

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)

Purchase of Samsung Galaxy Tablet A8 and Accessories and a Promethean device and stand

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")

USD19,737.98

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Yonkers Public Schools (Gorton High School staff and students)

4. WHO WILL PROVIDE SERVICES?

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

Mola Group Corp dba Molaprise

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?)

Updates on order and ETA will be communicated promptly via email or phone call until all items are delivered.

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

Quality of products as we are authorized resellers and trusted Partners with the Manufacturers

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: **Mola Group Corp dba Molaprise**

Vendor Address: **450 Park Ave S, 3rd Floor, New York, NY 10016**

Vendor Phone No.: **212-518-4035**

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

Vendor Contact Name: **Pearl Aguiar**

Vendor Contact Email: sled@molaprise.com

Tax ID No.: **46-4592427**

School District Administrator Name: RoseAnne Collins-Judon

School District Administrator Title: Assistant Superintendent of Secondary Administration

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

School District Administrator Email: 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?**

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.**

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.**

Performance Based Guidelines
Reviewed and approved by:

(Signature of School District administrator/employee)

(Printed Name)