

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
CONTRACT MODIFICATION FORM

P1.10  
ATTCH A

Provider Agency Name Acenda, Inc. Modification # 1  
Fiscal-Year-End December 31 Contract Term 7/1/21 thru 6/30/22  
Contract # 22HWDP Cognizant Contract: Yes  No   
Division(s) affected by the Modification Division of Family and Community Partnerships  
• Date of most recently approved Contract Modification NA  
• Requested effective date for this Contract Modification 7/1/21

Check applicable area(s) to be modified:

1.  Changes to the Reimbursable Ceiling: from \$ 4,568,674 to \$5,320,586 .
2.  Increase in Total Cost: from \_\_\_\_\_ to \_\_\_\_\_.
3.  Change in the Contract Term: currently from \_\_\_\_\_ to \_\_\_\_\_ to the revised term \_\_\_\_\_ to \_\_\_\_\_.
4.  Change exceeding the Flexible Limits.
5.  Transfer of budgeted cost across DCF Contract or Clusters.
6.  Transfer of Federal and/or other revenue across DCF Contracts or Clusters.
7.  Change to the method of allocating G&A, the indirect cost rate and/or its application.
8.  Addition or deletion of an entire Budget category (A through M individually).
9.  Addition of Line Items within Budget Category (B) Consultants and Professional Services.
10.  Equipment not in approved budget above \$5, 000 per item.
11.  Change in payment methodology.
12.  Change in the payment rate (s).
13.  Change in target population.
14.  Change in contracted performance standards.
15.  Change in contracted level of service.
16.  Change in contracted staff/client ratios.
17.  Change of Subcontractors providing direct services or change to subcontracted direct services.
18.  Other:

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex and/or the revised itemized Annex B budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: \_\_\_\_\_ BY: \_\_\_\_\_  
\_\_\_\_\_  
(type name) (type name)

Title President & CEO Title Business Manager/SBO

Provider Acenda, Inc. Departmental DCF

Agency: \_\_\_\_\_ Component: \_\_\_\_\_

Date: 1/21/2022 Date: 03/04/2022

DATE EFFECTIVE 7/1/21

(To be completed by the Department)

**CONTRACT MODIFICATION P1.10 ATTACHMENT A**

**Agency Name:** Acenda, Inc.

**Contract Number:** 22HWDP

**Program Name:**

- 1) Healthy Families/TIP (Component #5)
- 2) COVID ARP-Home Visiting (Component #30)
- 3) HV Legislative Add-On (NFP) (Component #31)
- 4) HV Legislative Add-On (PAT) (Component #32)
- 5) HV Legislative Add-On (HFA) (Component #33)

**Funding Amount:**

- 1) \$203,853 & \$256,562 to 22HWDP (Healthy Families/TIP)-see below for more details
- 2) \$73,387 to 22HWDP (COVID ARP-Home Visiting)-see below for more details
- 3) \$76,772 to 22HWDP (HV Legislative Add-On (NFP))
- 4) \$59,784 to 22HWDP (HV Legislative Add-On (PAT))
- 5) \$81,554 to 22HWDP (HV Legislative Add-On (HFA))

**Effective Date:**

- 1) 10/1/21 (Healthy Families/TIP)
- 2) 7/1/21 (COVID ARP-Home Visiting)
- 3) 7/1/21 (HV Legislative Add-On (NFP))
- 4) 7/1/21 (HV Legislative Add-On (PAT))
- 5) 7/1/21 (HV Legislative Add-On (HFA))

**APU:**

- 1) 1630-039 & 1630-040 (Healthy Families/TIP)
- 2) 1630-098 (COVID ARP-Home Visiting)
- 3) 1620-062 (HV Legislative Add-On (NFP))
- 4) 1620-080 (HV Legislative Add-On (PAT))
- 5) 1620-081 (HV Legislative Add-On (HFA))

**Reason for Modification:**

1. Adding \$271,803 one-time APU: 1630-039 (TANF Home Visiting Kids Needs/Early Start Kids Needs) funding to the HF/TIP Component #5 effective 10/1/21 – 9/30/22. Of the \$271,803 total amount, \$203,853 will be added to contract 22HWDP effective 10/1/21 – 6/30/22. The remaining \$67,950 will be added to contract 23HWDP effective 7/1/22 – 9/30/22. Also adding \$342,082 one-time APU: 1630-040 (TANF Initiative For Parents) funding to the HF/TIP Component #5 effective 10/1/21 – 9/30/22. Of the \$342,082 total amount, \$256,562 will be added to contract 22HWDP effective 10/1/21 – 6/30/22. The remaining \$85,520 will be added to contract 23HWDP effective 7/1/22 – 9/30/22. There is no match required. This component’s ceiling for 22HWDP will change from \$516,646 to \$977,061.
2. Also adding \$165,120 COVID ARP-Home Visiting one-time APU: 1630-098 funding effective 7/1/21-9/30/23. This will create Component #30. The \$165,120 total amount will be distributed as follows: \$73,387 will be added to contract 22HWDP effective 7/1/21-6/30/22; \$73,387 will be added to contract

23HWDP effective 7/1/22-6/30/23; and \$18,346 will be added to contract 24HWDP effective 7/1/23-9/30/23. Funding in each distribution will be lump sum. There is no match required. This component ceiling for 22HWDP will be \$73,387.

The COVID ARP-Home Visiting funding must be listed in its own contract component on the Annex B.

In accordance with the American Rescue Plan Act of 2021, the COVID ARP-Home Visiting funds are to be used to support MIECHV enrolled families with emergency supplies and grocery gift cards.

For the COVID ARP-Home Visiting funding, the agency must submit with contract documents, a grocery gift card and emergency supplies purchase and distribution plan that includes policies that details safeguards for abuse/misuse and assurance of equitable distribution.

3. Also adding \$218,110 HV Legislative Add-On one-time funding for NFP, PAT, and HF effective 7/1/21-6/30/22 to contract 22HWDP. This will create Components #31, 32, and 33. The \$218,110 total amount will be distributed as follows among the new 3 components: \$76,772 will be in Component #31 for HV Legislative Add-On (NFP), APU: 1620-062; \$59,784 will be in Component #32 for HV Legislative Add-On (PAT), APU: 1620-080; and \$81,554 will be in Component #33 for HV Legislative Add-On (HFA), APU: 1620-081. Funds must be listed in its own contract component on the Annex B (ie. 3 new separate contract components). There is no match required.

This one-time HV Legislative Add-On disbursement of funds is intended for home visitors and home visitor supervisors to support retention bonuses or recruitment expenses and additional expenses that aid the home visiting staff.

The total reimbursable ceiling will change in this contract's modification from \$4,568,674 to \$5,320,586.

**Schedule of Estimated Claims**  
**Third Party Contract Summary Report - Page 1 of 2**

Provider **Acenda, Inc.**  
 Division **DSCP**  
 Contract **22HWDP**  
 Dates **7/1/2021** to **6/30/2022**

**Contract Characteristics**

Reporting Requirements

- None
- Monthly
- Quarterly
- Other

Advance Payments

- None
- Monthly

Type of Contract

- Cost Related
- Non-Cost Related

Reimbursement Type

- Periodic Reported Expenditures
- Installments
- Provisional
- Fixed Rate

Account and CFDA Information	Amt
1610-062 TITLE IV -	\$296,517.00
1620-062 NURSE FP -ST AID GRTS	\$159,503.00
1620-080 NJ Home Visiting Initiative	\$59,784.00
1620-081 Healthy Families America	\$81,554.00
1630-010 EARLY CHILDHOOD SEVICES - GIA	\$574,294.00
1630-013 SCHOOL B -ST AID GRTS	\$362,124.00
1630-024 FAMILY SUPPORT SERVICES	\$1,884,000.00
1630-032 COMMBASE -	\$200,000.00
1630-033 SBYS	\$211,213.00
1630-039 TANF EARLY START KIDS NEEDS	\$271,803.00
1630-040 TANF INITIATIVE FOR PARENTS	\$342,082.00
1630-044 MATERNAL INFANT & EARLY CHILD	\$665,159.00
1630-065 COMM BASED INTEGRATED SERV SYS	\$1,666.00
1630-086 PRESCHOOL DEVELOPMENT GRANT	\$137,500.00
1630-098 COVID ARP Home Visiting (93.870)	\$73,387.00
<b>Grand Total</b>	<b>\$5,320,586.00</b>

Authorized Provider Signature

Date 1/21/2022

Contract Supervisor Signature

Date 3/3/2022





**Schedule of Estimated Claims**

**Third Party Contract Summary Report - Page 2 of 2**

Provider **Acenda, Inc.**

Division **DFCP**

Contract **22HWDP**

Dates **7/1/2021** to **6/30/2022**

<b>Original Contract Ceiling</b>
<b>\$4,568,674.00</b>

<b>Contract Modifications</b>	
Mod 1	\$751,912.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00
	<b>\$751,912.00</b>

<b>Total Contract Ceiling</b>
<b>\$5,320,586.00</b>

<b>Total Match Amount</b>
<b>\$143,334.25</b>

<b>Amended Contract Ceiling *</b>
<b>\$5,320,586.00</b>

<b>Payments by Month *</b>	
<b>2021</b> July	\$584,191.00
<b>2021</b> August	\$509,138.00
<b>2021</b> September	\$509,141.00
<b>2021</b> October	\$502,301.00
<b>2021</b> November	\$502,301.00
<b>2021</b> December	\$502,310.00
<b>2022</b> January	\$368,526.00
<b>2022</b> February	\$368,526.00
<b>2022</b> March	\$368,534.00
<b>2022</b> April	\$368,526.00
<b>2022</b> May	\$368,526.00
<b>2022</b> June	\$368,566.00
<b>Grand Total</b>	<b>\$5,320,586.00</b>

<b>Payments by State Fiscal Year *</b>		
<b>2022</b>	1610-062	\$296,517.00
<b>2022</b>	1630-010	\$574,294.00
<b>2022</b>	1630-044	\$665,159.00
<b>2022</b>	1630-024	\$1,884,000.00
<b>2022</b>	1630-039	\$271,803.00
<b>2022</b>	1630-040	\$342,082.00
<b>2022</b>	1630-065	\$1,666.00
<b>2022</b>	1630-086	\$137,500.00
<b>2022</b>	1630-013	\$362,124.00
<b>2022</b>	1630-033	\$211,213.00
<b>2022</b>	1630-032	\$200,000.00
<b>2022</b>	1620-062	\$159,503.00
<b>2022</b>	1630-098	\$73,387.00
<b>2022</b>	1620-080	\$59,784.00
<b>2022</b>	1620-081	\$81,554.00
<b>Grand Total</b>		<b>\$5,320,586.00</b>

\* Please note, if this SEC contains mortgage repayment(s) those deductions are reflected.



