

**COMMUNITY HEALTH OFFERING INNOVATIVE CARE & EDUCATIONAL
SERVICES (CHOICES)
AGREEMENT BETWEEN ALACHUA COUNTY AND THE UNIVERSITY OF
FLORIDA BOARD OF TRUSTEES, FOR THE BENEFIT OF THE UNIVERSITY OF
FLORIDA COLLEGE OF DENTISTRY**

THIS AGREEMENT made and entered into this _____ day of _____, 20____ by and between Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the "County," and The University of Florida Board of Trustees for the benefit of the University of Florida College of Dentistry, a public body corporate organized under the laws of the State of Florida, hereinafter called "Agency." Collectively hereinafter the County and the Agency are referred to as the "Parties".

WITNESSETH:

WHEREAS, the Alachua County Board of County Commissioners (BOCC) operates the CHOICES health services grant program, administered by the Department of Community Support Services to help uninsured residents by working in partnership with health care providers in Alachua County to ensure the stable provision of quality health care services; and,

WHEREAS, the County issued Request for Application (RFA) #20-201 seeking applications, for CHOICES funds, from qualified governmental and non-governmental, non-profit agencies with current 501(c)(3) tax exempt status who provide programs designed to reduce health disparities or improve access to health care for eligible, Alachua County residents; and,

WHEREAS, after reviewing application in response to RFA 20-201 the County has deemed the Applicants Program, **DMD Comprehensive Care Program**, and their services as meeting the requirements of the CHOICES program and as beneficial to Alachua County residents,

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the Parties, the Parties hereby agree as follows:

Section 1. Term:

A. This agreement is effective upon execution, and continuing through September 30, 2022, unless earlier terminated, as provided herein.

B. The County's performance and obligation to pay under this Agreement is contingent upon a specific annual appropriation by the Alachua County Board of County Commissioners

("Board"). The Parties hereto understand that this Agreement is not a commitment of future appropriations. Therefore, the continuation of this Agreement beyond the end of any fiscal year shall be subject to both the appropriation and the availability of funds in accordance with Chapter 129, Florida Statutes, and that the failure of the Board to do so shall not constitute a breach or default of this Agreement.

Section 2. Scope of Services:

A. The County agrees to provide funding to the Agency for the program outlined in **Exhibit 1** attached hereto and incorporated herein by reference.

B. The Agency agrees to provide, operate, and fully perform the program described in **Exhibit 1**.

Section 3. Billing and Compensation:

A. For the performance of the services detailed in Section 2 of this agreement, the County shall pay the fiscal agent for the Agency, Faculty Associates, Inc., an amount not to exceed **\$91,008.00 annually for the term of the Agreement in accordance with the details** as specified below.

B. As a condition precedent for any payment, the Agency shall submit monthly, unless otherwise agreed in writing by the County, a CHOICES Invoice (**Exhibit 2**) to the County requesting payment for services properly rendered and expenses due. No payment shall exceed one-third (1/3) of the total amount awarded. The Agency invoice shall be accompanied by such documentation or data in support of expenses for which payment is sought as the County may require.

C. Submission of Agency's invoice for final payment shall further constitute Agency's representation to the County that, upon receipt by the Agency of the amount invoiced, all obligations of the Agency to others, including its consultants, incurred in connection with the Program, will be paid in full, that the services or expenses have not been reimbursed by another agency, and that the services provided served a public purpose. The Agency shall submit invoices to the County at the following address.

CHOICES Program Manager
Alachua County Department of Community Support Services
218 SE 24th Street
Gainesville, Florida 32641

D. In the event that the County becomes credibly informed that any representations of

relating to payment are wholly or partially inaccurate, the County may withhold payment of sums then or in the future otherwise due to the Agency until the inaccuracy, and the cause thereof, is corrected to the County's reasonable satisfaction.

E. Payments for all sums properly invoiced shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes (Local Government Prompt Payment Act).

F. The Agency shall submit its final CHOICES invoice for each CHOICES grant period by November 15th of each year. The County has no obligation to provide reimbursement to the Agency for invoices which include expenses incurred in any previous CHOICES grant period if submitted after November 15th.

University of Florida College of Dentistry
1600 SW Archer Rd, Room D4-4A
Gainesville, FL 32610

Section 4. Audit, Records, and Reporting:

A. The Agency agrees to:

- 1) Maintain financial records and reports relating to utilization of the funds.
- 2) Maintain books, records, document, invoices, and other evidence and accounting procedures and practices such as will permit the Agency to sufficiently and properly reflect all direct costs of any nature associated with the program.
- 3) Permit all such records described in 1) and 2) above to be subject to inspection, review, and audit by the Alachua County Finance and Accounting Department.

