

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)

914United Inc. will provide Professional Development sessions on the community supports provided to impact Milestone 3.

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")

2 days of PD sessions with Jonathan Alvarez and John Cabrera for a total cost of \$3,140.41

3. **WHO IN THE SCHOOL DISTRICT IS SERVED?**

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

Central Office and School Administrators

4. **WHO WILL PROVIDE SERVICES?**

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

Jonathan Alvarez, Co-Founder and Executive Director

John Cabrera, Co-Founder and Treasurer

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?)

Administration will participate in sessions

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

Discussions with participants

7. **INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

Vendor Name: 914United, Inc

Vendor Address: 45 Ludlow St. Suite 310, Yonkers, NY 10705

Vendor Phone No.: 914-860-6598

Vendor Business Status: 501C3 Nonprofit Organization

Vendor Contact Name: Jonathan Alvarez

Vendor Contact Email: jalvarez@914united.org

Tax ID No85-0919332

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?**

Yes, the grant promotes PD on research-based practices to improve student outcomes

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)

Elaine Shine
(Printed Name)