

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) **To provide training and certification in infection control for 5 adult students of the Pathways to Success program.**

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") **Five students at \$70.00 each for a total of \$350.00.**

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Adult education students in the Pathways to Success Program

4. WHO WILL PROVIDE SERVICES?

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

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?) **Students who successfully complete this course will receive a NYS approved certification in infection control.**

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

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Westchester Barber Academy

Vendor Address: 206 S. Fulton Avenue, Mount Vernon, NY 10550

Vendor Phone No.: (914) 664-4960

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

Vendor Contact Name: Charnay Phaire

Vendor Contact Email: cphaire@westchesterbarberacademy.org

Tax ID No.: 81-2401161

School District Administrator Name: Sanah Susan Naber

School District Administrator Title: Principal of CTE/Adult Education Schools

School District Administrator Phone No.: (914) 376-8600

School District Administrator Email: snaber1@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? Yes, Adult Perkins Grant.

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:

Sanah Naber

(Signature of School District administrator/employee)

Sanah Naber

(Printed Name)