

**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)

**A. Provide professional development sessions centered on: equitable assessment, biliteracy instruction, foundational literacy skills, MTSS & progress monitoring**

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")

**A. 6 days at \$4,000.00/day = \$24,000.00**

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

**A. Bilingual teachers (Sonia Sotomayor Dual Language Academy)**

4. WHO WILL PROVIDE SERVICES?

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

**A. Mario Palma**

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.**

**A. 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?)

**A. Summary Reports**

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

**A. Quantitative and qualitative growth metrics selected by the district in collaboration with the vendor**

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Palma Multilingual Educational Solutions

Vendor Address: 7249 NW 33<sup>rd</sup> Street

Vendor Phone No.: 646-430-2531

Vendor Business Status: LLC

Vendor Contact Name: Mario Palma

Vendor Contact Email: [mario@palmamledsolutions.com](mailto:mario@palmamledsolutions.com)

Tax ID No.: 93-2825825

School District Administrator Name: Madelyn Guzman

School District Administrator Title: Language Acquisition Administrator  
School District Administrator Phone No.: 917-446-9703  
School District Administrator Email: [mguzman1@yonkerspublicschools.org](mailto:mguzman1@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

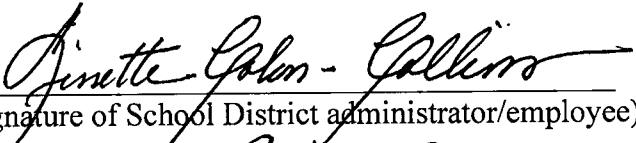
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

Yes

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)

LISSETTE COLÓN-COLLINS  
(Printed Name)