

# ACORN Clinic Inc. Proposal

*Pricing is sealed*

## CONTACT INFORMATION

Company

ACORN Clinic Inc.

Email

jbenton@acornclinic.org

Contact

Joseph Benton

Address

23320 FL-235

Brooker, FL 32622

Phone

N/A

Website

[www.acornclinic.org](http://www.acornclinic.org)

Submission Date

Jun 26, 2023 1:38 PM

## ADDENDA CONFIRMATION

Addendum #1

*Confirmed Jun 14, 2023 1:22 PM by Joseph Benton*

Addendum #2

*Confirmed Jun 14, 2023 1:23 PM by Joseph Benton*

Addendum #3

*Confirmed Jun 21, 2023 12:36 PM by Joseph Benton*

## QUESTIONNAIRE

**1. Provide your Employer Identification Number (EIN)\***

Pass  Fail

Do not include dashes

*Maximum response length: 9 characters*

591627845

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**2. Provide physical address in Alachua County\***

Pass  Fail

23320 N State Rd 235, Brooker, FL

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**3. Provide a mailing address\***

Pass  Fail

Maximum response length: 200 characters

23320 N State Rd 235, Brooker, FL

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**4. Does your agency have a 501(c)(3) status?\***

Pass  Fail

If yes, provide your certification in the question below, Failure to provide required documentation may deem your proposal non-responsive.

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**5. Upload your agency's IRS 501(c)(3) designation\***

Pass  Fail

 [FL\\_Certificate\\_of\\_Exemption\\_2019-2024.pdf](#)

**6. Responsible Agent Designation\***

Pass  Fail

The Consultant shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the Consultant by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the Consultant.

RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Joseph Benton

23320 North State Road 234

Brooker, FL 32622

Amber Meier

23320 North State Road

Brooker, FL 32622

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**7. Project Name:\***

Pass  Fail

Alachua County Dental Home

**8. Amount of funds being requested\***

Pass  Fail

Maximum of \$50,000

Maximum response length: 7 characters

\$50,000

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**9. Does your proposed project benefit residents of Alachua County living at or below 150% Federal Poverty Level?\***

Yes

Pass  Fail

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**10. Does your proposed project fit into one of the BoCC's approved funding category?\***

Pass  Fail

Quality Healthcare

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**11. Has your agency been operational, providing proposed program service(s) in the funding category at least one full year prior to the date of application?\***

Yes

Pass  Fail

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**12. Please describe the proposed project, and quantify the anticipated benefits to residents of Alachua County living at or below 150% Federal Poverty Level:\***

Maximum response length: 2500 characters

Pass  Fail

ACORN Clinic is a 501(c)3 non-profit that has served our greater community for almost 50 years. Our mission-driven organization aims to help as many individuals as possible by providing them with subsidized or even free dental care, regardless of their ability to pay. Our Alachua County Dental Home program aims to increase dental access for individuals who cannot obtain affordable, comprehensive, and quality oral health care. The target population is children and adults living at or below 150% of the Federal Poverty Level. We plan on achieving this goal through an expansion of our walk-in clinic as well as hiring a new clinical staff position.

Our sliding scale fee structure (based on the FPL) makes dental care within reach for low-income families and allows them to retain more of their income for other needs. If community residents cannot access dental care in an affordable "dental home," many are forced to seek urgent care in an emergency department where they receive no treatment for their oral health issues. We partner with organizations such as UF Health to mitigate those ED visits by having those patients referred to ACORN's walk-in clinic.

By increasing the number of hours our walk-in clinic is in operation, we are giving more residents of Alachua County the opportunity to receive immediate dental treatment, while also increasing our overall number of patients served. Similarly, by hiring a new Dental Assistant, we would be able to adequately staff our clinic in order to maximize patient capacity.

In 2022, 65% of our 5,232 (3,401) patient visits were residents of Alachua County. Of those Alachua County patients, 89% of them were at or below 150% of the FPL. According to HRSA, we are in one of the worst provider shortage areas in the country. These incredibly high demands have resulted in a lengthy waiting list with hundreds of individuals.

Should you decide to partner with us in this endeavor, you will be directly contributing to the well-being and oral health of the residents of Alachua County. Your support will not only empower us to extend our reach but will also alleviate the burden on emergency departments, redirecting individuals to a more suitable and cost-effective dental home. Together, we can make a lasting difference in the lives of those who need it most.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**13. Please describe how your project will enhance effectiveness and/or efficiency of your agency's service delivery:\***

Maximum response length: 2500 characters

Pass  Fail

ACORN has a reasonably specific mission: to provide affordable and high-quality dental care to everyone, regardless of their ability to pay. Depending on how you look at oral health in this country, that can be a problem because there is such an incredibly high demand for individuals needing access to dental. At ACORN, over 300 potential new patients are waiting for their 1st appointment. We also are

scheduling out months in advance and seeing our walk-in clinic reach capacity on most days it's open.

We want to illustrate that we can still do much more. The question, then, is, HOW can we do more? To enhance the effectiveness of our services in delivering dental care to low-income individuals, our dental clinic is committed to implementing two key strategies. First and foremost, we will focus on expanding our walk-in clinic efforts to ensure that these underserved populations consistently have an accessible dental home. If we can extend our walk-in clinic hours by 3 per week, we would serve an estimated 422 more patients annually.

