

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)

Empress will provide emergency services during all 14 home football games for the Yonkers Public Schools at an increased rate of \$400.00 per game.

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")

Not to exceed \$5,600.00

3. **WHO IN THE SCHOOL DISTRICT IS SERVED?**

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

Services will be provided directly to students participating in the football games.

4. **WHO WILL PROVIDE SERVICES?**

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

Empress Ambulance Service Inc.

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?)

Empress Ambulance Service Inc. will confirm their attendance to each home game every week.

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

Yonkers Public Schools will ask the building athletic directors and football team coaches to assess Empress Ambulance Service Inc. performance.

7. **INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

Vendor Name: Empress Ambulance Service Inc.

Vendor Address: 722 Nepperhan Ave, Yonkers, NY 10703

Vendor Phone No.: (914) 965-5040

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

Vendor Contact Name: Miriam Roman

Vendor Contact Email: mroman@empres.com

Tax ID No.:

School District Administrator Name: Dennis John Wolfe Jr

School District Administrator Title: Executive Director of the Department of Health, Physical Education, Athletics and Intramurals

School District Administrator Phone No.: (914) 376-8292

School District Administrator Email: dwolfe@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)

Dennis J. Wolfe

(Printed Name)