Component  
**1**  
**Schedule of Estimated Claims**  
**Third Party Contracts**

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name Nurse Family Partnership Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding: Annualized			
1630-010 EARLY CHILDHOOD SERVICES - GIA			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	21	\$47,858.00
	August	21	\$47,858.00
	September	21	\$47,858.00
	October	21	\$47,858.00
	November	21	\$47,858.00
	December	21	\$47,858.00
	January	22	\$47,858.00
	February	22	\$47,858.00
	March	22	\$47,858.00
	April	22	\$47,858.00
	May	22	\$47,858.00
	June	22	\$47,856.00
Match Required? No			
0.0%		<b>Total</b>	<b>\$574,294.00</b>

Type of Funding: 1-Time Funding				
1630-044 MATERNAL INFANT & EARLY CHILD				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	21	\$20,000.00	
	August	21	\$20,000.00	
	September	21	\$20,000.00	
	October	21	\$20,000.00	
	November	21	\$20,000.00	
	December	21	\$20,000.00	
	Match Required? No			
	0.0%		<b>Total</b>	<b>\$120,000.00</b>

Type of Funding: 1-Time Funding				
1630-044 MATERNAL INFANT & EARLY CHILD				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	21	\$40,000.00	
	August	21	\$40,000.00	
	September	21	\$40,000.00	
	October	21	\$40,000.00	
	November	21	\$40,000.00	
	December	21	\$40,000.00	
	Match Required? No			
	0.0%		<b>Total</b>	<b>\$240,000.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
	Match Required? (enter Yes/No)		
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$934,294.00
Modifications to Component Ceiling	\$0.00
<b>Total Component Ceiling</b>	<b>\$934,294.00</b>
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:  
 Renewal includes one-time MIECHV Formula funding in the amounts of \$120,000 and \$240,000 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, \$120,000 & \$240,000.



Component  
2  
**Schedule of Estimated Claims**  
**Third Party Contracts**

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name Glassboro Family Success Center Contract Administrator XXXXXXXXXX

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding: <b>Annualized</b>			
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$20,000.00
Enter Mod # 1 thru 10 above.	August	21	\$20,000.00
	September	21	\$20,000.00
	October	21	\$20,000.00
If new or renewal leave blank	November	21	\$20,000.00
	December	21	\$20,000.00
	January	22	\$20,000.00
	February	22	\$20,000.00
Match Required?	March	22	\$20,000.00
No	April	22	\$20,000.00
	May	22	\$20,000.00
	June	22	\$20,000.00
0.0%	<b>Total</b>		<b>\$240,000.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$240,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$240,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:





Component  
3  
**Schedule of Estimated Claims**  
**Third Party Contracts**

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name Winslow Family Success Center Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$20,000.00
Enter Mod # 1 thru 10 above.	August	21	\$20,000.00
	September	21	\$20,000.00
	October	21	\$20,000.00
If new or renewal leave blank	November	21	\$20,000.00
	December	21	\$20,000.00
	January	22	\$20,000.00
	February	22	\$20,000.00
Match Required?	March	22	\$20,000.00
No	April	22	\$20,000.00
	May	22	\$20,000.00
	June	22	\$20,000.00
0.0%		<b>Total</b>	<b>\$240,000.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$240,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$240,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Provider Name Acenda, Inc.  
 Component Name Riverview Family Success Center Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$20,000.00
Enter Mod # 1 thru 10 above.	August	21	\$20,000.00
	September	21	\$20,000.00
	October	21	\$20,000.00
If new or renewal leave blank	November	21	\$20,000.00
	December	21	\$20,000.00
	January	22	\$20,000.00
	February	22	\$20,000.00
Match Required?	March	22	\$20,000.00
No	April	22	\$20,000.00
	May	22	\$20,000.00
	June	22	\$20,000.00
0.0%	<b>Total</b>		<b>\$240,000.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$240,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$240,000.00

Mod 1 <u>\$0.00</u>	Mod 6 <u>\$0.00</u>
Mod 2 <u>\$0.00</u>	Mod 7 <u>\$0.00</u>
Mod 3 <u>\$0.00</u>	Mod 8 <u>\$0.00</u>
Mod 4 <u>\$0.00</u>	Mod 9 <u>\$0.00</u>
Mod 5 <u>\$0.00</u>	Mod 10 <u>\$0.00</u>

NOTES:



Provider Name Acenda, Inc.  
 Component Name Healthy Families/TIP Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding: 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS			
	Month	YY	Amount
	July	21	\$22,650.00
Enter Mod # 1 thru 10 above.	August	21	\$22,650.00
	September	21	\$22,650.00
If new or renewal leave blank			
Match Required?			
No			
0.0%		Total	\$67,950.00

Type of Funding: Annualized			
1610-062 TITLE IV -			
	Month	YY	Amount
	July	21	\$24,710.00
Enter Mod # 1 thru 10 above.	August	21	\$24,710.00
	September	21	\$24,710.00
	October	21	\$24,710.00
	November	21	\$24,710.00
	December	21	\$24,710.00
If new or renewal leave blank	January	22	\$24,710.00
	February	22	\$24,710.00
Match Required?	March	22	\$24,710.00
No	April	22	\$24,710.00
	May	22	\$24,710.00
	June	22	\$24,707.00
0.0%		Total	\$296,517.00

Type of Funding: 1-Time Funding			
1630-040 TANF INITIATIVE FOR PARENTS			
	Month	YY	Amount
	July	21	\$28,506.00
Enter Mod # 1 thru 10 above.	August	21	\$28,506.00
	September	21	\$28,508.00
If new or renewal leave blank			
Match Required?			
No			
0.0%		Total	\$85,520.00

Type of Funding: 1-Time Funding			
1630-044 MATERNAL INFANT & EARLY CHILD			
	Month	YY	Amount
	July	21	\$11,109.00
Enter Mod # 1 thru 10 above.	August	21	\$11,109.00
	September	21	\$11,109.00
	October	21	\$11,109.00
	November	21	\$11,109.00
	December	21	\$11,114.00
If new or renewal leave blank			
Match Required?			
No			
0.0%		Total	\$66,659.00

Type of Funding: 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS			
1	Month	YY	Amount
	July	21	
Enter Mod # 1 thru 10 above.	August	21	
	September	21	
	October	21	\$22,650.00
	November	21	\$22,650.00
	December	21	\$22,650.00
If new or renewal leave blank	January	22	\$22,650.00
	February	22	\$22,650.00
Match Required?	March	22	\$22,650.00
No	April	22	\$22,650.00
	May	22	\$22,650.00
	June	22	\$22,653.00
0.0%		Total	\$203,853.00

Type of Funding: 1-Time Funding			
1630-040 TANF INITIATIVE FOR PARENTS			
1	Month	YY	Amount
	July	21	
Enter Mod # 1 thru 10 above.	August	21	
	September	21	
	October	21	\$28,506.00
	November	21	\$28,506.00
	December	21	\$28,506.00
If new or renewal leave blank	January	22	\$28,506.00
	February	22	\$28,506.00
Match Required?	March	22	\$28,506.00
No	April	22	\$28,506.00
	May	22	\$28,506.00
	June	22	\$28,514.00
0.0%		Total	\$256,562.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		Total	\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$516,646.00
Modifications to Component Ceiling	\$460,415.00
Total Component Ceiling	\$977,061.00

Mod 1	\$460,415.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

**NOTES:**  
 CFDA #93.556, BFY 21 & 22, \$296,517. Renewal includes one-time MIECHV Formula funding in the amount of \$66,659 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, \$66,659. Renewal also includes one-time APU 1630-039 TANF funding in the amount of \$67,950 effective 7/1/21 to 9/30/21. CFDA #93.558, BFY 21, \$67,950. And one-time APU 1630-040 TANF funding in the amount of \$85,520 effective 7/1/21 to 9/30/21. CFDA #93.558, BFY 21, \$85,520.  
 Mod #1: Adding \$203,853 one-time APU: 1630-039 CFDA# 93.558 funding and \$256,562 one-time APU: 1630-040 CFDA# 93.558 funding effective 10/1/21-6/30/22. The total component ceiling will be \$977,061. SFY22 & FFY22 funding.