B. Reports shall be submitted on the forms and in the formats made available to the Agency. The County reserves the right to change the forms or formats of the reports without prior written notice to the Agency. The reports listed on attached Exhibits 3A, 3B, and 3C are mandatory. the Agency shall submit these reports to the County at the following address:

CHOICES Program Manager
Alachua County Department of Community Support Services
218 SE 24th Street
Gainesville, Florida 32641

C. The County may defer payment to the Agency for noncompliance with contract deliverables or program requirements.

Section 5. Default and Termination:

A. The failure of the Agency to comply with any provision of this agreement will place the Agency in default. Prior to terminating the agreement, the County will notify the Agency in writing. This notification will make specific reference to the provision which gave rise to the default. The County will give the Agency ten (10) days to submit a plan for curing the default. The CHOICES Program Manager is authorized to provide written notice of default on behalf of the County, and if the default situation is not corrected within the allotted time, the Director of Community Support Services is authorized to provide final termination notice on behalf of the County to the Agency.

B. Either party may also terminate the Agreement without cause by providing thirty (30) days written notice to the other party (hereinafter, "Termination for Convenience"). The County Manager is authorized to provide written notice of Termination for Convenience on behalf of the County. Upon such notice, Contractor will immediately discontinue all Work affected (unless the notice directs otherwise) and deliver to the County all data, drawings, specifications, reports, estimate, summaries, and such other information and materials as may have been accumulated by the Contractor in performing this Agreement, whether completed or in process. In the event of such Termination for Convenience, Contractor's recovery against County shall be limited to that portion of the Annual Contract Price earned through the date of termination, but Contractor shall not be entitled to any other or further recovery against County, including, but not limited to, damages, consequential or special damages, or any anticipated fees or profit on portions of the Work not performed.

C. If funds to finance this Agreement become unavailable, the County may terminate the Agreement with no less than twenty-four (24) hours' notice in writing to the Contractor. The County will be the final authority as to the availability of funds. The County will pay the Contractor for all Work completed prior to delivery of notice of termination.

Section 6. Monitoring: To the extent law, statute or ordinance does not limit a grant of access solely by the authority of the Agency, the Agency, by accepting public funds, agrees to permit persons duly authorized by the County to inspect all records, papers, documents, facilities, goods, and services of the Agency and interview any employees and clients of the Agency to be assured of satisfactory performance of the terms and conditions of this Agreement. When applicable, the County will identify any deficiencies to the Agency in writing and the Agency will prepare a corrective action plan to rectify all deficiencies noted. the Agency failure to correct the deficiencies within the agreed upon time period may result in the County withholding payments or the Agency being deemed in breach or default resulting in termination of this Agreement.

Section 7. Modifications:

A. This agreement may be modified and amended by mutual agreement of the parties; however, any modification shall only become effective upon incorporation of a written amendment to this agreement, duly executed by both parties. The parties further agree to renegotiate this agreement if federal and/or state revision of any applicable laws or regulations makes changes in this agreement necessary.

B. County staff may accept and approve revisions to scope of services and Budget and Unit of Service Cost Worksheet provided the revisions are consistent with the original submitted proposal and that such requests are made and agreed to in writing. Requested revisions may not include additional fiscal impact or changes to BoCC approved annual funding allocation.

Section 8. Notices: Except as otherwise provided in this Agreement any notice of default or termination from either party to the other party must be in writing and sent by certified mail, return receipt requested, or by personal delivery with receipt. All notices shall be deemed delivered two (2) business days after mailing, unless deliver is by personal delivery in which case delivery shall be deemed to occur upon actual receipt by the other party. For purposes of all notices, Contractor's and County representative are:

Alachua County: Director
 Dept. of Community Support Services
 218 SE 24th Street
 Gainesville, Florida 32641

Agency: Andrew Corsaro, DMD
 University of Florida College of Dentistry
 1600 SW Archer Rd, Room D4-4A
 Gainesville, FL 32610

Jean M. Sweitzer, MHA, MS
Executive Director, Finance
Dean's Office, College of Dentistry
1600 SW Archer Road, Room D4-4A
Gainesville, FL 32610

A copy of any notice shall also be sent to:

Alachua County: J.K. "Jess" Irby, Esq.

Clerk of the Circuit Court
12 SE 1st Street
Gainesville, Florida 32602
Attn: Finance and Accounting

And to

Procurement Division
12 SE 1st Street
Gainesville, Florida 32601
Attn: Contracts

Section 9. Assignment of Interest: Neither party will assign or transfer any interest in this agreement without prior written consent of the other party.

