

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Addendum No. 1
RFA 20-010
Community Dental Health Program

DATE: February 26, 2021

TO: Applicants

FROM: Wilmer Alonso Valentin, Administrative Services/Hillsborough/Office of Contracts
Florida Department of Health

SUBJECT: Addendum No. 1: RFA 20-010

The purpose of this addendum is to provide an application cover page and to clarify instructions for submission of the required budget. Request for Application RFA 20-010 Community Dental Health Program is amended as follows:

1. Application Cover Page
 - a. The attached Application Cover Page is a required form and has been added here.
2. Budget Information Form
 - a. This is a fixed price-unit cost contract for provision of direct client services. The estimated number of clients and fees should be provided on the Budget Information Form.
 - b. The attached Budget Information Form is a required form and has been added here.

This is not a competitive solicitation subject to the notice or challenge provisions of section 120.57(3), Florida Statutes.

**Community Dental Health Program
APPLICATION COVER PAGE**

**Florida Department of Health -Hillsborough County
Community Health – Office of Health Equity
Fiscal Year 2021-2022**

RFA # 20-010

Organization Name:	
Mailing Address:	
City, State, Zip:	
Telephone Number(s) (including area code):	
Fax Number(s) (including area code):	
Federal Employer Identification Number (FEIN):	
Organization Type:	
Total Amount of Grant Request:	

Contact Person for Negotiations:	
E-mail Address of Contact Person:	

Printed Name of Authorized Signatory:	
Title of Authorized Signatory:	
Authorized Signature in Blue or Black Ink:	
Date:	

Budget Information Form

Provider Name:	Complete this section with the official name of the provider.
Budget Start Date:	Complete this section with the 1st day of the current annual period of the contract term.
Budget End Date:	Complete this section with the last day of the current annual period of the contract term.
Budget Category:	This is a fixed price-unit cost contract for provision of direct client services.
Services:	Dental services for children under 21 years, pregnant and post-partum women: early preventive care, immediate and urgent care.
Fee Schedule:	Use Florida Medicaid approved rates; updated annually.
Clients:	Complete this section with the estimated number of clients seen during the budget period. It is recommended that 10% or more of the patients for this program be pregnant or post-partum women.
Requested Budget Total:	Complete this section with the requested total budget.

BUDGET REVISIONS: This Budget Summary should be supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be supported by the Budget Narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.