

## 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)

The Mentoring in Medicine Health Science Academy will introduce students to terminology, academic skills and pathways to becoming a biomedical professional.

Programs: Chicken Wing Dissection Students learn about the musculoskeletal and circulatory system as they dissect a chicken wing.

Organ Party Students will learn human anatomy by examining animal organs (ex. heart, kidney, brain and fetal pig)

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")

Amount of services: \$4,000  
Program #1- Organ party \$2,500  
Program #2- Chicken wing dissection \$1,500

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Grades: 9th, 10th, 11th Number of students: 50

4. WHO WILL PROVIDE SERVICES?

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

Mentoring in Medicine, Inc.

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?)

Teams of students will create an online poster presentation

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

The presentation will be judged based on creativity, scientific concepts and communication skills.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Mentoring in Medicine

Vendor Address: 70 Devonshire Road, New Rochelle, NY 10804

Vendor Phone No.: (917) 608-7347

Vendor Business Status: (corporation, non-profit individual, unincorporated) (501c3 NY State Non-profit)

Vendor Contact Name: Andrew Morrison

Vendor Contact Email: [andrew@medicalmentor.org](mailto:andrew@medicalmentor.org)

Tax ID No.: 26-030-6309

School District Administrator Name: Ms. RoseAnne Collins-Judon

School District Administrator Title: Assistant Superintendent

School District Administrator Phone No.: (914)376-8281

School District Administrator Email: [rcollins-judon@yonkerspublicschools.org](mailto:rcollins-judon@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)

Mrs. RoseAnne Collins-Judon  
(Printed Name)