Section 10. Independent Contractor:

A. In the performance of this agreement, the Agency will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the County. The Agency is solely responsible for the means, method, techniques, sequence, and procedure utilized by the Agency in the full performance of this agreement. Neither the Agency nor any of its employees, officers, agents or any other individual directed to act on behalf of the Agency for any act related to this Agreement shall represent, act, or purport to act or be deemed to be the agent, representative, employee or servant of the County.

B. For Independent Contractors outside the construction industry with fewer than four employees choosing not to secure workers' compensation coverage under the Florida Workers' Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to workers' compensation benefits.

C. Policies and decisions of the Agency, which may be represented by the Agency in performance of this Agreement, shall not be construed to be the policies or decision of the County.

Section 11. Responsibility of Each Party:

A. Each party to this Agreement agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of employment or agency, and agrees to be liable for any damage resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by the University of Florida Board of Trustees, School, and/or the Florida Board of Governors. Nothing herein shall be construed as consent by a state agency, public body corporate, or political subdivision of the State of Florida to

be sued except as permitted by Section 768.28 Florida Statutes.

B. To the extent that the State of Florida, on behalf of the Board of Trustees, has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents as prescribed by Section 768.28, Florida Statutes, UF and its employees are protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars (\$200,000.00), and for total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding Three Hundred Thousand Dollars (\$300,000.00), such protection being provided by the University of Florida J. Hillis Miller Health Center Self-Insurance Program, a self-insurance program created pursuant to the authority of Section 1004.24, Florida Statutes. Employees and agents of UF are not individually subject to actions arising from their State functions. Any damages allocated against the Board of Trustees as prescribed by Section 768.81, Florida Statutes, are not subject to reallocation under the doctrine of joint-and-several liability to codefendants of the Board of Trustees in professional liability actions (see Section 766.112(2), of the Florida Statutes). The sole remedy available to a claimant to collect damages allocated to the Board of Trustees is as described in Section 768.28, Florida Statutes. All liability protection described in this Section is on an "occurrence" basis. The University of Florida J. Hillis Miller Health Center Self-Insurance Program provides ongoing protection with no expiration.

C. Nothing contained herein shall constitute a waiver by the County of sovereign immunity or the provisions or limits of liability of §768.28, Florida Statutes.

Section 12. Laws & Regulations: The Agency will comply with all laws, ordinances, regulations, and building code requirements applicable to the work required by this agreement. The Agency is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work outlined in this agreement. If the Agency is not familiar with state and local laws, ordinances, code rules and regulations, the Agency remains liable for any violation and all subsequent damages or fines.

Section 13. Non-Waiver: The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or non-compliance.

Section 14. Severability: If any provisions of this agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

Section 15. Entire Agreement: This agreement contains all the terms and conditions agreed upon by the parties.

Section 16. Collusion: By signing this agreement, the Agency declares that this agreement is made without any previous understanding, agreement, or connections with any persons, contractors or corporations and that this agreement is fair, and made in good faith without any outside control, collusion, or fraud.

Section 17. Conflict of Interest: The Agency warrants that neither it nor any of its employees have any financial or personal interest that conflicts with the execution of this agreement. The Agency shall notify the County of any conflict of interest due to any other clients, contracts, or property interests.

Section 18. Third Party Beneficiaries: This agreement does not create any relationship with, or any rights in favor of, any third party.

Section 19. Governing Law and Venue: This agreement is governed in accordance with the laws of the State of Florida. Venue is in Alachua County.

Section 20. Construction: This agreement shall not be construed more strictly against one party than against the other merely by virtue of the fact that it may have been prepared by one of the parties. It is recognized that both parties have substantially contributed to the preparation of this agreement.

Section 21. Project Records:

A. General Provisions:

1) Any document submitted to the County may be a public record and is open for inspection or copying by any person or entity. "Public records" are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency per Section 119.011(11), Florida Statutes. Any document is subject to inspection and copying unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law.

2) In accordance with Section 119.0701, Florida Statutes, the Professional or Contractor (referred hereinafter in all of the "Project Records" section collectively as "Professional"), *when acting on behalf of the County*, as provided under 119.012(2), F.S., shall keep and maintain public records as required by law and retain them as provided by the General Record Schedule established by the Department of State. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the

records to be inspected or copied within a reasonable time unless exempted under Chapter 119, Florida Statutes, or as otherwise provided by law. Additionally, the Professional or Contractor shall provide the public records at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

3) Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this Agreement and following completion of this Agreement if the Professional does not transfer the records to the County.

4) Both parties are subject to the public records laws of the State of Florida and shall maintain records and comply with such laws as may be applicable. Notwithstanding the foregoing the parties hereby acknowledge the exemption to public access requirements, afforded to Agency's patient records, pursuant to Section 456.057 (10(a) Florida Statutes.