Component  
12  
**Schedule of Estimated Claims**  
**Third Party Contracts**

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name Oceanside Family Success Center 1 & 2 Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding: <b>Annualized</b>			
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$41,667.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$41,667.00
	September	21	\$41,667.00
	October	21	\$41,667.00
	November	21	\$41,667.00
	December	21	\$41,667.00
	January	22	\$41,667.00
	February	22	\$41,667.00
	March	22	\$41,667.00
	April	22	\$41,667.00
	May	22	\$41,667.00
June	22	\$41,663.00	
Match Required? No			
0.0%		<b>Total</b>	<b>\$500,000.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$500,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$500,000.00

Mod 1 <u>\$0.00</u>	Mod 6 <u>\$0.00</u>
Mod 2 <u>\$0.00</u>	Mod 7 <u>\$0.00</u>
Mod 3 <u>\$0.00</u>	Mod 8 <u>\$0.00</u>
Mod 4 <u>\$0.00</u>	Mod 9 <u>\$0.00</u>
Mod 5 <u>\$0.00</u>	Mod 10 <u>\$0.00</u>

NOTES:



Provider Name Acenda, Inc.  
 Component Name Ocean County Family Success Center Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$27,000.00
Enter Mod # 1 thru 10 above.	August	21	\$27,000.00
	September	21	\$27,000.00
	October	21	\$27,000.00
If new or renewal leave blank	November	21	\$27,000.00
	December	21	\$27,000.00
	January	22	\$27,000.00
	February	22	\$27,000.00
Match Required?	March	22	\$27,000.00
No	April	22	\$27,000.00
	May	22	\$27,000.00
	June	22	\$27,000.00
0.0%		<b>Total</b>	<b>\$324,000.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$324,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$324,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:



Provider Name Acenda, Inc.  
Component Name Pennsville Family Success Center Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$25,000.00
Enter Mod # 1 thru 10 above.	August	21	\$25,000.00
	September	21	\$25,000.00
	October	21	\$25,000.00
If new or renewal leave blank	November	21	\$25,000.00
	December	21	\$25,000.00
	January	22	\$25,000.00
	February	22	\$25,000.00
Match Required?	March	22	\$25,000.00
No	April	22	\$25,000.00
	May	22	\$25,000.00
	June	22	\$25,000.00
0.0%	<b>Total</b>		<b>\$300,000.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	<b>Total</b>		<b>\$0.00</b>

Component Match Percentage 0.00%  
Component Match Amount \$0.00  
Original Component Ceiling \$300,000.00  
Modifications to Component Ceiling \$0.00  
Total Component Ceiling \$300,000.00

Mod 1	<u>\$0.00</u>	Mod 6	<u>\$0.00</u>
Mod 2	<u>\$0.00</u>	Mod 7	<u>\$0.00</u>
Mod 3	<u>\$0.00</u>	Mod 8	<u>\$0.00</u>
Mod 4	<u>\$0.00</u>	Mod 9	<u>\$0.00</u>
Mod 5	<u>\$0.00</u>	Mod 10	<u>\$0.00</u>

NOTES:



Component  
16  
**Schedule of Estimated Claims**  
**Third Party Contracts**

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name ECCS Impact Grant

Contract Administrator XXXXXXXXXX

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding <b>1-Time Funding</b>			
1630-065 COMM BASED INTEGRATED SERV SYS			
	Month	YY	Amount
	July	21	\$1,666.00
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
No			
0.0%		<b>Total</b>	<b>\$1,666.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$1,666.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$1,666.00

Mod 1 <u>\$0.00</u>	Mod 6 <u>\$0.00</u>
Mod 2 <u>\$0.00</u>	Mod 7 <u>\$0.00</u>
Mod 3 <u>\$0.00</u>	Mod 8 <u>\$0.00</u>
Mod 4 <u>\$0.00</u>	Mod 9 <u>\$0.00</u>
Mod 5 <u>\$0.00</u>	Mod 10 <u>\$0.00</u>

**NOTES:**

Renewal includes \$1,666 one-time ECCS funding which must be expended by 7/31/21. CFDA #93.110, BFY 21, \$1,666.



**Schedule of Estimated Claims  
Third Party Contracts**

Provider Name Acenda, Inc.  
 Component Name Parents as Teachers (PAT)

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-044 MATERNAL INFANT & EARLY CHILD			
	Month	YY	Amount
	July	21	\$29,750.00
Enter Mod # 1 thru 10 above.	August	21	\$29,750.00
	September	21	\$29,750.00
	October	21	\$29,750.00
	November	21	\$29,750.00
	December	21	\$29,750.00
If new or renewal leave blank			
Match Required?			
No			
0.0%	Total		\$178,500.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$178,500.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$178,500.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Renewal includes one-time MIECHV Formula funding in the amount of \$178,500 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, \$178,500.



Provider Name Acenda, Inc.  
Component Name Central Intake

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-044 MATERNAL INFANT & EARLY CHILD			
	Month	YY	Amount
	July	21	\$10,000.00
Enter Mod # 1 thru 10 above.	August	21	\$10,000.00
	September	21	\$10,000.00
	October	21	\$10,000.00
	November	21	\$10,000.00
	December	21	\$10,000.00
If new or renewal leave blank			
Match Required?			
No			
0.0%	Total		\$60,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$60,000.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$60,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Renewal includes one-time MIECHV Formula funding in the amount of \$60,000 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, \$60,000.

Provider Name Acenda, Inc.  
Component Name County Councils for Young Children

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-086 PRESCHOOL DEVELOPMENT GRANT			
	Month	YY	Amount
	July	21	\$6,250.00
Enter Mod # 1 thru 10 above.	August	21	\$6,250.00
	September	21	\$6,250.00
	October	21	\$6,250.00
	November	21	\$6,250.00
	December	21	\$6,250.00
If new or renewal leave blank			
Match Required?			
No			
0.0%	Total		\$37,500.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$37,500.00  
 Modifications to Component Ceiling \$0.00  
 Total Component Ceiling \$37,500.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Renewal includes \$37,500 one-time funding for CCYC from 7/1/21 to 12/31/21. CFDA #93.434, SFY21, \$37,500.



**Schedule of Estimated Claims  
Third Party Contracts**

Provider Name Acenda, Inc.  
Component Name Central Intake (PDG B-5)

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-086 PRESCHOOL DEVELOPMENT GRANT			
	Month	YY	Amount
	July	21	\$16,666.00
Enter Mod # 1 thru 10 above.	August	21	\$16,666.00
	September	21	\$16,666.00
	October	21	\$16,666.00
If new or renewal leave blank	November	21	\$16,666.00
	December	21	\$16,670.00
Match Required?			
No			
0.0%	Total		\$100,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$100,000.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$100,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Renewal includes \$100,000 one-time funding for Central Intake (PDG B-5) from 7/1/21-12/31/21. CFDA #93.434, SFY 21, \$100,000.



Provider Name Acenda, Inc.  
 Component Name Lower Cape May Regional HS SBYSP Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-013 SCHOOL B -ST AID GRTS			
	Month	YY	Amount
	July	21	\$14,654.00
Enter Mod # 1 thru 10 above.	August	21	\$14,654.00
	September	21	\$14,654.00
	October	21	\$14,654.00
If new or renewal leave blank	November	21	\$14,654.00
	December	21	\$14,654.00
	January	22	\$14,654.00
	February	22	\$14,654.00
Match Required?	March	22	\$14,654.00
Yes	April	22	\$14,654.00
	May	22	\$14,654.00
	June	22	\$14,665.00
25.0%		<b>Total</b>	<b>\$175,859.00</b>

Type of Funding	1-Time Funding		
1630-033 SBYS			
	Month	YY	Amount
	July	21	\$12,009.00
Enter Mod # 1 thru 10 above.	August	21	\$12,009.00
	September	21	\$12,010.00
	October	21	\$10,117.00
If new or renewal leave blank	November	21	\$10,117.00
	December	21	\$10,117.00
	January	22	\$10,117.00
	February	22	\$10,117.00
Match Required?	March	22	\$10,117.00
Yes	April	22	\$10,117.00
	May	22	\$10,117.00
	June	22	\$10,118.00
25.0%		<b>Total</b>	<b>\$127,082.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage	25.00%
Component Match Amount	\$75,735.25
Original Component Ceiling	\$302,941.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$302,941.00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:  
 APU 1630-033, CFDA #93.558, SFY 21 & 22.  
 APU 1630-013, SFY 22.

Provider Name Acenda, Inc.  
Component Name Cape May Co Technical HS SBYSP

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-013 SCHOOL B -ST AID GRTS			
	Month	YY	Amount
	July	21	\$15,522.00
Enter Mod # 1 thru 10 above.	August	21	\$15,522.00
	September	21	\$15,522.00
	October	21	\$15,522.00
If new or renewal leave blank	November	21	\$15,522.00
	December	21	\$15,522.00
	January	22	\$15,522.00
	February	22	\$15,522.00
Match Required?	March	22	\$15,522.00
Yes	April	22	\$15,522.00
	May	22	\$15,522.00
	June	22	\$15,523.00
25.0%		<b>Total</b>	<b>\$186,265.00</b>

Type of Funding	1-Time Funding		
1630-033 SBYS			
	Month	YY	Amount
	July	21	\$10,719.00
Enter Mod # 1 thru 10 above.	August	21	\$10,719.00
	September	21	\$10,719.00
	October	21	\$5,774.00
If new or renewal leave blank	November	21	\$5,774.00
	December	21	\$5,774.00
	January	22	\$5,774.00
	February	22	\$5,774.00
Match Required?	March	22	\$5,774.00
Yes	April	22	\$5,774.00
	May	22	\$5,774.00
	June	22	\$5,782.00
25.0%		<b>Total</b>	<b>\$84,131.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage	25.00%		
Component Match Amount	\$67,599.00		
Original Component Ceiling	\$270,396.00		
Modifications to Component Ceiling	\$0.00		
Total Component Ceiling	\$270,396.00		
Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:  
APU 1630-033, CFDA #93.558, SFY 21 & 22.  
APU 1630-013, SFY 22.



**Schedule of Estimated Claims  
Third Party Contracts**

Provider Name Acenda, Inc.  
Component Name Shore Family Success Center

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
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Type of Funding	Annualized		
1630-032 COMMBASE -			
	Month	YY	Amount
	July	21	\$16,666.00
Enter Mod # 1 thru 10 above.	August	21	\$16,666.00
	September	21	\$16,666.00
	October	21	\$16,666.00
If new or renewal leave blank	November	21	\$16,666.00
	December	21	\$16,666.00
	January	22	\$16,666.00
	February	22	\$16,666.00
Match Required?	March	22	\$16,674.00
No	April	22	\$16,666.00
	May	22	\$16,666.00
	June	22	\$16,666.00
0.0%		<b>Total</b>	<b>\$200,000.00</b>

Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	\$3,333.00
Enter Mod # 1 thru 10 above.	August	21	\$3,333.00
	September	21	\$3,333.00
	October	21	\$3,333.00
If new or renewal leave blank	November	21	\$3,333.00
	December	21	\$3,333.00
	January	22	\$3,333.00
	February	22	\$3,333.00
Match Required?	March	22	\$3,333.00
No	April	22	\$3,333.00
	May	22	\$3,333.00
	June	22	\$3,337.00
0.0%		<b>Total</b>	<b>\$40,000.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
Component Match Amount \$0.00  
Original Component Ceiling \$240,000.00  
Modifications to Component Ceiling \$0.00  
Total Component Ceiling \$240,000.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

CFDA #93.590, BFY 21 & 22, \$200,000

Provider Name Acenda, Inc.  
Component Name NFP Legislative Grant Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding: 1-Time Funding			
1620-062 NURSE FP -ST AID GRTS			
	Month	YY	Amount
	July	21	\$6,894.00
Enter Mod # 1 thru 10 above.	August	21	\$6,894.00
	September	21	\$6,894.00
	October	21	\$6,894.00
If new or renewal leave blank	November	21	\$6,894.00
	December	21	\$6,894.00
	January	22	\$6,894.00
	February	22	\$6,894.00
Match Required?	March	22	\$6,894.00
No	April	22	\$6,894.00
	May	22	\$6,894.00
	June	22	\$6,897.00
0.0%		<b>Total</b>	<b>\$82,731.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
Component Match Amount \$0.00  
Original Component Ceiling \$82,731.00  
Modifications to Component Ceiling \$0.00  
Total Component Ceiling \$82,731.00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Renewal includes \$82,731 one-time funding for NFP Legislative Aid for funding period 7/1/21 - 6/30/22, APU: 1620-062. Funding is pending state budget approval for SFY 22.



