

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)

Safety, security, and emergency preparedness training, planning, and consulting.

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")

Annual contract from 8/1/2024 – 6/30/2025.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

District employees.

4. WHO WILL PROVIDE SERVICES?

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

Employees of Altaris Consulting Group, LLC.

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?)

Altaris conducts regular project management meetings with the Director of Security and other District administrators to discuss progress on quarterly goal objectives.

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

Mutually agreed-upon goals and objectives are met each quarter,

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Altaris Consulting Group
Vendor Address: 345 Kear St, Suite 209, Yorktown Heights, NY 10598
Mailing Address: PO Box 485, Yorktown Heights, NY I0598
Vendor Phone No.: 866-960-8739
Vendor Business Status: Corporation Vendor Contact Name: John LaPlaca
Vendor Contact Email: jlaplaca@altarisgroup.com
Tax ID No.: 26-3985195

School District Administrator Name: Brian Schulder
School District Administrator Title: Executive Director of Safety and Security
School District Administrator Phone No.: 914-376-8678
School District Administrator Email: Bschulder@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

<p>Performance Based Guidelines Reviewed and approved by:</p> <p></p> <p>_____ (Signature of School District administrator/employee)</p> <p>Brian Schulder _____ (Printed Name)</p>
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