

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)

Recycling Art Workshop for students. Workshops on Environmental Recycling Art Programs will be offered in either English, Spanish or French. Students in grade 7-12 and families will be served.

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 DAYS

2 hours a day x 15 days x \$300/day=\$4,500

3. **WHO IN THE SCHOOL DISTRICT IS SERVED?**

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

Students and families from grade 7-12

4. **WHO WILL PROVIDE SERVICES?**

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

The services will be provided by the teaching artist Veronique Vickie Fremont Artist, Designer and Educator.

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?)

Written reports and an exhibition

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

7. **INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

Vendor Name: MY HANDS MY TOOLS

Vendor Address: 230 West 147 Street Suite 2H New York, NY 10039
Vendor Phone No.: 212 283 7072
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Vickie FREMONT
Vendor Contact Email: vickiefremont24@gmail.com
Tax ID No.: 81-3210362

School District Administrator Name: Elaine Shine
School District Administrator Title: Executive Director
School District Administrator Phone No.: 914-376-8183
School District Administrator Email: eshine@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, the District is expected to implement robust ELT programs.

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><u>Elaine Shine</u> (Signature of School District administrator/employee)</p> <p><u>Elaine Shine</u> (Printed Name)</p>
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