B. Confidential Information

1) During the term of this Agreement or license, the Professional may claim that some or all of Professional's information, including, but not limited to, software documentation, manuals, written methodologies and processes, pricing, discounts, or other considerations (hereafter collectively referred to as "Confidential Information"), is, or has been treated as confidential and proprietary by Professional in accordance with Section 812.081, Florida Statutes, or other law, and is exempt from disclosure under the Public Record Act. Professional shall clearly identify and mark Confidential Information as "Confidential Information" or "CI" and the County shall use reasonable efforts to maintain the confidentiality of the information properly identified by the Professional as "Confidential Information" or "CI."

2) The County shall promptly notify the Professional in writing of any request received by the County for disclosure of Professional's Confidential Information and the Professional may assert any exemption from disclosure available under applicable law or seek a protective order against disclosure from a court of competent jurisdiction.

C. Project Completion: Upon completion of, or in the event this Agreement is terminated, the Professional, *when acting on behalf of the County* as provided under 119.011(2), F.S., shall transfer, at no cost, to the County all public records in possession of the Professional or keep and maintain public records required by the County to perform the service. If the Professional transfers all public records to the County upon completion or termination of the agreement, it must destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Professional keeps and maintains public records upon the completion or termination of the agreement all applicable requirements for

retaining public records shall be met. All records stored electronically shall be provided to the County, upon request from the Counties custodian of public records, in a format that is compatible with the information technology systems of the County.

D. Compliance

1) A Party who fails to provide the public records to the County within a reasonable time may be subject to penalties under s. 119.10

IF THE PROFESSIONAL OR CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE COUNTY REPRESENTATIVE AT E-MAILpublicrecordsrequest@alachuacounty.us PHONE (352) 384-3132 Address 12 SE 1st Street, Gainesville, FL 32601

Section 22. Communications: The Agency shall maintain a working e-mail address and shall respond to e-mail communications from the CHOICES Program Manager or other CHOICES representative within 24 (twenty-four) business hours from the time the e-mail was received electronically. the Agency agrees to notify the CHOICES Program Manager of any changes in e-mail, staff, Board of Directors, postal mailing address, etc. within 24 (twenty-four) hours of the change. The Agency agrees to add the e-mail and postal mailing addresses of the CHOICES Program Manager to any mailing lists utilized for the purpose of announcements, status reports, and the like.

Section 23. No Religious or Sectarian Requirement: In accordance with Article 1, Section 3, Florida Constitution, and other applicable law, the funding provided under this Agreement may not be used in aid of any church, sect, or religious denomination or in aid of any sectarian institution. The program shall not promote the religion of the provider, be significantly sectarian in nature, involve religious indoctrination, require participation in religious ritual, or encourage the preference of one religion over another.

Section 24. Award Acknowledgement of Support:

A. The Agency agrees to acknowledge the Alachua County Board of County Commission's support in all materials and announcements regarding this award, according to directives issued by the County. The phrase, "Supported by the Alachua County Board of County Commission's Community Health Offering Innovative Care & Educational Services (CHOICES)", is to be added to all published material, announcements and websites related to this funding. Any use by Agency of any County Logo or other identifying design must be approved in

advance by the County's Communications Office. Any use by County of any Agency Logo or other identifying design must be approved in advance by the Agency.

Section 25. Counterparts: This agreement may be executed in any number of and by the different parties hereto on separate counterparts, each of which when so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same instrument. Receipt via fax or email with pdf attachment by a party or its designated legal counsel of an executed counterpart of this Amendment shall constitute valid and sufficient delivery in order to complete execution and delivery of this Amendment and bind the parties to the terms hereof.

Section 26. Attachments: All attachments to this agreement are incorporated into and made part of this agreement by reference.

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IN WITNESS WHEREOF, the parties have caused this Agreement to be executed for the uses and purposes therein expressed on the day and year first above-written.

ALACHUA COUNTY, FLORIDA

By: _____,
Chair, Board of County Commissioners

Date: _____

ATTEST:

APPROVED AS TO FORM

J.K. "Jess" Irby, Esq., Clerk

Alachua County Attorney's Office

(SEAL)

**UNIVERSITY OF FLORIDA BOARD OF
TRUSTEES, FOR THE BENEFIT OF THE
COLLEGE OF DENTISTRY**

ATTEST (By Corporate Officer)
By: Jean M. Swartz 9/23/19
Print: Jean M. Swartz
Title: Secretary/Treasurer,
Faculty Associates, Inc.

