

PERFORMANCE BASED CONTRACT GUIDELINES

CRM Audiology, PC
2975 Westchester Avenue, suite 202
Purchase, New York 10577
914-997-1743
Kelly Racanelli
kellyracanellicrm@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)

CRM Audiology, PC will service students in the Yonkers Public School District. The services will include Central Auditory Processing Evaluations and Consultations.

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")

\$8,170.00

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)

CRM, Audiology, PC

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?).

CRM will notify the District of 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 judged through communication with CRM, Audiology, PC and the District.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: CRM Audiology, PC
Vendor Address: 2975 Westchester Avenue, suite 202
Purchase, New York 10577
Vendor Phone No.: 914-997-1743
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Kelly Racanelli
Vendor Contact Email: kellyracanellicrm@gmail.com
Tax ID No.: 20-1702106

School District Administrator Name: Dr. Stephanie McCaskill
School District Administrator Title: Interim Assistant Superintendent Special Education Pupil Support Services
School District Administrator Phone No.: 914-376-8489
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?**

No

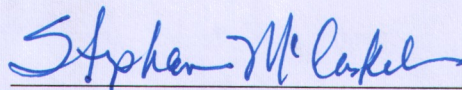
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? **IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

No

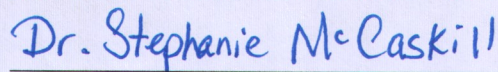
10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? **IF YES, PLEASE SPECIFICALLY DESCRIBE.**

No

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)



(Printed Name)