

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)

Interactive Health, LLC will conduct evaluations and reporting on programmatic interventions aimed at McKinney-Vento students to guide future enhancements to the programming. Additionally, Interactive Health, LLC will support the preparation of grant reports and documentation of programs.

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")

Interactive Health will provide 6.7 days pertaining to the McKinney-Vento Grant Program held throughout the district.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Services will be provided to the Yonkers Public School (YPS) to meet the requirements of the McKinney-Vento Grant

4. WHO WILL PROVIDE SERVICES?

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

Services will be delivered by Interactive Health, LLC, a women-owned business (WBE) established in 1999, specializing in school-based evaluation and research. Dr. Katherine Roberts, the President of Interactive Health, will oversee these services. She also serves as an adjunct professor at Teachers College Columbia University, teaching Research Methods and Biostatistics.

- 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, Interactive Health, LLC will not be utilizing any volunteers or hiring/utilizing any subcontractors.

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?)

Interactive Health, LLC will produce reports based on surveys conducted to our student support staff, teachers, and teaching assistants. For all professional development efforts, Dr. Katherine Roberts will assist in designing evaluations and analyzing the data gathered.

Furthermore, these reports will track progress toward grant objectives and facilitate performance feedback, allowing for necessary program adjustments.

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 service will be evaluated through the YPS ongoing monitoring of the contractual services via meetings and written reports.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Interactive Health, LLC

Vendor Address: 162 Lake Drive, Mountain Lakes, NJ 07046

Vendor Phone No.: 917-817-0785

Vendor Business Status: (corporation, non-profit individual, unincorporated) Limited Liability Company

Vendor Contact Name: Dr. Katherine Roberts

Vendor Contact Email: roberts@interactivehlth.com

Tax ID No.: 22-3691525

School District Administrator Name: Dr. Stephanie McCaskill

School District Administrator Title: Associate Superintendent

School District Administrator Phone No.: 914-376-8209

School District Administrator Email: smccaskill@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?**

YPS has received the McKinney-Vento Grant from the New York State Education Department (NYSED). This program aims to enhance attendance, engagement, and academic achievement for homeless children and youth.

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:

A handwritten signature in cursive script, appearing to read "Rosa Chavez", written over a horizontal line.

(Signature of School District administrator/employee)

The name "Rosa Chavez" printed in a standard serif font, positioned above a horizontal line.

(Printed Name)