

## **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)

*2 Hour NYSED Refresher and physical performance test for bus monitors in compliance with part 156(3) of the NYSED.*

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")

*The cost not to exceed \$7,125.00 – \$450 per session, up to 55 monitors; \$25 individual physical performance test administered.*

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

*Yonkers Public School Monitors*

4. WHO WILL PROVIDE SERVICES?

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

*Baltazar Velez, SBDI CE*

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?)

*PPT-Form 910 (Attached) and certificate of compliance (Attached)*

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

*Quality, quantity and value derived from services performed.*

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: *Baltazar Velez*

Vendor Address: *309 North Broadway. Apartment 1E. Yonkers, NY. 10701*

Vendor Phone No.: *914-755-2080*

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

Vendor Contact Name: *Baltazar Velez*

Vendor Contact Email: *Baltazar61@gmail.com*

Tax ID No.: *132-44-2766*

School District Administrator Name: **Andrew Geldmacher**  
School District Administrator Title: **Director of Transportation**  
School District Administrator Phone No.: **914-376-8031**  
School District Administrator Email: **AGELDMACHER@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

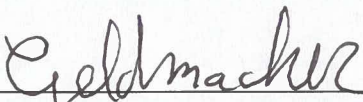
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? **IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

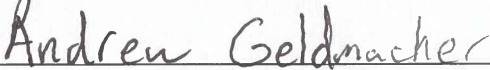
No

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.**

N/A

Performance Based Guidelines  
Reviewed and approved by:

  
\_\_\_\_\_  
(Signature of School District administrator/employee)

  
\_\_\_\_\_  
(Printed Name)