**Schedule of Estimated Claims  
Third Party Contracts**

Provider Name Acenda, Inc.  
Component Name COVID ARP-Home Visiting

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
----------	------	-------------	--------	----------------	----------	--------------	-----------

Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
1	Month	YY	Amount
	July	21	\$73,387.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	
	September	21	
	October	21	
	November	21	
	December	21	
	January	22	
	February	22	
	March	22	
	April	22	
	May	22	
June	22		
Match Required?			
No			
0.0%		Total	\$73,387.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		Total	\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$0.00
Modifications to Component Ceiling	\$73,387.00
Total Component Ceiling	\$73,387.00

Mod 1	\$73,387.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Mod #1: Adding \$73,387 COVID ARP-Home Visiting one-time, lump sum, APU: 1630-098, CFDA #93.870 funding effective 7/1/21-6/30/22. This component ceiling for 22HWDP will be \$73,387. SFY21.





Component  
**31**  
 Schedule of Estimated Claims  
 Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.  
 Component Name HV Legislative Add-On (NFP) Contract Administrator [REDACTED]

Division DFCP Contract No 22HWDP Contract Start 7/1/2021 Contract End 6/30/2022

Type of Funding: 1-Time Funding			
1620-062 NURSE FP -ST AID GRTS			
1	Month	YY	Amount
	July	21	\$6,397.00
Enter Mod # 1 thru 10 above.	August	21	\$6,397.00
	September	21	\$6,397.00
	October	21	\$6,397.00
	November	21	\$6,397.00
	December	21	\$6,397.00
If new or renewal leave blank	January	22	\$6,397.00
	February	22	\$6,397.00
Match Required?	March	22	\$6,397.00
	April	22	\$6,397.00
No	May	22	\$6,397.00
	June	22	\$6,405.00
0.0%		<b>Total</b>	<b>\$76,772.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage 0.00%  
 Component Match Amount \$0.00  
 Original Component Ceiling \$0.00  
 Modifications to Component Ceiling \$76,772.00  
 Total Component Ceiling \$76,772.00

Mod 1	<u>\$76,772.00</u>	Mod 6	<u>\$0.00</u>
Mod 2	<u>\$0.00</u>	Mod 7	<u>\$0.00</u>
Mod 3	<u>\$0.00</u>	Mod 8	<u>\$0.00</u>
Mod 4	<u>\$0.00</u>	Mod 9	<u>\$0.00</u>
Mod 5	<u>\$0.00</u>	Mod 10	<u>\$0.00</u>

NOTES:

Mod #1: Adding \$76,772 HV Legislative Add-On (NFP) one-time funding effective 7/1/21-6/30/22. APU: 1620-062. SFY21.

Provider Name Acenda, Inc.  
Component Name HV Legislative Add-On (PAT)

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
----------	------	-------------	--------	----------------	----------	--------------	-----------

Type of Funding	1-Time Funding		
1620-080 NJ Home Visiting Initiative			
1	Month	YY	Amount
	July	21	\$4,982.00
Enter Mod # 1 thru 10 above.	August	21	\$4,982.00
	September	21	\$4,982.00
	October	21	\$4,982.00
If new or renewal leave blank	November	21	\$4,982.00
	December	21	\$4,982.00
	January	22	\$4,982.00
	February	22	\$4,982.00
Match Required?	March	22	\$4,982.00
No	April	22	\$4,982.00
	May	22	\$4,982.00
	June	22	\$4,982.00
0.0%		<b>Total</b>	<b>\$59,784.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$0.00
Modifications to Component Ceiling	\$59,784.00
<b>Total Component Ceiling</b>	<b>\$59,784.00</b>

Mod 1	\$59,784.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Mod #1: Adding \$59,784 HV Legislative Add-On (PAT) one-time funding effective 7/1/21-6/30/22. APU: 1620-080. SFY21.



**Schedule of Estimated Claims  
Third Party Contracts**

Provider Name Acenda, Inc.  
Component Name HV Legislative Add-On (HFA)

Contract Administrator [REDACTED]

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022
----------	------	-------------	--------	----------------	----------	--------------	-----------

Type of Funding	1-Time Funding		
1620-081 Healthy Families America			
1	Month	YY	Amount
	July	21	\$6,796.00
Enter Mod # 1 thru 10 above.	August	21	\$6,796.00
	September	21	\$6,796.00
	October	21	\$6,796.00
If new or renewal leave blank	November	21	\$6,796.00
	December	21	\$6,796.00
	January	22	\$6,796.00
	February	22	\$6,796.00
Match Required?	March	22	\$6,796.00
No	April	22	\$6,796.00
	May	22	\$6,796.00
	June	22	\$6,798.00
0.0%		<b>Total</b>	<b>\$81,554.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%		<b>Total</b>	<b>\$0.00</b>

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$0.00
Modifications to Component Ceiling	\$81,554.00
<b>Total Component Ceiling</b>	<b>\$81,554.00</b>

Mod 1	\$81,554.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:

Mod #1: Adding \$81,554 HV Legislative Add-On (HFA) one-time funding effective 7/1/21-6/30/22. APU: 1620-081. SFY21.



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B CONTRACT INFORMATION FORM  
PAGE 1 OF 29

Agency: Acenda, Inc.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: 12/21/2021

Agency Federal ID#: \_\_\_\_\_

Charities Registration #: \_\_\_\_\_

Non-Profit Agency     For-Profit Agency     Public Agency

Agency Fiscal Year End: December

Schedules Completed: 1    2    3    4    5    6

Cash Basis     Accrual Basis

Budget Period: 7/1/2021 - 6/30/2022

Contracting Division	Contract #	Column # and Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person and Telephone #
DFCP	22HWDP Mod #1	#2- Central Intake	\$ 60,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#3-Family Success Center - Oceanside 1 & 2	\$ 500,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#4-Family Success Center - Winslow	\$ 240,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#5-Family Success Center - Glassboro	\$ 240,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#6-Family Success Center - Ocean	\$ 324,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#7-Family Success Center - Pennsville	\$ 300,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#8-Family Success Center - Riverview	\$ 240,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#9-Healthy Families	\$ 977,061	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#10-Nurse-Family Partnership	\$ 934,294	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#11-Parents As Teachers	\$ 178,500	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#12-County Council for Young Children	\$ 37,500	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#13-ECCS Impact Grant (7/1/21-7/31/21)	\$ 1,666	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#14-NFP Legislative Grant	\$ 82,731	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#15-Central Intake (PDG B-5)	\$ 100,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#16-Lower Cape May Regional HS SBYS	\$ 302,941	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP Mod #1	#17-Cape May Co Technical HS SBYS	\$ 270,396	CORE	Cost Related	Scheduled Installments	_____	_____

Division Use Only

Contract # \_\_\_\_\_  
Effective Dates \_\_\_\_\_ to \_\_\_\_\_  
Division \_\_\_\_\_

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

Expenditure Report: I certify that the expenditures reported herein are current, accurate, and in accordance with the contract budget and the governing principles for determining costs.

\_\_\_\_\_ Agency Authorized Signatory

\_\_\_\_\_ Fiscal Officer

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B CONTRACT INFORMATION FORM  
PAGE 1 OF 29

Agency: Acenda, Inc.  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_  
Prepared By: \_\_\_\_\_

Date: 12/21/2021

Agency Federal ID#: \_\_\_\_\_  
Charities Registration #: \_\_\_\_\_  
 Non-Profit Agency    For-Profit Agency    Public Agency  
Agency Fiscal Year End: December  
Schedules Completed: 1 2 3 4 5 6  
 Cash Basis    Accrual Basis  
Budget Period: 7/1/2021 - 6/30/2022

Contracting Division	Contract #	Column # and Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person and Telephone #
DFCP	22HWDP	#18-Shore Family Success Center	\$ 240,000	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP	#19-COVID ARP Home Visiting	\$ 73,387	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP	#20-HV Legislative Add-On (NFP)	\$ 76,772	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP	#21-HV Legislative Add-On (PAT)	\$ 59,784	CORE	Cost Related	Scheduled Installments	_____	_____
DFCP	22HWDP	#22-HV Legislative Add-On (HF)	\$ 81,554	CORE	Cost Related	Scheduled Installments	_____	_____

**Division Use Only**  
Contract # \_\_\_\_\_  
Effective Dates \_\_\_\_\_ to \_\_\_\_\_  
Division \_\_\_\_\_

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

\_\_\_\_\_  
Agency Authorized Signatory

Expenditure Report: I certify that the expenditures reported herein are current, accurate, and in accordance with the contract budget and the governing principles for determining costs.

