1. **Title of Project:** K-5 Math

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 03/18/2019

4. **Project/Program Description:**
   • This project provides $612,000 for the neediest learners in Collier, Lee, DeSoto, Glades, Hardee, Hendry, Highlands and Okeechobee counties to better prepare them for futures in STEM disciplines as well as support best instructional practices in the classroom.

5. **State Agency to receive requested funds:** Department of Education
   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>612,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>612,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>612,000</td>
<td>100.0%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>612,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 510000

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |            |        |
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   1. Develop math fluency and evolving skills while also creating a focus on foundational problem solving for real-world math challenges
   2. Improve math skills that will be evident in student achievement results
   3. Provide administrators and teachers with math professional development and skills to improve their knowledge and effectiveness in math instruction

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   The Matific K-5 Math solution will have a positive impact on students and their teachers. For students, our Math solution supports the mathematics foundational improvement needed for secondary education readiness and to also support their college and career path. For educators, the movement from generalist in the area of Math to that of a more confident instructional impact as the support is crucial to the progress and outcome of the content and, ultimately, gains in the student achievement.

c. What are the direct services to be provided to citizens by the appropriations project?
   1. Instructional software for K-5 students and teachers
   2. Professional Development for administrators and educators

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

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Growth in student Math achievement and educator knowledge and confidence in the same subject area through 1.) Pre- and post Math achievement benchmarks and 2.) Educator and administrator knowledge and
skill. Outcomes will be measured by 1.) Student ’18 Math scores > ’19 goals and 2.) Completion of certified training

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?

Return of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

n/a

13. Requestor Contact Information:
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   b. Organization: Matific
   c. E-mail Address: lawrence@matific.com
   d. Phone Number: (703)957-8237

14. Recipient Contact Information:
   a. Organization: Matific
   b. County: Statewide
   c. Organization Type:
      ☐ For Profit
      ☐ Non Profit 501(c) (3)
      ☐ Non Profit 501(c) (4)
      ☐ Local Entity
      ☐ University or College
      ☐ Other (Please specify)
   d. Contact Name: Lawrence Korchnak
   e. E-mail Address: lawrence@matific.com
   f. Phone Number: (706)957-8237

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   a. Name: Corinne Mixon
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