By: Isabel Garcia
A. Isabel Garcia, D.D.S., M.P.H.
Dean, College of Dentistry, University of Florida
Date: 09/23/2019

**INCORPORATED OR ARE OTHERWISE NOT A NATURAL PERSON, PLEASE PROVIDE A
CERTIFICATE OF INCUMBANCY AND AUTHORITY, OR A CORPORATE RESOLUTION,
LISTING THOSE AUTHORIZED TO EXECUTE CONTRACTS.**

8 ATTACHMENTS:

1. Exhibit 1 Scope of (Program) Services
2. Exhibit 1A Budget and Unit Cost Worksheet
3. Exhibit 2: Invoice Form
4. Exhibit 3: Required Reports
5. Exhibit 3A – Performance Outcome Report
6. Exhibit 3B – Program Statistics
7. Exhibit 3C Success Story
8. Exhibit 4 Change Notification Form

Exhibit 1A Scope of (Program) Services

Alachua County Community Health Offering Innovative Care & Educational Services (CHOICES)

Agency: University of Florida College of Dentistry

Program: DMD Comprehensive Care Program

Awarded Amount: \$91,008.00

A. Program Description: The DMD Comprehensive Care Program will deliver comprehensive and emergency dental care at no cost to eligible Alachua County residents, including dental exams, preventive care, restorations, extractions, crowns, implants, root canals, dentures, and oral surgery. The Unit of Service Costs will be per procedure performed listed in exhibit 1B.

Exhibit 1A Budget and Unit of Service Cost Worksheet

Agency Name: Faculty Associates, Inc - University of Florida College of Dentistry

Person Completing: Andrew Corsaro, DMD, MS

Phone: (352) 273-5850

Email Address: acorsaro@dental.ufl.edu

Program Name: DMD Comprehensive Care Program

CDT Code	Description	Fee
D00065	Essix Retainer	35.00
D0120	Periodic Oral Evaluation	50.00
D0140	Limited Oral Eval-Prob Focused	37.00
D0140A	SOS Limited Oral Eval-Prob Focused	52.00
D0150	Comprehensive Oral Evaluation	30.00
D0180	Comprehensive Perio Evaluation	42.00
D0210	Intraoral: Complete Series	75.00
D0210SC	Intraoral-complete series of radiographic images	30.00
D0220	Intraoral: Periapical 1st Film	25.00
D0230	Intraoral:Periapical Addl Film	15.00
D0240	Intraoral: Occlusal Film	30.00
D0270	Bitewing: Single Film	25.00
D0274	Bitewing: 4 Films	50.00
D0274SC	Screening Clinic Bitewing: 4 Films	30.00
D0330	Panoramic Film	75.00
D0330A	SOS Panorex	55.00
D0367	Cone Beam CT - maxilla & mandible w interpretation	350.00
D1110	Prophylaxis - Adult	65.00
D1110RC	Dental Prophy	65.00
D1206	Topical Fluoride Varnish	20.00
D1330	Oral Hygiene Instructions	25.00
D1351	Sealant - Per Tooth	30.00
D1352	Preventive Resin Restoration, High Caries	50.00
D1354	Interim Caries Arresting Medicmnt Appl - per tooth	20.00
D2330	Resin-Based Comp - 1 Surf, Ant	85.00
D2331	Resin-Based Comp - 2 Surf, Ant	100.00
D2332	Resin-Based Comp - 3 Surf, Ant	115.00
D2335	Resin-Based Comp- 4+ Surf, Ant	150.00
D2391	Resin-Based Comp- 1 Surf, Post	90.00
D2392	Resin-Based Comp- 2 Surf, Post	115.00
D2393	Resin-Based Comp- 3 Surf, Post	140.00
D2394	Resin-Based Comp-4+ Surf, Post	165.00
D2610	Inlay - Porc/Cer - 1 Surface	412.00
D2620	Inlay - Porc/Cer - 2 Surfaces	447.00
D2630	Inlay - Porc/Cer - 3 Or More	497.00
D2642	Onlay - Porc/Cer - 2 Surfaces	500.00

