

PERFORMANCE BASED CONTRACT GUIDELINES

**Never Alone
20 Crofts Road
Hurley, New York 12443
845-339-4722
Fax: 845-331-2638
Email: neveralone1997aol.com**

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

The purpose of this amendment is to add Never Alone who will provide instructional services to District students who are hospitalized for drug and alcohol dependency problems.

Never Alone will provide instructional services to District students who are hospitalized for drugs and alcohol dependency problems.

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")

Original Amount: \$188,920.00
Four Winds - \$88,320.00
Learnwell - \$63,000
St. Vincent's Hospital - \$37,600.00

a. Number of hours (days, weeks, etc.)

1 hour per school day per student for elementary students.
2 hours per school day for secondary students.

21-weeks at \$40. hr. per session for a total amount not to exceed \$8,400.00

b. When is the service to be provided.

Services will be provided upon hospitalization of student at the Never Alone facilities and ceased upon their discharge.

c. Locations

Services will be provided on-site at Never Alone

New Total Contract Amount: \$197,320.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Students who are referred for treatment of drug substance abuse. Contractor will keep a log of students and the number of hours served.

4. WHO WILL PROVIDE SERVICES?

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

Instruction is provided by Never Alone personnel. Teachers are licensed and experienced.

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?)

Never Alone supports intensive communication with all constituents. Communication includes request for pertinent academic information at time of placement and summary of instructional performances at discharge.

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

Teachers and children keep daily journals of their progress. Teachers will generate progress reports for each student.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Never Alone

Vendor Address: 20 Crofts Road

Hurley, New York 12443

Vendor Phone No.: 845-339-4722

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

Vendor Contact Name: Cori Sickler

Vendor Contact Email: neveralone1997@aol.com

Tax ID No.: 06-1371103

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?

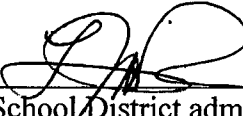
No

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.

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.

Performance Based Guidelines
Reviewed and approved by:



(Signature of School/District administrator/employee)

Dr. Luis Rodriguez
Assistant Superintendent
Special Education and
Pupil Support Services