\_\_\_\_\_  
Fiscal Officer









**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
4 OF 41**

Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

PURPOSE  
 BUDGET PREPARATION  
 MODIFICATION BUDGET  
 EXPENDITURE REPORT  
 PERIOD COVERED 7/1/2021 - 6/30/2022

A BUDGET CATEGORY: PERSONNEL					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Position Title/ Name of Employee		Position Number	Date Employed	Hours /Week	TOTAL	Central Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)	Lower Cape May Regional HS SBYSP
1	Director of Risk Mitigation/ [REDACTED]	1	4/18/05	40	\$ 86,926	\$ 96	\$ 809	\$ 400	\$ 400	\$ 530	\$ 530	\$ 400	\$ 1,994	\$ 1,204	\$ 330	\$ 70	\$ 1		\$ 175	\$ 504
2	Director of Compliance/ [REDACTED]	2	4/25/16	40	\$ 54,834	\$ 60	\$ 510	\$ 252	\$ 252	\$ 335	\$ 335	\$ 252	\$ 1,258	\$ 759	\$ 208	\$ 44	\$ 1		\$ 110	\$ 318
3	Quality Coordinator/ [REDACTED]	3	12/8/18	40	\$ 43,864	\$ 48	\$ 408	\$ 202	\$ 202	\$ 268	\$ 268	\$ 202	\$ 1,005	\$ 608	\$ 167	\$ 35	\$ -		\$ 89	\$ 254
4	Compliance Clerk/ [REDACTED]	4	7/1/19	40	\$ 35,781	\$ 39	\$ 333	\$ 164	\$ 164	\$ 218	\$ 218	\$ 164	\$ 820	\$ 495	\$ 136	\$ 29	\$ -		\$ 72	\$ 208
5	EHR System Administrator/ [REDACTED]	5	6/23/97	40	\$ 49,170	\$ 54	\$ 457	\$ 226	\$ 226	\$ 300	\$ 300	\$ 226	\$ 1,127	\$ 681	\$ 187	\$ 40	\$ -		\$ 99	\$ 285
6	Senior Data Analyst/ [REDACTED]	6	7/1/19	40	\$ 60,231	\$ 66	\$ 560	\$ 277	\$ 277	\$ 367	\$ 367	\$ 277	\$ 1,382	\$ 834	\$ 229	\$ 48			\$ 121	\$ 349
7	IT Software Management/ [REDACTED]	7	7/1/19	40	\$ 49,086	\$ 54	\$ 457	\$ 226	\$ 226	\$ 300	\$ 300	\$ 226	\$ 1,125	\$ 680	\$ 187	\$ 40	\$ -		\$ 99	\$ 284
8	IT Telecomm-Information Security/ [REDACTED]	8	7/1/19	40	\$ 40,983	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	IT Telecomm-Information Security/ [REDACTED]	9		40	\$ 50,197	\$ 55	\$ 467	\$ 231	\$ 231	\$ 306	\$ 306	\$ 231	\$ 1,151	\$ 696	\$ 191	\$ 40			\$ 97	\$ 291
10	Network Specialist/ [REDACTED]	10	9/25/20	40	\$ 15,476	\$ 17	\$ 144	\$ 71	\$ 71	\$ 94	\$ 94	\$ 71	\$ 356	\$ 215	\$ 59	\$ 13			\$ 114	\$ 90
11	Director of IT Infrastructure and Systems/ [REDACTED]	11	9/24/07	40	\$ 69,628	\$ 76	\$ 647	\$ 320	\$ 320	\$ 425	\$ 425	\$ 320	\$ 1,597	\$ 964	\$ 265	\$ 56	\$ 1		\$ 140	\$ 404
12	Program Director/ [REDACTED]	12	6/22/15	40	\$ 44,639	\$ 2,380	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33,540	\$ -	\$ 2,380	\$ -	\$ 187	\$ -	\$ 1,749	\$ -
13	Program Supervisor/ [REDACTED]	13	9/4/12	40	\$ 21,868	\$ 8,199	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 722	\$ -	\$ 12,947	\$ -
14	Client Engagement Specialist/ [REDACTED]	14	6/8/20	40	\$ 19,807	\$ 19,807	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	Program Director/ [REDACTED]	15	1/10/11	40	\$ 59,568	\$ -	\$ 14,271	\$ 7,136	\$ 7,136	\$ 7,136	\$ 7,136	\$ 7,136	\$ -	\$ -	\$ -	\$ 2,481				\$ -
16	Program Supervisor/ [REDACTED]	16	10/19/15	40	\$ 48,606	\$ -	\$ 48,606	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Program Supervisor/ [REDACTED]	17	5/22/17	40	\$ 42,299	\$ -	\$ 42,299	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18	Family Partner/ [REDACTED]	18	1/27/20	40	\$ 39,614	\$ -	\$ 39,614	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	Program Coordinator/ [REDACTED]	19	3/9/20	40	\$ 36,419	\$ -	\$ 36,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	Program Coordinator/ [REDACTED]	20		40	\$ 36,419	\$ -	\$ 36,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21	Family Partner/ [REDACTED]	21	1/25/21	40	\$ 35,705	\$ -	\$ 35,705	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	Program Supervisor/ [REDACTED]	22	7/29/13	40	\$ 45,378	\$ -	\$ -	\$ 45,378	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23	Family Partner/ [REDACTED]	23	9/11/17	40	\$ 39,614	\$ -	\$ -	\$ 39,614	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>SUBTOTAL(pg. 1)</b>					<b>\$ 1,026,112</b>	<b>\$ 30,951</b>	<b>\$ 258,125</b>	<b>\$ 94,497</b>	<b>\$ 9,505</b>	<b>\$ 10,279</b>	<b>\$ 10,279</b>	<b>\$ 9,505</b>	<b>\$ 45,355</b>	<b>\$ 7,136</b>	<b>\$ 4,339</b>	<b>\$ 2,896</b>	<b>\$ 912</b>	<b>\$ -</b>	<b>\$ 15,812</b>	<b>\$ 2,987</b>

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
5 OF 41

Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

A BUDGET CATEGORY: PERSONNEL																	
					17	18	19	20	21	22	23	24	25	26	27	28	29
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	Cape May Co Technical HS SBYSP	Shore Family Success Center	COVID ARP-Home Visiting	HV Legislative Add-ON (NFP)	HV Legislative Add-ON (PAT)	HV Legislative Add-ON (HFA)					OTHER SERVICES	UNALLOWABLE COSTS	GENERAL AND ADMINISTRATIVE COSTS
1	Director of Risk Mitigation/ [REDACTED]	1	4/18/05	40	\$ 478	\$ 400									\$ 70,877	\$ 61	\$ 7,667
2	Director of Compliance/ [REDACTED]	2	4/25/16	40	\$ 302	\$ 252									\$ 44,711	\$ 39	\$ 4,836
3	Quality Coordinator/ [REDACTED]	3	12/8/18	40	\$ 241	\$ 202									\$ 35,765	\$ 31	\$ 3,869
4	Compliance Clerk/ [REDACTED]	4	7/1/19	40	\$ 197	\$ 164									\$ 29,179	\$ 25	\$ 3,156
5	EHR System Administrator/ [REDACTED]	5	6/23/97	40	\$ 270	\$ 226									\$ 40,095	\$ 34	\$ 4,337
6	Senior Data Analyst/ [REDACTED]	6	7/1/19	40	\$ 331	\$ 277									\$ 49,115	\$ 42	\$ 5,312
7	IT Software Management/ [REDACTED]	7	7/1/19	40	\$ 270	\$ 226									\$ 40,023	\$ 34	\$ 4,329
8	IT Telecomm-Information Security/ [REDACTED]	8	7/1/19	40	\$ -	\$ -									\$ -	\$ -	\$ 40,983
9	IT Telecomm-Information Security/ [REDACTED]	9		40	\$ 276	\$ 231									\$ 40,935	\$ 35	\$ 4,427
10	Network Specialist/ [REDACTED]	10	9/25/20	40	\$ 85	\$ 71									\$ 12,535	\$ 11	\$ 1,365
11	Director of IT Infrastructure and Systems/ [REDACTED]	11	9/24/07	40	\$ 383	\$ 320									\$ 56,775	\$ 49	\$ 6,141
12	Program Director/ [REDACTED]	12	6/22/15	40	\$ -	\$ -			\$ 3,020	\$ 1,383							
13	Program Supervisor/ [REDACTED]	13	9/4/12	40	\$ -	\$ -											
14	Client Engagement Specialist/ [REDACTED]	14	6/8/20	40	\$ -	\$ -											
15	Program Director/ [REDACTED]	15	1/10/11	40	\$ -	\$ 7,136											
16	Program Supervisor/ [REDACTED]	16	10/19/15	40	\$ -	\$ -											
17	Program Supervisor/ [REDACTED]	17	5/22/17	40	\$ -	\$ -											
18	Family Partner/ [REDACTED]	18	1/27/20	40	\$ -	\$ -											
19	Program Coordinator/ [REDACTED]	19	3/9/20	40	\$ -	\$ -											
20	Program Coordinator/ [REDACTED]	20		40	\$ -	\$ -											
21	Family Partner/ [REDACTED]	21	1/25/21	40	\$ -	\$ -											
22	Program Supervisor/ [REDACTED]	22	7/29/13	40	\$ -	\$ -											
23	Family Partner/ [REDACTED]	23	9/11/17	40	\$ -	\$ -											
<b>SUBTOTAL(pg. 1)</b>					<b>\$ 2,833</b>	<b>\$ 9,505</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,020</b>	<b>\$ 1,383</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 420,010</b>	<b>\$ 361</b>	<b>\$ 86,422</b>









STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
8 OF 41

A	BUDGET CATEGORY: PERSONNEL				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)	Lower Cape May Regional HS SBYSP	
48	Family Support Worker/ [REDACTED]	48	10/17/18	40	\$ 34,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,499	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
49	Family Support Worker/ [REDACTED]	49	3/2/20	40	\$ 31,825	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,906	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
50	Family Support Worker/ [REDACTED]	50	11/5/18	40	\$ 34,546	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,499	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
51	Program Supervisor/ [REDACTED]	51	3/30/15	40	\$ 39,733	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,384	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
52	Family Support Worker/ [REDACTED]	52	11/2/20	40	\$ 28,754	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,916	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
53	Family Support Worker/ [REDACTED]	53	2/22/21	40	\$ 28,095	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,388	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
54	Program Director/ [REDACTED]	54	6/24/09	40	\$ 63,162	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 59,842	\$ -	\$ -	\$ -	\$ 2,120	\$ -	\$ -	
55	Program Supervisor/ [REDACTED]	55	4/10/15	40	\$ 56,388	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 51,855	\$ -	\$ -	\$ -	\$ 1,850	\$ -	\$ -	
56	Nurse Home Visitor/ [REDACTED]	56	6/1/21	40	\$ 51,078	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 48,229	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
57	Nurse Home Visitor/ [REDACTED]	57	11/26/18	40	\$ 49,437	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,345	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
58	Nurse Home Visitor/ [REDACTED]	58		40	\$ 49,789	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,704	\$ -	\$ -	\$ -	\$ 2,654	\$ -	\$ -	
59	Nurse Home Visitor/ [REDACTED]	59	3/25/19	40	\$ 49,550	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,345	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
60	Nurse Home Visitor/ [REDACTED]	60	1/6/14	40	\$ 51,395	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 48,229	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
61	Nurse Home Visitor/ [REDACTED]	61	4/18/13	23	\$ 25,351	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,324	\$ -	\$ -	\$ -	\$ 800	\$ -	\$ -	
62	Nurse Home Visitor/ [REDACTED]	62	3/1/21	40	\$ 50,647	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,706	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
63	Nurse Home Visitor/ [REDACTED]	63	5/6/19	40	\$ 48,566	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,448	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
64	Administrative Assistant/ [REDACTED]	64	8/25/14	40	\$ 20,760	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,570	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
65	Nurse Home Visitor/ [REDACTED]	65	10/21/19	40	\$ 48,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,448	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ -	
66	Administrative Assistant/ [REDACTED]	66	7/14/03	15	\$ 9,994	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,605	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
67	Nurse Home Visitor/ [REDACTED]	67		40	\$ 47,103	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,043	\$ -	\$ -	\$ -	\$ 2,654	\$ -	\$ -	
68	Program Supervisor/ [REDACTED]	68	3/20/17	40	\$ 26,118	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,037	\$ -	\$ -	\$ -	\$ -	\$ -	
69	Parent Educator/ [REDACTED]	69	8/13/18	40	\$ 22,288	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,931	\$ -	\$ -	\$ -	\$ -	\$ -	
70	Parent Educator/ [REDACTED]	70	6/3/19	40	\$ 21,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,601	\$ -	\$ -	\$ -	\$ -	\$ -	
71	Parent Educator/ [REDACTED]	71	9/18/17	40	\$ 22,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,931	\$ -	\$ -	\$ -	\$ -	\$ -	
72	Parent Educator/ [REDACTED]	72	10/23/17	40	\$ 21,967	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,646	\$ -	\$ -	\$ -	\$ -	\$ -	
73	Program Coordinator/ [REDACTED]	73	4/6/15	40	\$ 18,209	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,209	\$ -	\$ -	\$ -	\$ -	
74	Program Supervisor/ [REDACTED]	74	7/1/19	40	\$ 58,427	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58,427
<b>SUBTOTAL(pg. 3)</b>					<b>\$ 1,010,485</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 185,592</b>	<b>\$ 584,693</b>	<b>\$ 97,146</b>	<b>\$ 18,209</b>	<b>\$ -</b>	<b>\$ 20,578</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 58,427</b>





STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
10 OF 41

A BUDGET CATEGORY: PERSONNEL				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)	Lower Cape May Regional HS SBYSP	
75 Youth Support Specialist/ [REDACTED]	75	7/1/19	20	\$ 10,968	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,968
76 Recreation Coordinator/ [REDACTED]	76	7/1/19	40	\$ 47,204	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,204
77 Therapist [REDACTED]	77	7/1/19	40	\$ 50,923	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,923
78 Senior Program Director/ [REDACTED]	78	8/22/06	40	\$ 81,757	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,629
79 Administrative Assistant/ [REDACTED]	79	7/16/19	20	\$ 13,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,034
80 Youth Development Specialist [REDACTED]	80	7/1/19	40	\$ 37,079	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
81 Youth Development Specialist/ [REDACTED]	81	9/30/19	20	\$ 26,356	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
82 Program Supervisor/ [REDACTED]	82	7/1/19	40	\$ 58,423	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
83 Therapist/ [REDACTED]	83	7/1/19	40	\$ 48,682	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
84 Volunteer Coordinator/ [REDACTED]	84	7/1/19	20	\$ 20,840	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
85 Family Partner/ [REDACTED]	85	7/1/19	40	\$ 44,853	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
86 Family Partner/ [REDACTED]	86	7/1/19	20	\$ 19,743	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
87 Program Supervisor/ [REDACTED]	87	8/31/15	40	\$ 45,432	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
88 VP of Child Protection and Permancy/ [REDACTED]	88	1/16/92	40	\$ 103,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
89 President and CEO/ [REDACTED]	89	8/8/05	40	\$ 501,421	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90 Chief Operating Officer/ [REDACTED]	90	12/12/16	40	\$ 250,961	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
91 Chief Financial Officer/ [REDACTED]	91	8/31/09	40	\$ 191,514	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
92 Chief Business & Gov. Relat. Officer/ [REDACTED]	92	9/25/20	40	\$ 181,295	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
93 Chief Dev. and Marketing Officer/ [REDACTED]	93	8/19/03	40	\$ 135,519	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
94 SVP of Int. Health Services/ [REDACTED]	94	12/5/11	40	\$ 137,417	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
95 SVP of Prev., Youth and Edu. Serv./ [REDACTED]	95	9/3/19	40	\$ 109,933	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96 SVP of HR and Adm Operations/ [REDACTED]	96	10/23/00	40	\$ 103,627	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97 Assoc. VP of Qual. and Comp./ [REDACTED]	97	9/11/19	40	\$ 88,672	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
98 Director of Financial Reporting/ [REDACTED]	98	8/8/16	40	\$ 84,745	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99 Environmental Manager/ [REDACTED]	99	9/25/20	40	\$ 82,682	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
100 Other Personnel - Additional Sheet Totals				\$ 28,610,171	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,290	\$ -	\$ -	\$ -	\$ -	\$ 26,269	\$ 37,363	\$ -	
<b>SUBTOTAL (pg. 4)</b>				<b>\$ 31,086,479</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 11,290</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,269</b>	<b>\$ 37,363</b>	<b>\$ 135,758</b>	
<b>BUDGET CATEGORY A: EMPLOYEE SUBTOTAL</b>				<b>\$ 34,032,754</b>	<b>\$ 30,951</b>	<b>\$ 258,125</b>	<b>\$ 130,916</b>	<b>\$ 127,191</b>	<b>\$ 165,344</b>	<b>\$ 165,754</b>	<b>\$ 127,721</b>	<b>\$ 550,982</b>	<b>\$ 591,829</b>	<b>\$ 101,485</b>	<b>\$ 21,105</b>	<b>\$ 912</b>	<b>\$ 46,847</b>	<b>\$ 53,175</b>	<b>\$ 197,172</b>	

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
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A	BUDGET CATEGORY: PERSONNEL				17	18	19	20	21	22	23	24	25	26	27	28	29
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	Cape May Co Technical HS SBYSP	Shore Family Success Center	COVID ARP-Home Visiting	HV Legislative Add-ON (NFP)	HV Legislative Add-ON (PAT)	HV Legislative Add-ON (HFA)					OTHER SERVICES	UNALLOWABLE COSTS	GENERAL AND ADMINISTRATIVE COSTS
75	Youth Support Specialist/ [REDACTED]	75	7/1/19	20	\$ -	\$ -										\$ -	\$ -
76	Recreation Coordinator/ [REDACTED]	76	7/1/19	40	\$ -	\$ -										\$ -	\$ -
77	Therapist/ [REDACTED]	77	7/1/19	40	\$ -	\$ -										\$ -	\$ -
78	Senior Program Director/ [REDACTED]	78	8/22/06	40	\$ 13,629	\$ -									\$ 54,499	\$ -	\$ -
79	Administrative Assistant/ [REDACTED]	79	7/16/19	20	\$ -	\$ -										\$ -	\$ -
80	Youth Development Specialist/ [REDACTED]	80	7/1/19	40	\$ 37,079	\$ -										\$ -	\$ -
81	Youth Development Specialist/ [REDACTED]	81	9/30/19	20	\$ 26,356	\$ -										\$ -	\$ -
82	Program Supervisor/ [REDACTED]	82	7/1/19	40	\$ 58,423	\$ -										\$ -	\$ -
83	Therapist/ [REDACTED]	83	7/1/19	40	\$ 48,682	\$ -										\$ -	\$ -
84	Volunteer Coordinator/ [REDACTED]	84	7/1/19	20	\$ -	\$ 20,840										\$ -	\$ -
85	Family Partner/ [REDACTED]	85	7/1/19	40	\$ -	\$ 44,853										\$ -	\$ -
86	Family Partner/ [REDACTED]	86	7/1/19	20	\$ -	\$ 19,743										\$ -	\$ -
87	Program Supervisor/ [REDACTED]	87	8/31/15	40	\$ -	\$ 45,432										\$ -	\$ -
88	VP of Child Protection and Permancy/ [REDACTED]	88	1/16/92	40											\$ 82,582	\$ -	\$ 20,646
89	President and CEO/ [REDACTED]	89	8/8/05	40												\$ -	\$ 501,421
90	Chief Operating Officer/ [REDACTED]	90	12/12/16	40												\$ -	\$ 250,961
91	Chief Financial Officer/ [REDACTED]	91	8/31/09	40												\$ -	\$ 191,514
92	Chief Business & Gov. Relat. Officer/ [REDACTED]	92	9/25/20	40												\$ -	\$ 181,295
93	Chief Dev. and Marketing Officer/ [REDACTED]	93	8/19/03	40												\$ -	\$ 135,519
94	SVP of Int. Health Services/ [REDACTED]	94	12/5/11	40												\$ -	\$ 137,417
95	SVP of Prev., Youth and Edu. Serv./ [REDACTED]	95	9/3/19	40											\$ 10,994	\$ -	\$ 98,939
96	SVP of HR and Adm Operations/ [REDACTED]	96	10/23/00	40												\$ -	\$ 103,627
97	Assoc. VP of Qual. and Comp./ [REDACTED]	97	9/11/19	40											\$ 1,773	\$ -	\$ 86,899
98	Director of Financial Reporting/ [REDACTED]	98	8/8/16	40												\$ -	\$ 84,745
99	Environmental Manager/ [REDACTED]	99	9/25/20	40												\$ -	\$ 82,682
100	Other Personnel - Additional Sheet Totals				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,584,664	\$ 36,349	\$ 1,914,236
	<b>SUBTOTAL (pg. 4)</b>				<b>\$ 184,169</b>	<b>\$ 130,868</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,734,512</b>	<b>\$ 36,349</b>	<b>\$ 3,789,901</b>
	<b>BUDGET CATEGORY A: EMPLOYEE SUBTOTAL</b>				<b>\$ 187,002</b>	<b>\$ 140,373</b>	<b>\$ -</b>	<b>\$ 16,573</b>	<b>\$ 20,430</b>	<b>\$ 31,312</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 27,154,522</b>	<b>\$ 36,710</b>	<b>\$ 3,876,323</b>