CDT Code	Description	Fee
D4355	Full Mouth Debride:To Enable COE & Dx on Subseq	74.00
D4381	Local Antimicrobial- Per Tooth	35.00
D4910	Periodontal Maintenance	65.00
D4910RC	Periodontal Maintenance	65.00
D5110	Complete Denture - Maxillary	490.00
D5120	Complete Denture - Mandibular	490.00
D5130	Immediate Denture - Maxillary	555.00
D5140	Immediate Denture - Mandibular	555.00
D5213	Max Partial - Cast Metal Frame	615.00
D5214	Mand Partial -Cast Metal Frame	615.00
D5410	Adj. Complete Denture - Max	45.00
D5411	Adj. Complete Denture - Mand	45.00
D5421	Adj. Partial Denture - Max	45.00
D5422	Adj. Partial Denture - Mand	45.00
D5511	Repair Broken Complete Denture Base, Mandibular	110.00
D5512	Repair Broken Complete Denture Base, Maxillary	110.00
D5520	Replace Comp Dent Tth- Per Tth	85.00
D5630	Repair Or Replace Broken Clasp - Per Tth	130.00
D5640	Replace Rpd Tth - Per Tooth	75.00
D5650	Add Tooth To Existing Partial	130.00
D5660	Add Clasp To Existing Partial - Per Tth	130.00
D5730	Reline Comp Dent Max-Chairside	110.00
D5731	Reline Comp Dent Man-Chairside	110.00
D5740	Reline Max Part - Chairside	110.00
D5741	Reline Mand Part - Chairside	110.00
D5750	Reline Comp Max - Laboratory	190.00
D5751	Reline Comp Mand - Laboratory	190.00
D5760	Reline Max Part - Laboratory	190.00
D5761	Reline Mand Part - Laboratory	190.00
D5810	Interim Complete Denture - Max	555.00
D5811	Interim Complete Denture -Mand	550.00
D5820	Interim Partial Denture - Max	225.00
D5821	Interim Partial Denture - Mand	225.00
D5850	Tissue Conditioning - Max	85.00
D5851	Tissue Conditioning - Mand	85.00
D5862	Precision Attachment, by report	190.00

D2643	Onlay - Porc/Cer - 3 Surfaces	500.00
D2644	Onlay - Porc/Cer - 4 Or More	500.00
D2662	Onlay - Milled - 2 Surfaces	495.00
D2663	Onlay - Milled - 3 Surfaces	500.00
D2664	Onlay - Milled - 4 Or More	500.00
D2740	Crown - Porcelain/Ceramic	500.00
D2740Z	Crown-Porcelain/Ceramic Subs-Cerec	500.00
D2752	Crown - Pfm Noble Metal	500.00
D2792	Crown -Full Cast Noble Metal	500.00
D2799	Provisional Crown	165.00
D2920	Re-cement/Re-bond Crown	50.00
D2940	Protective Restoration	40.00
D2950	Core Buildup - Including Pins	105.00
D2954	Prefab Post And Core	130.00
D2960	Labial Veneer, Resin-Chairside	200.00
D2962	Labial Veneer, Porcelain - Lab	510.00
D2962Z	Milled Same Day Porcelain Veneers	506.00
D2980	Crown Repair	110.00
D2990	Resin infiltration of incipient smooth lesions	30.00
D3110	Pulp Cap - Direct	15.00
D3120	Pulp Cap - Indirect	20.00
D3220	Therapeutic Pulpotomy	135.00
D3230	Pulp Therap- Ant. Primary Tth	326.00
D3240	Pulp Therap- Post. Primary Tth	381.00
D3310	Endodontic Therapy - Anterior Tooth	255.00
D3320	Endodontic Therapy - Premolar Tooth	310.00
D3330	Endodontic Therapy - Molar Tooth	395.00
D3410	Apicoectomy - Anterior	700.00
D3421	Apicoectomy -Premolar, 1st Root	754.00
D3425	Apicoectomy - Molar, 1st Root	916.00
D4249	Crown Lengthen, Hard Tissue	275.00
D4263	Bone Repl Graft -1st Site/Quad	452.00
D4264	Bone Repl Graft -Add Site/Quad	170.00
D4274	Mesial/Distal Wedge -- Single Tth	158.00
D4341	Scaling/Rt Planing 4+ Teeth	95.00
D4342	Scaling/Rt Planing 1-3 Teeth	80.00
D4346	Scaling w/ Presence Inflammation Full Mouth	100.00

