PREVIOUS FISCAL YEAR, ACTUALS

*Income

*Expenses

*If your budget document needs any clarification in order to match it to your reported figures above, please include that here.

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

Yes/No

*If yes, please provide a detailed explanation of this difference.

*If your budget document needs any clarification in order to match it to your reported figures above, please include that here.

FINANCIAL REVIEW REQUIREMENTS

If an organization's budget exceeds \$249,999, an audit by an outside CPA is required. If the operating budget is between \$100,000 and \$249,000, a financial review or compilation report may be submitted. Organizations with a budget less than \$100,000 should submit their most recent IRS Form 990.

*Based on your operating budget, are you required by FAFCC to have an audit or review?

- Yes, an audit/review is required and has been completed in the last two fiscal years.
- Yes, an audit/review is required and will be completed this fiscal year.
- No, an IRS form will be submitted.

*Date of Last Audit/Review/Compilation

DISCLOSURE OF PUBLIC FUNDING & LEGISLATIVE REQUESTS

*Has your clinic applied for or received any public funding (local, state, or federal) that supports the same personnel, services, or activities included in this grant request?

Yes/No

If yes, please provide the following:

- Name of funding source (e.g., Florida Legislature, AHCA, county government)
- Dollar amount requested or received
- Fiscal year(s) covered
- Scope of work/services funded
- Whether the appropriation is pending or confirmed

If you are requesting a direct state appropriation during the same fiscal year as this grant request, please explain how the scopes will remain distinct and confirm that no overlapping expenses will be claimed.

PROJECT LIAISON

Please verify that all information below is accurate and provide a direct phone number or extension to ensure the Project Liaison can be reached easily.

Liaison Name

*Salutation

*First Name

*Last Name

*Liaison Title

*Liaison Email

*Liaison Direct Phone

*Liaison Ext.

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

Yes/No

AUTHORIZED OFFICER FOR SIGNING GRANT AGREEMENT

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

*Name

*Email

PROGRAM OVERVIEW

The Dental and Behavioral Health Expansion Grant Program is a state-funded initiative, administered by FAFCC to support the advancement of dental and behavioral health programs of its members. The funds are appropriated by the Florida Legislature and are intended to support the provision of healthcare services to uninsured Floridians.

For more information on eligibility, allowable expenses, and reporting requirements, please refer to the full NOFA document available at www.fafcc.org/grant-programs.

FUNDING PARAMETERS

There is no predetermined number of awards and the submission of a grant application does not guarantee funding. The number and size of grant awards will be based upon the number of applications received, purpose(s) of funds requested, amount of funds requested in proportion to operating budget, and total funding available.

- **Total Funds Available:** \$500,000
- **Maximum Award per Applicant:** \$25,000
- **Award Amounts:** Determined based on the applicant's most recent board approved operating budget, application scoring, prior grant performance, and volume of funding requests relative to available funds.

Grant funds may be utilized in the following 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)

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.

CRM AWARD

FAFCC's contract with the Florida Department of Health requires monitoring member clinics to ensure proper use of funds. FAFCC is required to provide quarterly reports as well as a patient services report at the close of the grant cycle.

To ensure quality reporting, FAFCC utilizes the Salesforce grant portal, with access for each applicant. An additional \$125 will be automatically applied to a grantee's 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.

GRANT PAYMENT SCHEDULE

The grant covers allowable expenditures from **July 1, 2025, through June 30, 2026**. Payments will be distributed in four installments, contingent upon timely submission and approval of quarterly progress reports. There is no carry-over of funds. The payment schedule, subject to the receipt of distributions from the Department of Health to FAFCC will be as follows:

- 1st payment – 47% of total award within 30 business days following receipt of the executed grant agreement (expected in late October 2025)
- 2nd payment – 27% of total award (expected in late February 2026)
- 3rd payment – 13% of total award (expected in late May 2026)
- 4th payment – 13% of total award (expected in early September 2026)

EVALUATION CRITERIA

Applications will be evaluated based on the following categories:

- Financial Planning and Accountability
- Statement of Community/Organizational Need
- Activities/Outputs and Scope of Work
- Expected Successes and Outcomes
- Sustainability and Community Support

The full scoring rubric can be found in the NOFA. Grantseekers are encouraged to review and follow the rubric for best performance.

GRANT REPORTING SCHEDULE

Reporting requirements will coincide with the state's fiscal calendar and are portioned to reflect quarterly progress within three reporting periods. A grant narrative and financial report will be due for each reporting period, and an annual patient services report will be required at the close of the grant cycle.

- First Reporting Period (07.01.25- 12.31.25) due Thursday, January 15, 2026
- Second Reporting Period (01.01.26- 03.31.26) due Wednesday, April 15, 2026
- Third Reporting Period (04.01.26- 06.30.26) due Wednesday, July 15, 2026
- Annual Patient Services and Valuation Report (07.01.25- 06.30.26) due Wednesday, July 15, 2026

☐ 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.

FUNDING REQUEST

Use the expense tables below to list the specific items you intend to fund or purchase with this grant, if awarded. Enter each item in the appropriate table based on the funding category.

Complete all fields for each line item, then select "Add Expense" for it to be included in the expense table and calculated in your Grant Request Total. Recurring expenses need only be entered once, using the first applicable date (e.g., start of the grant cycle of first invoice) as the Date Expensed.

