

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Wilton Manors Cybersecurity Improvements

LFIR # 2390

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2.	Senate Sponsor	Jason Pizzo						
3.	Date of Request	2/25/2025						
4.	Project/Program Description							
	detection, and a rob adaptive environment significant increase	npasses a strategic integrust disaster recovery fram nt for municipal governme in cybersecurity budgeting e, materials, and funding.	iework. By co nt security. A	ombining strategies ou Master Plan for IT w	ır goal is to create a as completed in FY	a robust, resilient, and 2022-2023 to include a		
5.		ceive requested funds	Departm	Department of Management Services				
	State Agency conta	•		<u> </u>				
			I V 00	OF 000C				
D. .		recurring Request for Fi	Scal Year 20	25-2026				
	Type of Funding			Amo				
	Operating			0				
	Fixed Capital Outlay				350,000			
	Total State Funds I	Requested			350,000			
7.	Total Project Cost f	or Fiscal Year 2025-2026	6 (including	matching funds ava	ilable for this proje	ect)		
	Type of Funding			Amount	Percentage			
	Total State Funds R	equested (from question #	/ 6)	350,000	50%			
	Matching Funds							
	Federal			0	0%			
		amount of this request)		0	0%			
	Local			350,000	50%			
	Other			0	0%			
	Total Project Costs	for Fiscal Year 2025-20	26	700,000	100%			
8.		eviously received state f most recent instance:	unding?	No				
	Fiscal Year	Amount		Specific	Vetoed			
	(уууу-уу)	Recurring Nor	nrecurring	Appropriation #				
9.	Is future-year fundi	ing likely to be requested	d?	No				
	a If was indicate n	onrecurring amount per	vear					
	-	-	-					
	b. Describe the sou	urce of funding that can	be used in li	ieu of state funding.				



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10. Status of Construction								
a. What is the current phase of t	he project?							
Planning Design		1						
b. Is the project "shovel ready"	(i.e permitted)?	Yes						
c. What is the estimated start da	ate of construction?	10/01/2024						
d. What is the estimated comple	tion date of construction?	03/01/2026						
e. What funding stream will be u	he project?							
General Funds.								
 11. List the owners of the facility t relationship between the owner. The City of Wilton Manors. 12. Details on how the requested signal 	rs of the facility and the ent	tly, any fixed capital o	utlay funding. Include the					
Spending Category		Description	Amount					
Administrative Costs:		2000						
Executive Director/Project Head Salary and Benefits			0					
Other Salary and Benefits			C					
Expense/Equipment/Travel/Supplies/Other			0					
Consultants/Contracted Services/Study			0					
Operational Costs			·					
Salary and Benefits			0					
Expense/Equipment/Travel/Supplies/ Other			0					
Consultants/Contracted Services/Study			0					
Fixed Capital Construction/Maio	Fixed Capital Construction/Major Renovation:							
Construction/Renovation/Land/ Planning Engineering	Fiber Optic Network Implemented.	l systems 350,000						
Total State Funds Requested (m	<u> </u>	n #6)	350,000					
13. Program Performance a. What specific purpose or go Security of assets, information,		·						
b. What activities and services will be provided to meet the intended purpose of these funds?								
Implementation of hardware and software security upgrades.								
c. What direct services will be	provided to citizens by the a	ppropriation project?						
Security of public assets, mitiga	Security of public assets, mitigation of harm due to cyber attacks and threats.							



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

The project serves taxpayers by safeguarding public assets, and it serves residents and businesses who will benefit from secured, continued city services.

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

The measurement would be the number of cybercrimes committed within the city using city resources or city information gleaned from unsecured city systems. IT professionals have access to such information and can measure based upon that and the audit logging. Also, rigorous penetration testing that identifies risks and subsequently mitigates said risks, is a tangible metric.

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 will result in loss of state funding and funds will be returned to the

s	tate.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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 infastructure)
b . l	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:
b. l	Provide the total project cost listed on the FEMA project worksheet:
16. H	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No



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□ No, but intends to	o apply e program and state ager	ncy (ex. Loca	d Government Em	ergency F	Bridge I oan	Denartme
Commerce):	o program and state ager	loy (cx. Looc	ii Covernment Link	orgonoy L	Jilage Louil,	Dopartiik
7. Requester Contact	t Information					
a. First Name	Jeremy	Last Name	Cramarossa			
b. Organization	City of Wilton Manors					
c. E-mail Address	jcramarossa@wiltonmanors.com					
d. Phone Number	(954)390-2120	Ext.				
3. Recipient Contact	Information					
a. Organization	City of Wilton Manors					
b. Municipality and	d County Broward					
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	5)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Jeremy	Last Name	Cramarossa			
e. E-mail Address	jcramarossa@wiltonmano	ors.com				
f. Phone Number	(954)390-2120	Ext.				
. Lobbyist Contact I	nformation					
a. Name	Candice D. Ericks					
b. Firm Name	TSE Consulting					
c. E-mail Address	candice.ericks@gmail.com	m				
d Phone Number	(954)648-1204					

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