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**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
A. PERSONNEL (FRINGE)  
PAGE 8 OF 41**

Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

PURPOSE  
 BUDGET PREPARATION  
 MODIFICATION BUDGET  
 EXPENDITURE REPORT  
 PERIOD COVERED 7/1/2021 - 6/30/20

BUDGET CATEGORY- A. PERSONNEL-- FRINGE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)
Social Security/Medicare Tax	7.65% of taxable salaries	\$ 2,541,168	\$ 2,641	\$ 19,746	\$ 10,015	\$ 9,730	\$ 12,649	\$ 12,680	\$ 9,771	\$ 42,435	\$ 45,275	\$ 7,764	\$ 1,614	\$ 70	\$ 3,583	\$ 4,150
NJ Disability Tax	0.65% of taxable salaries	\$ 115,963	\$ 119	\$ 1,044	\$ 525	\$ 522	\$ 688	\$ 688	\$ 522	\$ 2,367	\$ 1,595	\$ 431	\$ 90	\$ 4	\$ 304	\$ 297
Unemployment Tax	0.75% of total gross wages	\$ 254,548	\$ 240	\$ 1,936	\$ 982	\$ 954	\$ 1,240	\$ 1,243	\$ 958	\$ 4,160	\$ 4,439	\$ 761	\$ 159	\$ 7	\$ 351	\$ 407
Medical, Dental, Life & LTD Benefits	15.85% of Full-Time Salaries	\$ 5,449,154	\$ 6,146	\$ 46,462	\$ 23,565	\$ 22,894	\$ 29,762	\$ 29,836	\$ 22,990	\$ 103,621	\$ 99,473	\$ 17,986	\$ 3,799	\$ 162	\$ 4,075	\$ 10,156
401(k) Match	75% of the employee deduction up to 3% of salary	\$ 1,278,122	\$ 1,589	\$ 9,285	\$ 5,394	\$ 4,707	\$ 5,588	\$ 5,143	\$ 5,177	\$ 19,483	\$ 24,865	\$ 3,598	\$ 687	\$ 31	\$ 2,342	\$ 2,712
Workers' Comp. Insurance	1.18% for professional staff/ 8.13% for non-professional	\$ 426,482	\$ 349	\$ 2,814	\$ 1,427	\$ 1,386	\$ 1,802	\$ 1,807	\$ 1,392	\$ 6,040	\$ 6,383	\$ 1,089	\$ 230	\$ 10	\$ 431	\$ 651
Public Donor Agreement	Costs associated with Public Donor Agreement	\$ 78,625														
		\$ -														
		\$ -														
		\$ -														
		\$ -														
<b>FRINGE SUBTOTAL</b>		<b>\$ 10,144,062</b>	<b>\$ 11,084</b>	<b>\$ 81,287</b>	<b>\$ 41,908</b>	<b>\$ 40,193</b>	<b>\$ 51,729</b>	<b>\$ 51,397</b>	<b>\$ 40,810</b>	<b>\$ 178,106</b>	<b>\$ 182,030</b>	<b>\$ 31,629</b>	<b>\$ 6,579</b>	<b>\$ 284</b>	<b>\$ 11,086</b>	<b>\$ 18,373</b>
<b>BUDGET CATEGORY A. PERSONNEL TOTAL</b>		<b>\$ 44,176,816</b>	<b>\$ 42,035</b>	<b>\$ 339,412</b>	<b>\$ 172,824</b>	<b>\$ 167,384</b>	<b>\$ 217,073</b>	<b>\$ 217,151</b>	<b>\$ 168,531</b>	<b>\$ 729,088</b>	<b>\$ 773,859</b>	<b>\$ 133,114</b>	<b>\$ 27,684</b>	<b>\$ 1,196</b>	<b>\$ 57,933</b>	<b>\$ 71,548</b>



**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**ANNEX B: CONTRACT EXPENSE DETAIL**  
**A. PERSONNEL (FRINGE)**  
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Agency: Acenda, Inc.  
 Contract#: 22HWDP Mod #1

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BUDGET CATEGORY- A. PERSONNEL--FRINGE		16	17	18	19	20	21	22	23	24	25	26	27	28	29
LINE ITEM	BASIS FOR ALLOCATION	Lower Cape May Regional HS SBYSP	Cape May Co Technical HS SBYSP	Shore Family Success Center	COVID ARP-Home Visiting	HV Legislative Add- ON (NFP)	HV Legislative Add- ON (PAT)	HV Legislative Add- ON (HFA)	0	0	0	0	OTHER SERVICES	UNALLOWABLE COSTS	GENERAL AND ADMINISTRATIVE COSTS
Social Security/Medicare Tax	7.65% of taxable salaries	\$ 15,084	\$ 14,306	\$ 10,739		\$ 1,247	\$ 1,569	\$ 2,414					\$ 2,047,198	\$ 2,808	\$ 263,680
NJ Disability Tax	0.65% of taxable salaries	\$ 651	\$ 659	\$ 545		\$ 108	\$ 133	\$ 204					\$ 95,635	\$ 86	\$ 8,746
Unemployment Tax	0.75% of total gross wages	\$ 1,479	\$ 1,403	\$ 1,053		\$ 124	\$ 153	\$ 235					\$ 202,971	\$ 275	\$ 29,018
Medical, Dental, Life & LTD Benefits	15.85% of Full-Time Salaries	\$ 31,171	\$ 28,916	\$ 17,962			\$ 2,218						\$ 4,276,115	\$ 6,608	\$ 665,237
401(k) Match	75% of the employee deduction up to 3% of salary	\$ 9,345	\$ 8,791	\$ 6,083		\$ 879	\$ 1,022	\$ 1,566					\$ 998,454	\$ 1,831	\$ 159,550
Workers' Comp. Insurance	1.18% for professional staff/ 8.13% for non-professional	\$ 2,149	\$ 2,038	\$ 1,530		\$ 191	\$ 223	\$ 341					\$ 326,211	\$ 400	\$ 67,588
Public Donor Agreement	Costs associated with Public Donor Agreement	\$ 8,942	\$ 69,683												
<b>FRINGE SUBTOTAL</b>		\$ 68,821	\$ 125,796	\$ 37,912	\$ -	\$ 2,549	\$ 5,318	\$ 4,760	\$ -	\$ -	\$ -	\$ -	\$ 7,946,584	\$ 12,008	\$ 1,193,819
<b>BUDGET CATEGORY A. PERSONNEL TOTAL</b>		\$ 265,993	\$ 312,798	\$ 178,285	\$ -	\$ 19,122	\$ 25,748	\$ 36,072	\$ -	\$ -	\$ -	\$ -	\$ 35,101,106	\$ 48,718	\$ 5,070,142

**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**ANNEX B: CONTRACT EXPENSE DETAIL**  
**B. CONSULTANTS AND PROFESSIONAL FEES**  
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Agency: Acenda, Inc.  
 Contract#: 22HWDP Mod #1

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PURPOSE  
 BUDGET PREPARATION  
 MODIFICATION BUDGET  
 EXPENDITURE REPORT  
 PERIOD COVERED 7/1/2021 - 6/30/2022

BUDGET CATEGORY- B. CONSULTANTS AND PROFESSIONAL FEES																		
LINE ITEM	BASIS FOR ALLOCATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		TOTAL	Central Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)	Lower Cape May Regional HS SBYSP	Cape May Co Technical HS SBYSP
Audit/tax return & Legal fees	Allocated across audited programs	\$ 178,880	\$ 400	\$ 801	\$ 801	\$ 801	\$ 801	\$ 801	\$ 801	\$ 749	\$ 577	\$ 400	\$ 401			\$ 354	\$ 801	\$ 801
Deferred Comp./Pension Report/Other Benefit Fees	Fees per participant allocated by FTE's	\$ 46,787	\$ 44	\$ 370	\$ 185	\$ 185	\$ 245	\$ 245	\$ 185	\$ 914	\$ 553	\$ 152	\$ 32	\$ 3		\$ 79	\$ 233	\$ 218
IT Consultants	PCS Monthly Agreement for IT services allocated by FTE's	\$ 248,960	\$ 311	\$ 1,778	\$ 889	\$ 889	\$ 1,175	\$ 1,175	\$ 889	\$ 4,389	\$ 2,654	\$ 728	\$ 154			\$ 494	\$ 1,118	\$ 1,047
Other-Consultants	IT fees per participant allocated by FTE's	\$ 657,572	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
Psychiatric/Therapeutic Services	Psychiatric/Allied Therapy Services allocated by FTE's	\$ 942,711	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
Leveraged Professional Services	In-kind services provided by community supporters	\$ 40,304		\$ 12,150	\$ 4,276	\$ 7,376	\$ 3,626	\$ 5,376	\$ 4,000									
NSO Professional Fees	NSO Program support and nurse consultation fees	\$ 24,571									\$ 24,571							
FSO	Consulted Family Support Organization	\$ 4,200																
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<b>BUDGET CATEGORY B. TOTAL</b>		<b>\$ 2,143,985</b>	<b>\$ 755</b>	<b>\$ 15,099</b>	<b>\$ 6,151</b>	<b>\$ 9,251</b>	<b>\$ 5,847</b>	<b>\$ 7,597</b>	<b>\$ 5,875</b>	<b>\$ 6,052</b>	<b>\$ 28,355</b>	<b>\$ 1,280</b>	<b>\$ 587</b>	<b>\$ 3</b>	<b>\$ -</b>	<b>\$ 927</b>	<b>\$ 2,152</b>	<b>\$ 2,066</b>