Secondly, we will take our pre-existing collaborations with community organizations, such as the University of Florida and Sante Fe College, and stretch them out to ensure we are utilizing these partnerships to their full potential. To elaborate further, while our collaborations with these institutions help us serve about 22% of our total patient population, we could be doing more if we had the necessary support staff. We could accommodate a complete group of student providers (both from UF and Sante Fe) by hiring a new dental assistant enabling us to maximize our capacity during regular clinic hours. By making this hire, we estimate an additional 288 patients will receive care annually.

These two key strategies would dramatically increase the efficacy of our organization, as well as our production in terms of patients served. With the hiring of a new DA, we can stabilize what is a constantly short-staffed clinic. Simultaneously, by expanding the walk-in clinic, we can directly provide care to more Alachua County residents than ever before. Through these strategic enhancements, we can optimize the delivery of services and positively impact the oral health of low-income individuals in our community.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**14. List all the budget items for which grant funds will be used and the dollar amount anticipated for each:\***  Pass  Fail

If your budget has more than five line items, you have the option to download and fill the SPACE Budget Template provided, and upload in the next question.

*Maximum response length: 2500 characters*

Our budget for this project is simple enough. We are open 46 weeks of the year, so all metrics for annual measures are used based on that timeframe. For our walk-in clinic expansion, we request funds to cover salary and supplies to help offset our costs for the sliding scale. Regarding hiring a new Dental Assistant, which will open up our capacity, we are requesting their salary be covered.

100% of the awarded funding will go directly towards providing care for residents of Alachua County.

Expansion of Walk-In Clinic (3 hours per week)

Salaries.....\$16,836 (\$122 per hour average)

Supplies.....\$13,524 (\$98 per hour average)

**Total.....\$30,360**

Hiring New Dental Assistant

Salary.....\$22,080 (\$15 per hour pay rate)

**Total.....\$22,080**

**Total Expenses.....\$52,440\***

\*Remaining \$2,440 would be covered by ACORN Clinic.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**15. Upload SPACE Budget Template**

*No response submitted*

**16. Describe the timeline and anticipated milestone dates for the project:\***  Pass  Fail

Maximum response length: 2500 characters

The core elements of this project are already in place. We are presently operating a walk-in clinic three days per week and have the available capacity to serve more patients; we lack the funding necessary to fill that capacity. Our actionable objectives for this project would take little time to implement fully. Further, our milestones for this project are also straightforward and easily quantifiable.

Expanding our walk-in clinic through an extension of hours each of the three days it is in operation would be possible within 2-weeks of receiving funding. We have been hoping to move forward with this expansion for some time and thus have the existing framework built for this change. A milestone for the walk-in clinic will be averaging serving 45 patients per week, increasing from 35 per week at the beginning of 2023. If we hit that weekly average, we will know that more individuals consistently utilize our walk-in clinic.

Hiring a new dental assistant is slightly more time-consuming, as the hiring process takes about a month on average. However, we can immediately increase student rotations once a new DA is hired. This hire will help to stabilize a bustling clinic staff while also allowing for an increase in patient capacity. Regarding a measurable milestone for this new position, we can examine the number of individuals our student providers serve and directly compare it with the previous year's numbers. Our target will be a weekly increase of patient visits for our student providers by 5% (288 more patients annually).

By implementing our comprehensive plan, we aim to achieve these milestones within the first month this project is live. We hope these milestones will be a measuring tool to determine if we are having a lasting impact on the accessibility and quality of dental services for low-income individuals in Alachua County.

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### 17. Describe measurable outcomes for the project:\*

Pass  Fail

Maximum response length: 2500 characters

Our intended outcomes for this program are improving dental access in Alachua County and increasing the number of patients served under 150% of the Federal Poverty Level guidelines. Our outputs for these goals will be simple enough to quantify, first, by measuring the number of individuals we serve in total compared to previous years (improved access); second, by pulling data from our EHR (electronic health records) database, showing the total number of patients we serve at or below 150% of the FPL.

In measuring the qualitative effect of our program, the patients receiving our care would make the best determination. We will conduct a patient survey handed out to willing patients who can donate a few minutes of their time. Over the year, we can compare those survey results to illustrate how our overall service is perceived through our patient's eyes. The hope is that they reflect the objectives we are attempting to achieve, such as easily accessible walk-in clinics or quick scheduling, to name some examples.

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### 18. Upload any supplemental documentation that is relevant to your project.

Pass  Fail

 [2023\\_ACORN\\_Clinic\\_Brochure.pdf](#)

### 19. Acknowledge that you have reviewed all Addendum(s) issued with this solicitation.\*

Pass  Fail

Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

### 20. Conflict of Interest\*

Pass  Fail

The bidder certifies that to the best of his knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the purchase of the goods or services specified on this order. ( Select yes, if there is no conflict of interest)

Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

### 21. Drug Free Workplace\*

Pass  Fail

In accordance with §287.087, Florida Statute

Do you certify that you meet the following:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

## 22. Corporate Resolution Granting Signature\*

Pass  Fail

The response must be submitted by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. An authorized representative who is not an officer may sign the proposal, but must attach or upon request provide a corporate resolution granting authorization to the representative to execute on behalf of the business. Are you authorized to submit this RFA?

Confirmed

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**23. By submitting this application, we acknowledge that we are aware that the information contained in this funding application is public record. We further certify that this Request for Funding is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding was authorized by the agency's Board of Directors.\***

Confirmed

Pass  Fail

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