Amount Requested from FAFCC is how much of the grant funding you expect to allocate to this expense. Amount Funded by Other Sources should reflect any remaining cost covered by other funding. (Example: If 60% of a \$100,000 salary will be applied to this grant, enter \$60,000 as Amount Requested from FAFCC and \$40,000 as Amount Funded by Other Sources.)

Categories

- Behavioral Health Costs
- Dental Health Costs

Expenses

*Date Expensed
*Item Description
*Vendor/Payee
*Designation
*Service Type
*Amount Requested from FAFCC
*Amount to be funded by other sources

Designation Picklist

- Dental Providers
- Mental Health Providers
- Clinical Staff
- Employee Fringe Benefits
- Medical Equipment and Supplies
- Patient Assist Programs (i.e. transportation, DME, referrals)
- Service Expansion
- Technology and Software (i.e. EMR, tablet for patient use)
- Specialty Services (i.e. labs, medications)
- Training and Professional Development
- Other Strategic Needs
- Other Direct Programming Needs

Funding Priority

In the event your request cannot be fully funded, please indicate how you would prefer partial funding to be distributed across the categories, using percentages that total 100.

*Behavioral Percentage
*Dental Percentage

Budget Justification

*Explain how you arrived at the amount requested for each item, why costs are reasonable and necessary to achieve your proposed outcomes.

CRM Award

To ensure quality reporting, FAFCC will include an additional \$125 to the total award for each grantee. This fee reflects the annual CRM licensing fee for our Salesforce grant portal, 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 \$25,0000 (including the CRM Award) to ensure availability of funds.

Calculated Grant Amount Requested for Grant Proposal: [total of expenses entered in table]

Operating budget: [pulled from financial page]

Percentage of Budget: [calculated]

*Organizations with total annual expenses of \$249,999 or less (based on the submitted board approved budget) may request up to 25% of their operating budget, while those with budgets exceeding \$250,000 may request up to 20%. If you have not met this requirement, please provide an explanation.

PROPOSAL

Before completing this section, carefully consider how your proposed projects or programs will develop over the course of the grant cycle, as you will be required to report on these outcomes during each reporting period.

Grantees are strongly encouraged to include measurable outcomes, as these are key tools used by FAFCC to track progress, assess performance, and evaluate whether capacity building is taking place. Outcomes may include, but are not limited to: health and patient outcomes, organizational development, and improvements in administrative efficiency or processes.

Additionally, be sure to align your outcomes with each of the funding items and/or personnel you are requesting, as this helps demonstrate how the requested support will directly contribute to your program goals.

Activities/Outputs and Scope of Work

*Describe the specific activities that will be undertaken with this funding. Include a proposed timeline with key milestones at 6, 9, and 12 month increments to align with the grant reporting periods.

*Identify any potential risks or barriers to implementation and the strategies you will use to mitigate these risks.

Expected Outcomes

*Detail the intended outcomes you expect to achieve within the grant's scope of work, following SMART goal parameters (specific, measurable, attainable, relevant, time-bound).

*How will these outcomes be measured? Provide baseline data if available, or explain how you will initiate tracking upon project implementation.

Statement of Community/Organizational Need

*Describe the demand for funding by your local community and target population, including the specific needs/problems they face, and how this proposal seeks to address those challenges.

*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? Describe both the short-term and long-term effects this grant will have on your organization and the community you serve.

SUSTAINABILITY AND COMMUNITY SUPPORT

*Describe how your organization plans to sustain the grant's scope of work once the grant cycle is complete.

*How will your organization leverage additional resources to accomplish the grant objectives? List any private, public, or community contributions imperative to successful implementation.

*What key partners support your organization's success? Describe their roles and contributions, including both monetary and non-monetary support.

Aside from FAFCC dollars, how much funding did your clinic/organization receive in the last fiscal year, including grant awards, fundraising and private donations? (This information is collected to determine matching dollars, not to limit funding eligibility.)

*Total outside funding:

REQUIRED ATTACHMENTS

Attachments must be submitted with your application. Please include the following:

1. 501c3 Letter
2. Most Recent Board Approved Operating Budget
3. Previous Fiscal year, Actual Operating Expenses
4. Audit, Review/Compilation, or IRS Form 990

Follow this naming convention: Attachment # - Clinic/Network Name
(i.e. budget would be titled 1–Kendall's Clinic)

*501c3 Letter

*Most Recent Board Approved Operating Budget

*Previous Fiscal year, Actual Operating Expenses

*Audit, Review/Compilation, or IRS Form 990

Budgets exceeding \$249,999 – audit

Budgets between \$100,000 and \$249,000 – review or compilation report

Budgets less than \$100,000 – IRS Form 990

Attachments may not show on this page after saving and returning. You can confirm attachments by navigating to "My Grants," selecting the appropriate Funding Request and clicking the "Uploaded Files" tab.

☐ Please check here to confirm all attachments have been uploaded.

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 www.fafcc.org/grant-programs.

Member Management Fee

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 sourced from other funds.

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

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.

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.

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 award determination process, and repeat offenses may affect your participation in future grant cycles.

Terms of Funding

The Florida Legislature's appropriation for this program in 2024-2025 is \$9,500,000. 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.

Disclosure of Public Funding & Legislative Requests

Grantees must disclose any public funding—applied for or received—including local, state, or federal government contracts or grants, and Legislative appropriations. Grant dollars must not be used to support any costs also covered by other public sources unless written permission is provided by FAFCC.

If, after the execution of this agreement, the Grantee applies for or receives new public funds covering the same scope of work, the Grantee must notify FAFCC within ten (10) business days and submit a plan to eliminate any duplication 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.