D5863	Overdenture -- Complete Maxillary	495.00
D5865	Overdenture -- Complete Mandibular	500.00
D5867	Replace, Part Of Semi-Prec Att	55.00
D5982	Surgical Stent	150.00
D5986	Fluoride Gel Carrier	45.00
D6010	Surg Placement, Endosteal Impl	750.00
D6242	Pontic-Porc Fuse To Noble Metl	500.00
D6245	Pontic - Porcelain/Ceramic	500.00
D6245Z	Pontic - Porc/Ceramic CAD/CAM	495.00
D6548	Retnr-Porc/Cer-Resn Bonded Fpd	500.00
D6548Z	Retnr-Porc/Cer-Resn Bonded Fpd CAD/CAM	250.00
D6752	Crown - Porcelain To Noble Mtl	500.00
D6905	Crown/FPD Sectioning	25.00
D6906	Crown/FPD Rem to Determine Rest w/out Provisiona	25.00
D6907	Crown/FPD Rem to Determine Rest with Provisional	50.00
D6919	DMD Surgical Stent	150.00
D7111	Extract Cornl Remnts-Primary Tth	55.00
D7140	Extraction, Eruptd Tth/Exp Rt	75.00
D7140A	SOS Extraction, Eruptd Tth/Exp Rt	88.00
D7210	Surgical Extraction, Erupted Tooth	88.00
D7220	Rem Of Impacted Tth, Soft Tiss	80.00
D7230	Rem Of Impacted Tth, Part Bony	225.00
D7240	Rem Of Impacted Tth, Comp Bony	150.00
D7241	Rem Of Impacted Tth, Surg Comp	400.00
D7310	Alveoloplasty Incl. Ext 4+ Tth	60.00
D7311	Alveoloplasty Incl Ext 1-3 Tth	60.00
D7320	Alveoloplasty W/O Ext 4+ Tth	85.00
D7321	Alveoloplasty W/O Ext 1-3 Tth	85.00
D7472	Removal Of Torus Palatinus	435.00
D7473	Removal Of Torus Mandibularis	435.00
D7510	I&D Abscess, Intraoral	70.00
D9230	Inhalation of Nitrous Oxide	40.00
D9230A	Nitrous Oxide -- Emergency Patients	60.00
D9248	Non-Intrav Conscious Sedation	255.00
D9940	Occlusal Guard	240.00
D9950	Occlusion Analysis-Mountd Case	60.00
D9951	Occlusal Adjustment - Limited	50.00
D9952	Occlusal Adjustment - Complete	200.00

EXHIBIT 2: CAPP/CHOICES PROGRAM UNIT COST INVOICE

(check appropriate invoice payment source, below)

Community Agency Partnership Program (CAPP) Invoice _____

Community Health Offering Innovative Care & Educational Services (CHOICES) Invoice _____

Please submit invoice to: Faculty Associates, Inc. PO Box 100425 Gainesville, FL 32610

Today's date:	
Invoice time period:	From ____ / ____ / ____ to ____ / ____ / ____
Amount of reimbursement requested*:	\$
Agency name:	Faculty Associates, Inc.
Program name:	DMD Comprehensive Care Program
Amount of BoCC-approved grant award:	\$91,008.00
Cumulative total % of award \$s requested to date (including this request):	_____ %
Name & title of invoice preparer:	
E-mail & phone # of invoice preparer:	

*No invoice request may exceed one-third of your approved grant award amount.

- (a) Unit cost factor description (from your BoCC-approved *CHOICES Budget and Unit of Cost Worksheet*): _____
- (a) # of units of service this invoicing period: _____
- (b) Approved \$ rate per unit of services (from your BoCC-approved *CHOICES Budget and Unit of Cost Worksheet*): _____
- (c) Total request for reimbursement this invoicing period (i.e., (b) # of units x (c) \$ rate per unit): _____

Address where payment should be sent:

(complete this section even if you have an existing EFT account)

Alternate payment option:

Do you want payment issued via Electronic Funds Transfer (EFT)? ☐ Yes ☐ No

If "yes", do you have a completed EFT form on file with Alachua County? ☐ Yes ☐ No (If "no", please contact the CAPP / CHOICES Manager to request this form.)

If your agency has a completed EFT form on file, has any of your agency's banking information changed since filing this form? ☐ Yes ☐ No (If "yes", please contact the CAPP / CHOICES Manager to request a new form.) Per my agency's CAPP/CHOICES Agreement with Alachua County, I hereby declare that the goods/services for which this invoice has been prepared have been properly and timely performed and at the level of service reflected herein, are allowable based on the agency's BoCC-approved CAPP Budget and Unit of Cost Worksheet, have served a public purpose, that such expenses have been reasonably incurred in accordance with the CAPP/CHOICES Agreement, that the services or expenses have not been reimbursed by another agency, that all obligations of the agency covered by prior invoices have been paid in full, and that the amount requested is currently due and owing, there being no reason known to me that payment of any portion thereof should be withheld.

Signature and title of authorized agency representative Date

Exhibit 3: Required Reports

Reporting Period	Report Name	Due Date
October 1 – March 31	1. Agency Service Delivery Output / Outcome Activity Report (Exhibit 3A) 2. Report of Client Demographics and Economically Disadvantaged Status (Exhibit 3B)	April 15 th
April 1 – September 30	1. Agency Service Delivery Output / Outcome Activity Report (Exhibit 3A) 2. Report of Client Demographics and Economically Disadvantaged Status (Exhibit 3B) 3. Success Story (Exhibit 3C)	October 15 th

Please submit these reports **via e-mail or hard copy** to Alachua County to the attention of the following:

CAPP / CHOICES Program Manager
Alachua County Department of Community Support Services
218 SE 24th Street
Gainesville, FL 32641

EXHIBIT 3A: CHOICES Agency Service Delivery Output / Outcome Activity Report

Agency name:

Fiscal year:

Program name:

Report period: ____ 6-mos. ____ 12 mos.

