

PERFORMANCE BASED CONTRACT GUIDELINES

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

- Jennifer Saunders Family Health NP, PLLC:
 - Aims to empower parents to take control of their overall health by providing Integrative Health and Wellness Education Workshops to the parents of the Yonkers Public Schools District.
 - Through a series of eight (8), 2 hour interactive workshops, one (1) new Health and Wellness topic will be discussed each week.
 - PowerPoint presentations, short videos, handouts, and small/large group activities will be implemented into each workshop.
- Topic Outline:
 - Session 1: Motivation (Finding your, 'why', in your Health and Wellness Journey. At the end of 8 weeks, participants will present what was most beneficial to them/ goals they want to work towards)
 - Session 2: Gut Health
 - Session 3: Nutrition/ Meal Planning and Prepping
 - Session 4: Movement
 - Session 5: Sleep Health
 - Session 6: Environmental Health
 - Session 7: Mindfulness
 - Session 8: Tying it all together/ What's next? (Participant Presentation Day- Participants will present on topic that was most beneficial to them/what goals they want to work towards)
 - Topics subject to change based on identified needs/demand of participants as agreed upon with the Yonkers Public School District
- Materials needed:
 - Handouts, folder, notebook, pen for each participant (Provided by Jennifer)
 - Venue, projector Screen/USB connection, podium, microphone, tables, chairs (Provided by the District)

2. AMOUNT OF SERVICE?

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

- Proposed Agreement:
 - 8 bi-weekly workshops over a 4 month timeframe (2 sessions per month)
 - 2 hours per workshop
 - Location of services: Location set up for interactive learning/deemed appropriate by the District (Such as a School Library or Cafeteria)

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)

- Services will be open and provided to all parents of children in the Yonkers Public Schools District

4. WHO WILL PROVIDE SERVICES?

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

- Services will be provided by Jennifer Saunders (Family Nurse Practitioner and Health Coach Certified in Integrative Health and Lifestyle Changes)

4a. WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? **IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.**

- For this specific programming, no subcontractors or volunteers are needed.

5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

- Progress and Goals for Parents:
 - Email correspondence: Summary of each session, which includes practical changes to implement into daily lives, assignment for each week, opportunity to email me in between session with questions
 - Q&A session during each workshop
- Progress and Results for District Personnel:
 - Results of feedback surveys from participants
 - Program debrief meeting

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

- Each participant will have the opportunity to fill out a post program feedback form. Once they are completed, a summary of the results will be sent to the district of evaluation
- Members of the district have the opportunity to attend and participate in each session to evaluate the effectiveness/impact of the program.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Jennifer Saunders Family Health NP, PLLC
Vendor Address: 116 Vernon Avenue Yonkers, NY 10704
Vendor Phone No.: 917-593-5799
Vendor Business Status: Professional Limited Liability Corporation
Vendor Contact Name: Jennifer Saunders
Vendor Contact Email: jennsndrs@gmail.com or jdshealthwellness@gmail.com
Tax ID No.: 88-2072848

School District Administrator Name: Elaine Shine
School District Administrator Title: Executive Director
School District Administrator Phone No.: 914-376-8183
School District Administrator Email: eshine@yonkerspublicschools.org

8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?

The work supports the goals of the Title IV grant to improve health and wellness of students.

9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

- Necessary Data required (Parent Participants only)
 - Name
 - Email Address
 - Phone number

10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? IF YES, PLEASE SPECIFICALLY DESCRIBE.

- No.

Performance Based Guidelines
Reviewed and approved by:

Clair Shine

(Signature of School District administrator/employee)

Clair Shine

(Printed Name)