**VETERANS DENTAL GRANT PROGRAM**

**F.S. 295.157**

**PROPOSED RULE**

F.S. 295.157 establishes the *Veterans Dental Grant Program.* The Veterans Dental Grant Program seeks to help Florida veterans enjoy greater access to routine dental care. The Florida Legislature found that veterans are not afforded dental care after serving in the U.S. Armed Forces unless they are totally and permanently disabled or have a direct service-connected injury impacting their oral health. The program will expand access to such services through a regionally responsive network of dental care providers throughout Florida.

**Description of the Framework**

* **Definition of Veteran**: According to Chapter 1.01 of the 2023 Florida Statues, “the term ‘veteran’ means a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. *The term includes all members of the Florida National Guard and United States Reserve Forces who were discharged or released under honorable conditions only, or who later received an upgraded discharge under honorable conditions*.

 **Veteran Eligibility:** Qualifying veterans must also meet the following requirements:

* Been issued a DD-214, NGB 22 or Certificate of Discharge.
* Residency requirement - eligible veterans must reside in Florida.
* Be at a 300% Poverty Level or below as defined by the federal government at the time of their application.
* Be less than 100% service-connected disabled.

**The Direct Support Organization**: The Florida Veterans Foundation (“FVF”) will oversee the creation of the *Veterans Dental Grant Program* (hereinafter “Program”). The Program may be funded with an appropriation and will serve veterans during the annual funding period. To administer the Program, the FVF will award grants. Any organization that receives awards/funding shall only contract with dental practices that have dentists who are licensed and in good standing with the Florida Board of Dentistry, or contract with individual dentists who are licensed and in good standing with the Florida Board of Dentistry. Organization(s) receiving grant funding from the FVF under this rule will be referred to hereinafter as “Grantees”. Such dental practices, or individual dentists selected by the Grantees to provide services through the *Veterans Dental Grant Program*, will be referred to hereinafter as “Awardees”.

The FVF, in consultation with the FDVA, a licensed dentist, in good standing with the Florida Board of Dentistry, representing the Florida Dental Association Foundation, a licensed dentist in good standing with the Florida Board of Dentistry, and an individual to serve as an experienced grant application review panelist will select Grantees based on several factors, one of which will be their ability to facilitate covered services through Awardees to eligible veterans living in one or more of Florida’s numerous regions.

The FVF will ensure that Program grant funds are allocated proportionately based on the geographic disposition of the state’s veteran population. The FVF will therefore seek to select one or more eligible nonprofits organizations, based on their geographic service area or their demonstrated abilities to reach the required areas of Florida. The FVF may also emphasize selecting organizations with proven track records providing services to veterans and other target populations.

Organizations applying to be a Grantee will be required to do the following:

* Submit their [application](#Application) to the Florida Veterans Foundation (“FVF”) online by a deadline set in the fiscal year the Florida Legislature awards the grant funding.
* Demonstrate that they can facilitate dental care services including dental maintenance and disease elimination, **or** diagnostics and dental hygiene for veterans through qualified prospective Awardees.
* Coordinate with the Florida Dental Association, U.S. Department of Veterans Affairs, and other pertinent organizations to assess veteran dental needs in their geographic area of responsibility.

**Grantee Workplan Requirements**

**Administering the Program**: The *Veterans Dental Grant Program* Grantees will be required to distribute grant funds according to the requirements set forth by the FVF by:

* Ensuring verification of veteran's status by reviewing their DD-214s, NGB 22 or Military Discharge documents or applicable U.S. Department of Veterans Affairs forms.
* Dispersing funds based on the requirements of the FVF-provided contract.
* Tracking the dental services provided to veterans by:
* Reporting the number of veterans served.
* Tracking Program expenses.
* Requiring treated veterans to complete an online satisfaction survey.
* Attempting to obtain a signed consent form from clients for testimonials before treatment is provided.
* Protecting veteran data (name, branch, cost, etc.) via encryption software and access codes according to HIPAA information security standards.

**FLORIDA VETERANS’ FOUNDATION DENTAL PROGRAM GRANT APPLICATION**

**ORGANIZATION CONTACT INFORMATION**

Name of Organization (Enter the incorporated, legal name as it should appear on a contract):

Fictitious Names/DBAs:

Federal Employee Identification Number (FEIN):

Website:

**ORGANIZATION DIRECTOR**

Prefix (Mr., Ms., Dr., etc.):

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**PERFORMANCE REPORT CONTACT**

Prefix (Mr., Ms., Dr.) :

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**FINANCIAL CONTACT**

Prefix (Mr., Ms., Dr., etc.):

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**PROFESSIONAL FUNDRAISERS OR SOLICITORS USED BY ORGANIZATION**

Name:

Fictitious Names/DBAs:

Federal Employee Identification Number (FEIN): Telephone #:

Fax #:

Website:

Mailing Address:

City:

State:

Zip Code:

Signature of Organization Director: Date:

**PART 1: ORGANIZATION INFORMATION**

List areas to be served:

 State of Florida: Veterans

**PART 2: PROJECT DESCRIPTION**

The project description should clearly outline what will be done and by whom.