Person completing report:

Phone / E-mail:

AGENCY OUTPUT (individualized for the agency)	Contract goal (for the year)	Reporting period goal	Reporting period actual to goal	Reporting period % of goal attained
Output measure: # of clients served, unduplicated	75			
AGENCY OUTCOME(S) (individualized for the agency)				
Outcome measure #1: Number of procedures	1000			
Outcome measure #2: Total value of services	\$182,016.00			

Additional comment(s) (if desired):

EXHIBIT 3B: CHOICES Report of Client Demographics and Economically Disadvantaged Status

Agency name:

Fiscal year:

Program name:

Report period: ____ 6 mos. ____ 12 mos.

Person completing report:

Phone / E-mail:

1. Does your agency only serve **individual clients** with your CHOICES funding? Yes ____ No ____ If "yes", please complete the following table for **Alachua County** residents, only. If "no", proceed to item 2, below.

		# of unduplicated clients served (i.e. counted only 1 time per grant year)
Gender (individual clients)	Male	
	Female	
	Other/Unknown	
	Total	
Age (individual clients)	Under 19 yrs. of age	
	19-54 yrs.	
	55+ yrs.	
	Unknown	
	Total	
Race / Ethnicity (individual clients)	White	
	Black	
	Hispanic/Latino	
	Asian	
	American Indian	
	Other/multi-racial	
	Unknown	
	Total	
Income status (individual clients)	Recipient household at ≤ 150% of Federal Poverty Level (\$ income)	
	Total	

EXHIBIT 3B: CHOICES Report of Client Demographics and Economically Disadvantaged Status

2. Does your agency serve **family units, only**, as your clients? Yes ____ No ____ If "yes", please complete the table, below, for all Alachua County family units served. If "no", skip to item #3, below.

Income status (if serving family units, only)	# unduplicated families served (i.e., counted only 1 time per grant year):
Recipient family units at \leq 150% of Federal Poverty Level (\$ income)	
Recipient family units in which at least 1 member is receiving a government issued low income benefit award	
Recipient family units in which at least 1 member is accorded government issued disability status	
Recipient family units in which at least 1 member is a domestic violence victim	
Recipient family units in which "other" low income status applies (please identify here):	
Total:	

3. Does your agency's CHOICES-funded program serve **both individual clients AND family units**? Yes ____ No ____
If "yes", indicate here and complete the tables in items #1 (individual clients) and #2 (families), above, for all those residing in Alachua County.
4. Does your agency serve only **other agencies**? Yes ____ No ____ If "yes", please identify by name each of those unduplicated Alachua County-based organizations that your agency assisted with CHOICES funding for this reporting period and briefly describe the nature of those services provided.

	Name of Alachua County agency being served with CHOICES funds (i.e., counted only 1 time per grant year)	Nature of services provided to this agency
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

	Name of Alachua County agency being served with CHOICES funds (i.e., counted only 1 time per grant year)	Nature of services provided to this agency
14		
15		
16		
17		
18		
19		
20		

5. Additional comment(s) / clarification regarding any of the above reporting items: (use additional sheet(s) as needed)

EXHIBIT 3C: CHOICES Success Story for 12-Month Reporting Period

Agency name:

Fiscal year:

Program name:

Report period: 12 mos.

Person completing report:

Phone / E-mail:

In the text field below, please provide your own narrative OR a client testimonial OR an excerpt from another source suitable for publication regarding an individual client, client family or client organization served by your agency this grant year (do not identify the individual or family by last name, please).

This text should describe or reflect the positive impact that CHOICES-funded service(s) made on this individual, household or organizational entity. Please limit your narrative to a maximum of 1,000 characters (i.e., no more than 1 paragraph please). Photos may also be submitted, if accompanied by (a) a signed and dated release from the subject(s) in the photo or the parent or legal guardian of any minor subject(s) in the photo giving his / her / their permission to use this material in any Alachua County report or publication and (b) a caption provided by your agency describing the significance of the photo.

EXHIBIT 4: UPDATE / CHANGE NOTIFICATION FORM

Community Health Offering Innovative Care and Educational Services (**CHOICES**) Program _____

AGENCY:

PROGRAM NAME:

TYPE OF UPDATE/CHANGE:

- ☐ CAPP / CHOICES Program Staff
- ☐ CAPP / CHOICES Program Staff E-mail Address
- ☐ Agency E-mail Address
- ☐ Agency Postal Mailing Address
- ☐ Agency Street Address
- ☐ Other

UPDATED INFORMATION BEING REPORTED:

THE DATE CHANGE WILL BECOME EFFECTIVE:

Signature and title of authorized agency representative

Date