

University of Florida College of Dentistry Proposal

Pricing is sealed

CONTACT INFORMATION

Company

University of Florida College of Dentistry

Email

oensz@dental.ufl.edu

Contact

Olga Ensz

Address

PO Box 103628

Gainesville, FL 32610

Phone

(352) 273-5031

Website

<https://dental.ufl.edu/departments/communitydentistryandbehavioralscience/>

Submission Date

Jun 28, 2023 11:25 AM

ADDENDA CONFIRMATION

✔ Addendum #1

Confirmed Jun 20, 2023 1:13 PM by Olga Ensz

✔ Addendum #2

Confirmed Jun 20, 2023 1:13 PM by Olga Ensz

✔ Addendum #3

Confirmed Jun 20, 2023 1:13 PM by Olga Ensz

QUESTIONNAIRE

1. Provide your Employer Identification Number (EIN)*

☒ Pass ☐ Fail

Do not include dashes

Maximum response length: 9 characters

593518156

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

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

PO Box 103628, Gainesville, FL 32610

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

 [IRS_Tax_Exempt_Letter.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: _____

Responsible Agent: Olga Enszt

Address: PO Box 103628, Gainesville, FL 32610

Phone: (352) 273-5031

Email: OEnszt@dental.ufl.edu

Alternate Responsible Agent: Carree Musgrove

Address: PO Box 103628, Gainesville, FL 32610

Phone: (352) 273-9648

Email: CMusgrove@dental.ufl.edu

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

7. Project Name:*

☒ Pass ☐ Fail

Oral Health Care for Special Needs Patients

8. Amount of funds being requested*

☒ Pass ☐ Fail

Maximum of \$50,000

Maximum response length: 7 characters

\$44,716

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

Our proposed project supports the purchase of portable dental equipment for the delivery of no-cost, prevention-focused oral health care for adult patients with special health care needs. Special needs individuals include persons with physical, intellectual, or developmental disabilities or limiting conditions that require enhanced behavioral management or accommodative measures beyond what are considered routine. Persons with special health care needs are disproportionately affected by oral health problems, yet face exceptional challenges in accessing dental care. These challenges have been exacerbated locally by the closure of the Tacachale campus dental clinic to the public in 2020. Other barriers to oral health care include long waiting times for appointments, mobility limitations, and cost.

This proposed project would involve collaboration with community partners who previously relied on the Tacachale dental clinic for oral health care for their clients. Such partners would include the Arc of Alachua County, which currently operates 18 group homes with approximately 100 individuals with special health care needs. Licensed oral health providers from the University of Florida College of Dentistry with advanced training in dental care for persons with special health care needs would coordinate dental visits at group homes in Alachua County throughout the year. Portable dental equipment would be set up on-site within the group home in an area familiar and convenient to patients, contributing to reduced anxiety and eliminating barriers related to transportation or mobility. Treatments would be focused on preventing dental problems to include dental exams, dental cleanings, fluoride varnish, and cavity-arresting medicaments. Staff caregivers of the group homes would also receive training on oral health literacy with the goal of promoting oral hygiene assistance for patients between professional dental visits. Patients identified with unmet oral health needs unable to be addressed in this setting would be referred to the UF College of Dentistry for continued care.

Quantifiable benefits to special needs adult residents of Alachua County living at or below 150% of the FPL include:

- A minimum of two no-cost preventive dental visits per year.
- Average of \$2,500 in oral preventive oral health services per patient per year.

- Waiting time for a dental visit reduced from an average of 2 years to 2 months.

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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

This project will allow for the expansion of our department's existing community dental outreach initiatives to serve incredibly vulnerable and marginalized Alachua County residents. The project will also allow for formal collaborations with community partners, beginning with the Arc of Alachua County. Other potential community partnerships to be pursued following year one of the project include ResCare Community Living, and assisted living facilities with older adult residents who are unable to independently practice daily oral hygiene.

Our organization has readily available other items needed to implement this program, such as portable dental chairs, dental instruments, and a cargo van for transporting equipment. The adaptable equipment requested in our proposal will allow oral health practitioners to provide enhanced diagnostic services and treatment for persons with special health care needs who may experience involuntary physiological movements or mobility limitations.

Regarding project sustainability, the majority of these patients have Medicaid dental coverage. Medicaid reimbursements for completed dental treatments would support supply costs for the program. Grants and foundations focused on enhancing the oral health care of persons with special health care needs would be actively pursued and contribute to continued salary support of oral health personnel.

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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

Please see attached completed SPACE Budget Template.

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

15. Upload SPACE Budget Template

☒ Pass ☐ Fail

 SPACE_Budget_Template_UFDental.xlsx

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

☒ Pass ☐ Fail

Maximum response length: 2500 characters

- October 2023: Establish formal agreement with Arc of Alachua County.

- November 2023: Coordinate with Arc of Alachua County personnel to create annual schedule of dental clinic visits to group homes.

- November/December 2023: Purchase dental equipment and order supplies.

- January 2024: Begin patient dental visits and staff oral health education at group homes.

- June 2024: Begin recall patient dental visits.

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

17. Describe measurable outcomes for the project:*

☒ Pass ☐ Fail

Maximum response length: 2500 characters

Measurable outcomes for the project include:

- Increased number of Alachua County adult residents with special health care needs receiving routine preventive dental care.
- Improved oral health of Alachua County adult residents with special health care needs.
- Expanded community partnerships with organizations serving Alachua County adult residents with special health care needs.

- Increased oral health knowledge of group home caregiver staff.
- Enhanced daily dental hygiene practices for group home residents between professional oral health visits.

These outcomes will be measured by:

- Number of patients seen (tracked using electronic dental software)
- Number and types of oral health services provided (tracked using electronic dental software)
- Changes in baseline oral health findings (tracked using electronic dental software)
- Number of locations served (tracked using program monthly calendar)
- Reported improvements in oral health knowledge (tracked via electronic survey completed by caregiver staff)
- Reported improvements in dental hygiene assistance by caregiver staff (tracked via electronic survey)

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

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

No response submitted

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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