1. Describe the scope of work the activities and/or services will be provided with as much specificity as possible. Questions to address in this section include, but are not limited to, the following considerations:
	1. Will this contribution fund a new or existing program, service, or project?
	2. What are the goals of the program, service, or project?
	3. Who will the program, service, or project benefit? And where will eligible recipients or participants be located? Be specific.
	4. What is the timeframe for the implementation of the program, service, or project?
2. Indicate the total number of individuals that will be served, and the total number of services provided, and detail monthly or quarterly expectations. Each deliverable must be related to the scope of work described in Question 1.

**PART 3: PERSONNEL BUDGET**

Complete the table below for each position to be funded from grant proceeds. In the explanation section indicate if the salary/benefit expenses listed include costs that are anticipated during the grant period. For example, raises and increases in benefit costs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Employment Status (FT or PT) | Employee Annual Salary | % of Salary Allocated to Grant | Amount Allocated to Grant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Explanation, if applicable:

**PART 4: EQUIPMENT BUDGET**

Items in this section must be approved and include equipment costing $500.00 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests.

**ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED BY THE FLORIDA VETERANS FOUNDATION PRIOR TO THE ACTUAL PURCHASE.**

Example Narrative Response: The computer will improve the organization’s ability to document veterans served. The cost listed above is for a complete computer package which includes the computer, monitor, software, and printer.

|  |
| --- |
| **Equipment:** |
| Description | Number | Cost Per Item | Total |
| 1 |  |  |  | $- |
| 2 |  |  |  | $- |
| 3 |  |  |  | $- |
| Equipment Subtotal |  |  | $- |

**Budget Narrative:**

1.

**PART 5: OTHER BUDGET ITEMS**

Please include any budget items or anticipated expenditure of grant funds not included in previous schedules. Items in this section must be approved and include equipment costing $500.00 or more.

|  |
| --- |
| **Other Items:** |
| Description | Number | Cost Per Item | Total |
| 1 |  |  |  | $- |
| 2 |  |  |  | $- |
| 3 |  |  |  | $- |
| Other Items Subtotal |  |  | $- |

**Budget Narrative:**

**PART 6: BUDGET SUMMARY**

|  |  |
| --- | --- |
| **Budget Summary by Category -** Provide the subtotal for each budget category. Amounts must be rounded to the nearest whole dollar. | **TOTAL BUDGET** |
| **Personnel** |  $ |
| **Equipment** |  $ |
| **Other** |  $ |
| **TOTAL** | $- |

**Note:** Budget summary may change as final budget is subject to review from the Florida Veterans Foundation.

Signature of Organization Director:

Date:

**RELATED PARTIES QUESTIONAIRE**

1. Are there currently any family relationships that exist between the Grantee’s board of directors, the organization’s principal officers or employees?

Yes/No:

If yes, describe all family relationships that exist:

1. Are you aware of any interests, direct or indirect, that exist with the current board of directors, the current organization’s principal officers or employees in the following area?
	1. Sale, purchase, exchange, or leasing of property? Yes/No:
	2. Receiving or furnishing of goods, services, or facilities? Yes/No:
	3. Transfer or receipt of compensation, fringe benefits, or income or assets? Yes/No:
	4. Maintenance of bank balances as compensating balances for the benefit of another? Yes/No:

If yes to any of the above, describe all interests that you are aware of currently:

1. Is the organization currently indebted to any current board of directors, current principal officers, or current employees? Yes/No:

If yes, describe the nature of the debt:

1. Have any current board of directors, current organization principal officers or employees misappropriated assets or committed other forms of fraud against the organization? Yes/No.

 If yes, describe the nature of the misappropriation:

1. By signing this form, I hereby certify that the information contained in this questionnaire is true and accurate to the best of my knowledge and belief. I acknowledge my obligation to notify the Florida Veterans Foundation for this contract of any changes to the information provided.

Signature:

Date:

Name:

Title:

**ADDITIONAL REQUIREMENTS**

In addition to the completed application, as well as any attachments (if necessary), please provide a copy of your most recent Annual Report, most recent 990, most recent audited financial statements and a list of current board members.

Following the first disbursement of funds, quarterly grant spending reports will be required. The initial report should be provided no later than thirty (30) days following the first disbursement and continue quarterly thereafter. The document should summarize programs, service, or project activities and detail how funds were appropriated for each quarter. A sample is provided; however, you may adjust as appropriate and applicable.

Additionally, a final report should be provided no later than (30) days following the use of all granted funds. The document should summarize all programs, service, or project activities and detail how all funds were appropriated. It may follow the same format as the quarterly reports.