

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)

To implement programming in service to the **Yonkers Public Schools** in the 2024-25 school year. This programming will focus on activating engagement and agency in participants through direct student services, professional development, programmatic consulting, and curriculum consulting and creation and will utilize expressive arts and literacy modalities, restorative modalities trainings and CRE, DEI and trauma-informed practices through a strengths-based, student-centered lens.

Programs will include:

- **Professional Development Workshops**
- **S.I.F.E. Saturday Program**
- **Yonkers My Sister's Keeper Yonkers Program**
- **The Solidarity Project @ Hermanas Mirabal Community School** - Students as Agents of Social Change/Social Justice-Based Initiative

All work will be in alignment with the NYSED 4 principles of the CRE (Welcoming and affirming environment) (High expectations and rigorous instruction) (Inclusive curriculum and assessment) & (Ongoing professional learning) will foster the development of socio-emotional learning and skill-building.

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")

- Professional Development Workshops - **\$3,000**
- S.I.F.E. Saturday Program - **\$25,000**
- My Sister's Keeper Yonkers Program - **\$30,000**
- The Solidarity Project @ Hermanas Mirabal Community School - **\$15,000**

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

These services will be provided, as appropriate, to students, families, staff, and at a district-wide consultative level.

4. WHO WILL PROVIDE SERVICES?

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

Quincy Koffel – Lead Facilitator, MA in Education, '03, MSW '23 - LMSW
Margie Mota – Assistant Facilitator, BSW, '28

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.

N/A

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?)

A post-program evaluative survey to be disseminated to participants.

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 will be judged through a post-survey, room completion and review, and supervisory observation.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: **The North Star Project**
Vendor Address: **10 Campion Place, Yonkers, NY 10701**
Vendor Phone No.: **(917) 861-5417**
Vendor Business Status: **Sole-Owner S-Corporation**
Vendor Contact Name: **Quincy Koffel**
Vendor Contact Email: thenorthstarprojectinc@gmail.com
Tax ID No.: **87-3255878**

School District Administrator Name: **Madelyn Guzman**
School District Administrator Title: **Executive Director**
School District Administrator Phone No.: **(914) 376-8230**
School District Administrator Email: mguzman1@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?


Title I-Professional Development for Reading teachers

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.

N/A

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

<p>Performance Based Guidelines Reviewed and approved by:</p> <p></p> <p>_____ (Signature of School District administrator/employee)</p> <p><u>Madelyn Guzman</u> (Printed Name)</p>
