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 and evaluate the "MY BROTHER'S KEEPER" Community Initiative and function as the Yonkers Public Schools MBK Liaison with the City of Yonkers Mayor's Office. Mr. Joyner oversees the district-wide mentoring program, facilitates parent, staff and student meetings.

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")

Gregory Joyner will provide services to all schools districtwide and attend overnight with MBK Fellows in Albany for an amount not to exceed \$13,020 See attached Appendix B

3. WHO IN THE SCHOOL DISTRICT IS SERVED? (Describe whether services are to be provided directly to students, to staff, etc.)

YPS students, administrators, teachers, school staff, and families will be served. The MBK initiative will primarily serve boys and young men of color. The mentoring program will provide support for students district-wide.

4. WHO WILL PROVIDE SERVICES?

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

Gregory Joyner will serve as the Yonkers Public School's MBK Program Coordinator and Mentor Program Coordinator. Mr. Joyner will serve as the Co-leader of the YPS Milestone 6 Team and liaison with the Anne E. Casey Foundations Applied Leadership Network Team.

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?)

Program Information will be communicated to the YPS District Office, school administrators, program liaisons and any and all others as directed. Mr. Joyner will submit weekly with the school visits, meeting, and phone calls made for the day

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 will be judged by the Central Office Administration of Yonkers Public Schools on the progress and achievement of the 6 MBK Milestones. Evaluation forms will be completed by Chapter Leaders. Students and mentees will be surveyed by YPS staff including but not limited to site visits, surveys, and questionnaires created for data gathering.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Gregory Joyner Vendor Address: 6 Martin Street Vendor Phone No.: Ph# 917-887-3502 Vendor Business Status: Individual Vendor Contact Name: Gregory Joyner

Vendor Contact Email: gjoyner24@gmail.com

Tax ID No.: XX-XXX-0559

School District Administrator Name: Dr. Jason Baez School District Administrator Title: Executive Director School District Administrator Phone No.: 914.376.8183

School District Administrator Email: jbaez@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?

Yes, the services provided supports the MBK Milestones. In addition, the mentoring services, will provide social emotional and developmental health support for YPS students.

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.

Yes, Mr. Joyner will receive information from Central Office Administration with contact information for students and families that are part of the MBK program.

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

(Signature of School District administrator/employee)	(Signature of School District administrator/employee)
(D' + 1)	Jahn Bitz
(Printed Name)	(Printed Name)