

## PERFORMANCE BASED CONTRACT GUIDELINES

**1. WHAT IS THE PURPOSE OF THE SERVICE?**

Claims Auditing

**2. AMOUNT OF SERVICE**

(set forth all 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")

Friday of each week

**3. WHO IS SERVED?**

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

School District Claims

**4. WHO WILL PROVIDE SERVICES?**

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

Tobin & Company, CPAs, P.C.

**5. WILL THE CONTRACTOR BE UTILIZING ANY VOLUNTEERS, OR BE HIRING/UTILIZING ANY SUBCONTRACTORS IN FURTHERANCE OF THIS AGREEMENT? IF SO, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION. (If the Contractor will be using all subcontractors, volunteers, and/or other agents other than the individuals identified in questions #4 above or #7 below, they need to disclosed here)**

No

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

Written report each month

**7. HOW WILL THE QUALITY BE JUDGED?**

(Set forth the method which will be used to evaluate contractor's performance)

Reviewed by Partner and discussed with Business Officials

**8. PERSONS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

(There must be a single Board administrative employee identified as the person responsible. This person will also be responsible for signing off on contract payments)

CONTRACTOR'S NAME, ADDRESS & CONTACT INFORMATION- John Tobin, CPA, 2500 Westchester Avenue, Suite 117, Purchase, NY 10577, 914-833-2200

CONTRACTOR'S FEDERAL IDENTIFICATION NUMBER- 110-56-7771

CONTRACTOR'S STATUS (e.g., corporation, Individual, unincorporated, etc. and where) – New York State

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

N/A

**10. 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.

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

N/A