

PERFORMANCE BASED CONTRACT GUIDELINES

- 1. WHAT IS THE PURPOSE OF THE SERVICE?**
(Describe in detail any services to be provided or materials to be purchased)
American Heart Health Saver CPR/AED Training
- 2. AMOUNT OF SERVICE**
(set forth all quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Appendix A)
\$60 per student, includes book and certificate FOR 200 students
- 3. WHO IS SERVED?**
(Describe whether services are to be provided directly to students, to staff, etc.)
Pathway to Success adult Students
- 4. WHO WILL PROVIDE SERVICES?**
(If individual providers are contemplated, set forth the names and qualifications of the service providers)
Empress Ambulance Service
- 5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?**
These services will be incorporated into other vocational services programs. Students will receive a certificate from the AHA
- 6. HOW WILL THE QUALITY BE JUDGED?**
(Set forth the method which will be used to evaluate contractor's performance)
Practical and written exam with a passing grade of 84%
- 7. PERSONS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**
(There must be a single Board administrative employee identified as the person responsible. This person will also be responsible for signing off on contract payments)

CONTRACTOR'S NAME, ADDRESS & CONTACT INFORMATION

Empress Ambulance Service
722 Nepperhan Ave
Yonkers, NY 10703
Daryn Baia, Director of Clinical Services
(914) 965-5040 ext 3109

CONTRACTOR'S FEDERAL IDENTIFICATION NUMBER

13-2646815

CONTRACTOR'S STATUS (e.g., corporation, individual, unincorporated, etc. and where)
Corporation in the City of Yonkers, NY

- 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?**

Yonkers Public School district has the right to cancel this contract at anytime without notice