

**LFIR # 1209** 

9. Is future-year fundi	ng likely to be red	quested?	No		
Fiscal Year (уууу-уу)	Am Recurring	Nonrecurring	Specific Appropriation #	Vetoed	
8. Has this project pro If yes, provide the	-	_	No		
<b>Total Project Costs</b>	for Fiscal Year 2	026-2027	170,000	100%	
Other			0	0%	
Local			85,000	50%	
State (excluding the	amount of this req	uest)	0	0%	
Federal			0	0%	
Matching Funds	, , , , , , , , , , , , , , , , , , , ,	/		2270	
Total State Funds R	equested (from qu	estion #6)	85,000	50%	
Total State Funds I  Type of Funding	•	26-2027 (including	matching funds avai	85,000 lable for this proje	ect)
Fixed Capital Outlay				0	
Operating				85,000	
Type of Funding			Amo	unt	
State Agency conta 6. Amount of the Noni		t for Fiscal Year 2	026-2027		
5. State Agency to red	ceive requested fu	unds Departn	nent of Management S	ervices	
treatment plant. The infrastructure vulner	current system ha able to potential cy	s reached an end- berattacks. A mode	etry system used at the of-life and does not supern, encrypted telemetre processes, and monite	port encryption, lea y system is necessa	ving critical
4. Project/Program De					
3. Date of Request	10/8/2025				
2. Senate Sponsor	Tina Polsky				



10. Status of Construction

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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á	a. What is the cu	rrent phase of t	he project?			
	Planning	O Design	Construction	N/A		
ı	b. Is the project "	'shovel ready" (	(i.e permitted)?			
(	c. What is the est	timated start da	te of construction?			
•	d. What is the est	timated comple	tion date of construction	1?		
•	e. What funding s	stream will be u	sed for ongoing operation	ons and mainten	ance of the project	?
11.			o receive, directly or indi		capital outlay fund	ling. Include the
			•			

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Funds will be used to purchase a SCADA radio telemetry system that will enhance security of the City's water treatment plant.	85,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	85,000

### 13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

This project will replace the outdated SCADA radio telemetry system used at the City's water treatment plant. The current system has reached an end-of-life and does not support encryption, leaving critical infrastructure vulnerable to potential cyberattacks. A modern, encrypted telemetry system is necessary to secure communication between remote water facilities, treatment processes, and monitoring systems.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Funds will support purchasing and installing a modern, encrypted SCADA telemetry system at the water treatment plant. Activities include replacing outdated equipment, integrating secure communication between remote facilities and treatment systems, configuring and testing the system, and training staff to operate and maintain it, ensuring protection against cyber threats.

c. What direct services will be provided to citizens by the appropriation project?

The funding will provide citizens with safer, more reliable water services by securing critical communication between treatment and remote facilities. The upgraded SCADA system will prevent cybe-rattacks, ensure continuous monitoring and operation of water treatment processes, and protect public health and the City's water supply. d. Who is the target population served by this project? How many individuals are expected to be served? The target population is the general public. Over 135,000 individuals will be served. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? The expected benefit is to improve security at the water treatment plant and allow for a reduction in system vulnerabilities ensuring resilient water treatment operations. Outcomes will be measured by comparing system logs before and after installation of the SCADA system to ensure secure, continuous communication and prevention of unauthorized access or cyber incidents. f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract? Failure to meet deliverables or performance measures could result in forfeiture of funds. 14. Is this project related to mitigation, response, or recovery from a natural disaster? No a. If Yes, what phase best describes the project? Mitigation (reducing or eliminating potential loss of life or property) Response (addressing the immediate and short-term effects of a natural disaster)  $\Box$ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) b. Name of the natural disaster (or Executive Order # for events not under a federal declaration): 15. Has the entity applied for or received federal assistance for this project?

a. If yes, provide the FEMA project worksheet ID#:
☐ No, but intends to apply
□ No
☐ Yes, Received
☐ Yes, Applied

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends t	o apply		
	e program and state ager	ncy (ex. Loca	al Government Emergend
17. Requester Contact		]	
a. First Name	Catherine	Last Name	Givens
b. Organization	City of Coral Springs		
c. E-mail Address	cgivens@coralsprings.go	V	
d. Phone Number	(954)344-5920	Ext.	
18. Recipient Contact	Information		
a. Organization	City of Coral Springs		
b. Municipality and	d County Broward		
c. Organization Ty	ре		
□For Profit Entity			
□Non Profit 501(d	c)(3)		
□Non Profit 501(d	c)(4)		
☑Local Entity			
□University or Co	llege		
□Other (please sp	pecify)		
d. First Name	Kristin	Last Name	Holowicki
e. E-mail Address	kholowicki@coralsprings.		
f. Phone Number	(954)344-5902	Ext.	
19. Lobbyist Contact I			
a. Name	Lauren A. Jackson		
b. Firm Name	Ericks Consultants Inc		
c. E-mail Address	lauren.andyj@gmail.com		
d. Phone Number	77 0		
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.