



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2016

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

CCUA intends to implement modern Operations Technology (OT) with Supervisory Control And Data Acquisition (SCADA) Systems and robust cybersecurity. CCUA's implementation of these systems will improve operational efficiency in fulfilling our primary mission of delivering safe, reliable, and cost effective potable water, wastewater, and reclaimed water services. Recent cyber attacks aimed at public utilities require more robust systems to protect public health and safety.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	1,250,000
<b>Total State Funds Requested</b>	<b>1,500,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	18%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	6,900,000	82%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>8,400,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	1732A	Yes

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

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

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

Clay County Utility Authority (CCUA) owns and maintains all the facilities and systems being implemented as part of the cybersecurity upgrades. CCUA budgeted funds for the OT, SCADA, and cybersecurity infrastructure in the Capital Improvement Program.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	CCUA anticipates staffing SCADA facility with four dispatchers.	240,000
Expense/Equipment/Travel/Supplies/Other	With the implementation of the SCADA facility, CCUA anticipates training and travel costs.	10,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	CCUA will use allocated funds directly for the implementation of OT, SCADA, and cybersecurity systems throughout CCUA's service area.	1,250,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

**13. Program Performance**

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

CCUA intends to use allocated funds for the implementation of modern OT, SCADA, and cybersecurity systems throughout CCUA's service area.

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



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CCUA engaged professional engineering consultants, CDM Smith. They developed a master plan for our OT, SCADA, and cybersecurity systems. CCUA budgeted funds for the OT, SCADA, and cybersecurity systems within the CIP. CCUA intends to implement systems consistent with current OT and cybersecurity standards including NIST 800-82, NIST CSF, and ANSI/ISA-62443-3-3.

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

CCUA will use OT, SCADA, and cybersecurity systems to support our primary mission. We work to deliver safe, reliable, and efficient delivery of potable water, wastewater, and reclaimed water services. The funding for cybersecurity advances will allow CCUA to further protect public health and safety by acquiring more robust systems to fight against potential threats.

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

CCUA serves the unincorporated area of Clay County. CCUA currently serves roughly 56,000 customer accounts or 154,560 people (2.76 people per account). CCUA expects the growth in Clay County's population will result in over system expansions and service to over 110,000 customer accounts (303,600 people) over a 20-year planning horizon.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

CCUA intends to increase operational efficiency through the use of OT and SCADA systems. The methodology to measure outcomes from this perspective will be the number of customer accounts per employee. We will also measure changes in after hour call-outs and related overtime costs. Cybersecurity systems will be measured by their prevention of intrusion of unwanted and potentially harmful access by internal and external threats.

**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?**

CCUA will work with the FDEP to provide contractual safeguards for performance of the work outlined in this request.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**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?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

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



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

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**Please complete questions 17 through 21 for Water Projects only.**

**17. Have you been awarded or applied for alternative state funding for this project?**

- Water Quality Improvement Grant Program
- Resilient Florida Grant Program
- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify, ex. Alternative Water Supply Grants)
- N/A

**18. What is the population economic status?**

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- N/A

**19. What is the status of construction?**

**20. What percentage of the construction has been completed?**

**21. What is the estimated completion date of construction?**



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#### 22. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. 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) Independent Special District

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 24. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*