

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 Professional Development on Culturally Responsive Teaching and Learning to YPS staff members, to strengthen their mindset and skill-set in the areas of Culturally and Linguistically Responsive Engagement, Vocabulary, Literacy, and Language.

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")

- \$20,000

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

- Staff Only (Teachers, Admin., Office Staff, Etc.) No Students.

4. WHO WILL PROVIDE SERVICES?

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

- Dr. Sharroky Hollie, Executive Director of The Center.

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?)

- District Staff members will communicate via email and phone to Dr. Sharroky Hollie about CLR progress in your school district to main point of contact.

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

Surveys created by district

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: The Center for Culturally Responsive Teaching and Learning
Vendor Address: 4712 Admiralty Way #1141, Marina Del Rey, CA 90292
Vendor Phone No.: (323) 292-2000
Vendor Business Status: Non-Profit
Vendor Contact Name: Dr. Sharroky Hollie
Vendor Contact Email: Sharroky@culturallyresponsive.org
Tax ID No.: See W9 Tax Form

School District Administrator Name: Lissette Colon-Collins
School District Administrator Title: Assistant Superintendent
School District Administrator Phone No.: 914-376-8230
School District Administrator Email: lcolon-collins@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, Title I- to provide professional development for teachers

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.**

- N/A

Performance Based Guidelines
Reviewed and approved by:


(Signature of School District administrator/employee)

Lissette Colon-Collins
(Printed Name)