



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1448

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Sanford wants to fortify cybersecurity defenses by deploying a Zero Trust program. The Zero Trust program will be a collection of cybersecurity best practices to significantly decrease vulnerabilities to ransomware and other cyberattacks. This funding request is for program development, firewall, spam filter, intrusion detection, security log management, a comprehensive incident response plan, and tabletop exercises.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 160,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 160,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 160,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2023-2024 | 160,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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We received: \$111,386 from DOJ and it is being used for educating the public, personal protective equipment and monitoring.
 \$247,725 from Seminole County to assist local businesses with PPE.
 LIHEAP \$1,229,250 to assist residents with utility bills.
 ARPA funds \$13,240,884 and it is being used for water/sewer and stormwater system upgrades, premium pay for city employees, decontamination equipment, social programs for homeless and mental issues and to reimburse for COVID health care costs.
 FEMA \$24,089 reimbursed us for PPE equipment.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

N/A

d. What is the estimated completion date of construction?

N/A

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Sanford

13. 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 | Program development, incident response plan, and tabletop exercises. | 60,000 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Firewall hardware, Spam Filter hardware, Intrusion Detection software, Security log management software. | 100,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 160,000 |

14. Program Performance

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



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Significantly decrease cybersecurity vulnerabilities to critical city financial data and critical infrastructure. If a security event does occur like ransomware an incident response plan to quickly recover and effectively communicate with city staff, vendors, citizens, and businesses.

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

The Zero Trust program is a comprehensive project to fortify the city's cybersecurity defenses to minimize vulnerabilities and how the city responds to potential breaches.

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

All citizen on-line services and data will be better protected from cybersecurity incidents.

d. Who is the target population served by this project? How many individuals are expected to be served?

All city employees, citizens, businesses, and visitors will benefit from a comprehensive Zero Trust program. Over 60,000 people 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 improved security of city on-line assets using cybersecurity best practices using a Zero Trust methodology. Once Zero Trust is implemented, the number of cybersecurity breaches is measured.

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 the contract?

Vendor cybersecurity certificate of insurance is a strict requirement.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number