

## **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): The Peer Mentorship and Advocacy program connects formerly incarcerated professionals and service providers with at-risk and gang-affected students in the City of Yonkers. Mentors with firsthand experience with the criminal justice system offer guidance on key challenges such as employment, housing, education, legal issues, and emotional well-being. The program helps participants prevent incarceration and build the skills needed for long-term success through one-on-one mentorship, group workshops, and community-building activities. Additionally, mentors provide vital connections to resources and serve as role models, demonstrating that positive transformation is possible. The program empowers mentors and mentees by fostering personal growth, resilience, and community support. Ultimately, the goal is to break the cycle of gang violence and incarceration by creating a strong

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"): \$15000.00.

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

(Describe whether services are to be provided directly to students, to staff, etc.): At-promised students

4. **WHO WILL PROVIDE SERVICES?**

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

914United are certified CMM mentors who have participated in the Credible Messenger Bootcamp provided by the NYS Office of Children & Family Services. Mentors receive up to six additional hours of CMM training annually.

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? Surveys, program assessment, and progress reporting

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance) – Attendance, incidence rates, employment rates, community & program engagement rates, and surveys.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: John Cabrera

Vendor Address: 2025 Central Park Ave #201, Yonkers, NY 10710

Vendor Phone No: 929.216.9650

Vendor Business Status: (corporation, non-profit individual, unincorporated): **501(c)(3) nonprofit incorporation.**

Vendor Contact Name: 914United

Vendor Contact Email: [Info@914United.org](mailto:Info@914United.org)

Tax ID No.: 85-0919332

School District Administrator Name: **Dr. Jason Baez**

School District Administrator Title: **MBK Executive Director**

School District Administrator Phone No.: (914) 376-8183 Office Ext. 7455

School District Administrator Email: [JBAEZ@YonkersPublicSchools.org](mailto: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. This services aligns to the MBK Milestone 6: All Youth Remain Safe From Violent Crime

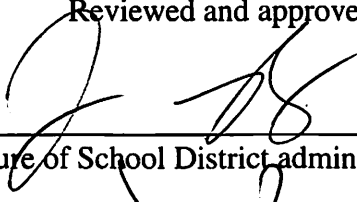
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? **IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

Possibly. Depending on the student's situation, the contractor may be receiving data such as suspension reports and/or criminal reports.

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.**

The data will be used to best support the student.

Performance Based Guidelines  
Reviewed and approved by:

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

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