

PERFORMANCE BASED CONTRACT GUIDELINES

Charter School of Excellence
260 Warburton Avenue
Yonkers, NY 10701
914-476-5070
Carmen Goldberg
cgoldberg@cseeschools.org

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

The Charter School of Educational Excellence (CSEE) will be reimbursed by the Yonkers Public Schools District for employment of a nurse hired by them for their actual costs, up to \$60,000.00.

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")

\$60,000.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Students who are Yonkers residents and attend the Charter School within our boarders.

4. WHO WILL PROVIDE SERVICES?

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

Not applicable

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.**

No

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?)

Not applicable

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

Not applicable (Reimbursement of nursing services).

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Charter School of Excellence

Vendor Address: 260 Warburton Avenue
Yonkers, New York 10701

Vendor Phone No.: 914-476-5070

Vendor Business Status: (corporation, non-profit individual, unincorporated)

Vendor Contact Name: Carmen Goldberg

Vendor Contact Email: cgoldberg@cseeschools.org

Tax ID No.: 56-245327

School District Administrator Name: Dr. Luis Rodriguez

School District Administrator Title: Assistant Superintendent Special

School District Administrator Phone No.: 914-376-8489

School District Administrator Email: lrodriguez2@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?**

No

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.**

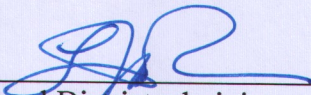
No

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:



(Signature of School District administrator/employee)

Dr. Luis Rodriguez
Assistant Superintendent
Special Education and
Pupil Support Services