

PERFORMANCE BASED CONTRACT GUIDELINES

Gloria Boyce
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New Rochelle, NY 10801
914-325-4273
gbenrichmentcenter@gmail.com

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

Gloria Boyce will provide a specialized reading program to improve encoding and decoding for a District Student.

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")

\$11,000.00

Services will be provided on an as needed basis.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Service is to be provided to a District student.

4. WHO WILL PROVIDE SERVICES?

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

Gloria Boyce

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?)

The District will communicate the services being provided to the student.

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 quality of services will be monitored through the students progress as reported by the provider.

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7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Gloria Boyce
Vendor Address: 52 Hilltop Avenue
Vendor Phone No.: 914-925-4273
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Gloria Boyce
Vendor Contact Email: gbenrichmentcenter@gmail.com
Tax ID No.: 86-1181575

School District Administrator Name: Dr. Luis Rodriguez
School District Administrator Title: Assistant Superintendent Special Education and Pupil Support Services
School District Administrator Phone No.: 914-376-8489
School District Administrator Email: lrodriguez2@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.

Yes, the provider will have received a copy of the student's IEP.

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>_____ (Signature of School District administrator/employee)</p> <p>Dr. Luis Rodriguez Assistant Superintendent Special Education and Pupil Support Services</p>
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