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
B. CONSULTANTS AND PROFESSIONAL FEES  
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Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

BUDGET CATEGORY- B. CONSULTANTS AND PROFESSIONAL FEES													
LINE ITEM	BASIS FOR ALLOCATION	18 Shore Family Success Center	19 COVID ARP-Home Visiting	20 HV Legislative Add-ON (NFP)	21 HV Legislative Add-ON (PAT)	22 HV Legislative Add-ON (HFA)	23 0	24 0	25 0	26 0	27 OTHER SERVICES	28 UNALLOWABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
Audit/tax return & Legal fees	Allocated across audited programs	\$ 801									\$ 68,090	\$ -	\$ 100,700
Deferred Comp./Pension Report/Other Benefit Fees	Fees per participant allocated by FTE's	\$ 185									\$ 32,614	\$ 30	\$ 10,315
IT Consultants	PCS Monthly Agreement for IT services allocated by FTE's	\$ 889									\$ 156,092	\$ 143	\$ 74,146
Other-Consultants	IT fees per participant allocated by FTE's	\$ -									\$ 605,274	\$ -	\$ 52,298
Psychiatric/Therapeutic Services	Psychiatric/Allied Therapy Services allocated by FTE's	\$ -									\$ 942,711	\$ -	\$ -
Leveraged Professional Services	In-kind services provided by community supporters	\$ 3,500											
NSO Professional Fees	NSO Program support and nurse consultation fees												
FSO	Consulted Family Support Organization										\$ 4,200		
<b>BUDGET CATEGORY B. TOTAL</b>		\$ 5,375	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,808,981	\$ 173	\$ 237,459



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
C. MATERIALS AND SUPPLIES  
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Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

PURPOSE  
BUDGET PREPARATION  
MODIFICATION BUDGET  
EXPENDITURE REPORT

PERIOD COVERED 7/1/2021 - 6/30/22

BUDGET CATEGORY - C. MATERIALS AND SUPPLIES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)
Office Supplies	Paper, pens, staples, paperclips, post-it notes, file folders, binders, etc.	\$ 313,758	\$ 628	\$ 2,767	\$ 1,383	\$ 1,383	\$ 1,828	\$ 1,828	\$ 1,383	\$ 6,828	\$ 4,128	\$ 1,133	\$ 240	\$ 12	\$ -	\$ 608
Equipment/ Copier Rental	Copy Machines	\$ 279,426	\$ 425	\$ 1,786	\$ 893	\$ 893	\$ 1,190	\$ 893	\$ 893	\$ 4,179	\$ 2,763	\$ 743	\$ 298	\$ 3	\$ -	\$ 555
Program Expense/ Events	Direct cost of supplies for recreational and Center Activities	\$ 253,386	\$ 647	\$ 9,000	\$ 4,500	\$ 4,500	\$ 4,500	\$ 6,000	\$ 4,500	\$ -	\$ -	\$ 250	\$ 1,000	\$ -	\$ -	\$ -
Household Supplies	Direct cost for program	\$ 1,198												\$ -	\$ -	\$ -
Medical Supplies	Direct Cost for program	\$ 81,774												\$ -	\$ -	\$ -
Food (Clients)	Direct Cost for program	\$ 220,618												\$ -	\$ -	\$ -
Printing and Publishing	Direct cost for program printing	\$ 12,250												\$ -	\$ -	\$ -
Public Donor Agreement	Costs associated with Public Donor Agreement	\$ 500												\$ -	\$ -	\$ -
Office Furniture	Direct Cost for program	\$ 4,900														
Laptops & Peripherals	Direct Cost for program	\$ 78,600														
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<b>BUDGET CATEGORY C. TOTAL</b>		<b>\$ 1,246,410</b>	<b>\$ 1,700</b>	<b>\$ 13,553</b>	<b>\$ 6,776</b>	<b>\$ 6,776</b>	<b>\$ 7,518</b>	<b>\$ 8,721</b>	<b>\$ 6,776</b>	<b>\$ 11,007</b>	<b>\$ 6,891</b>	<b>\$ 2,126</b>	<b>\$ 1,538</b>	<b>\$ 15</b>	<b>\$ -</b>	<b>\$ 1,163</b>



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
D. FACILITY COSTS  
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Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

PURPOSE  
BUDGET PREPARATION  
MODIFICATION BUDGET  
EXPENDITURE REPORT  
PERIOD COVERED 7/1/2021 - 6/30/2022

BUDGET CATEGORY D. FACILITY COSTS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)
Depreciation	Cost per Square Foot of office space used by this program	\$ 776,471	\$ 332	\$ 64	\$ 64	\$ 13,991	\$ 64	\$ 3,378	\$ 64	\$ 5,523	\$ 4,266	\$ 260	\$ 32	\$ 7	\$ -	\$ 325
Rent	Cost per Square Foot of office space used by this program	\$ 676,437	\$ -	\$ 53,379	\$ 30,000	\$ -	\$ 50,400	\$ 27,504	\$ 22,158	\$ -	\$ 7,766	\$ 6,240	\$ 3,813	\$ -	\$ -	\$ -
Real Estate Taxes	Cost per Square Foot of office space used by this program	\$ 12,136	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Building Maintenance	Cost per Square Foot of office space used by this program	\$ 1,269,251	\$ 614	\$ 12,864	\$ 9,609	\$ 7,864	\$ 7,595	\$ 7,729	\$ 8,858	\$ 6,894	\$ 6,397	\$ 2,137	\$ 772	\$ 18	\$ -	\$ 446
Utilities	Cost per Square Foot of office space used by this program	\$ 737,631	\$ 404	\$ 5,975	\$ 3,953	\$ 3,315	\$ 4,049	\$ 5,477	\$ 8,151	\$ 3,385	\$ 2,837	\$ 1,520	\$ 642	\$ 9	\$ -	\$ 259
Insurance	Cost per Square Foot of office space used by this program	\$ 501,024	\$ 282	\$ 5,240	\$ 2,245	\$ 2,363	\$ 2,255	\$ 3,001	\$ 3,025	\$ 4,720	\$ 4,764	\$ 1,160	\$ 401	\$ 3	\$ -	\$ 133
Mortgage Interest	Cost per Square Foot of office space used by this program	\$ 247,157	\$ -	\$ -	\$ -	\$ 3,087	\$ -	\$ -	\$ -	\$ -	\$ 907	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	Cost per Square Foot of office space used by this program	\$ 370,911	\$ 744	\$ 2,974	\$ 1,487	\$ 1,487	\$ 1,981	\$ 1,487	\$ 1,487	\$ 6,961	\$ 4,601	\$ 1,238	\$ 497	\$ -	\$ -	\$ 266
Lower Cape May Regional School - In-kind Facility and Maintenance	Cost per Square Foot of office space used by this program	\$ 59,035														
Cape May County Technical School District - In-kind Facility and Maintenance	Cost per Square Foot of office space used by this program	\$ 35,900														
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<b>BUDGET CATEGORY D. TOTAL</b>		<b>\$ 4,685,953</b>	\$ 2,376	\$ 80,496	\$ 47,358	\$ 32,107	\$ 66,344	\$ 48,576	\$ 43,743	\$ 27,483	\$ 31,538	\$ 12,555	\$ 6,157	\$ 37	\$ -	\$ 1,429







**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**ANNEX B: CONTRACT EXPENSE DETAIL**  
**E. SPECIFIC ASSISTANCE**  
**PAGE 17 OF 41**

**Agency: Acenda, Inc.**  
**Contract#: 22HWDP Mod #1**

BUDGET CATEGORY E. SPECIFIC ASSISTANCE TO CLIENTS															
LINE ITEM	BASIS FOR ALLOCATION	16 Lower Cape May Regional HS SBYSP	17 Cape May Co Technical HS SBYSP	18 Shore Family Success Center	19 COVID ARP-Home Visiting	20 HV Legislative Add- ON (NFP)	21 HV Legislative Add- ON (PAT)	22 HV Legislative Add- ON (HFA)	23 0	24 0	25 0	26 0	27 OTHER SERVICES	28 UNALLOWABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
Client Engaging	Items used to promote program participation and client engagement (i.e. baby items, books, educational toys, etc.)	\$ -	\$ -	\$ -									\$ 85,000	\$ -	\$ -
Wrap-Around Services/ Enrichment	Purchased services to provide enrichment to client and/ or family respite	\$ -	\$ -	\$ -									\$ 195,175	\$ -	\$ -
Allowances/ Incentives	Cost to provide allowances/ incentives to promote client participation and success within the program.	\$ -	\$ -	\$ -									\$ 128,950	\$ -	\$ -
Recreation	Cost to provide recreational activities to promote client participation and success within the program.	\$ -	\$ -	\$ -									\$ 33,066	\$ -	\$ 500
Other Specific Assistance to Clients	Cost to provide assistance to clients unrelated to the other listed categories												\$ 671,882		
HV Emergency Supplies & Gift Cards	Costs to provide MIECHV enrolled families with emergency supplies and gift cards				\$ 73,387										
<b>BUDGET CATEGORY E. TOTAL</b>		\$ -	\$ -	\$ -	\$ 73,387	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,114,073	\$ -	\$ 500







STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
G. GENERAL AND ADMINISTRATIVE COST ALLOCATION  
PAGE 20 OF 41

Agency: Acenda, Inc.  
Contract#: 22HWDP Mod #1

PURPOSE  
BUDGET PREPARATION  
MODIFICATION BUDGET  
EXPENDITURE REPORT  
PERIOD COVERED 7/1/2021 - 6/30/2022

BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	TOTAL	Cental Intake	Family Success Center - Oceanside 1 & 2	Family Success Center - Winslow	Family Success Center - Glassboro	Family Success Center - Ocean	Family Success Center - Pennsville	Family Success Center - Riverview	Healthy Families	Nurse-Family Partnership	Parents as Teachers	County Council for Young Children	ECCS Impact Grant	NFP Legislative Grant	Central Intake (PDG B-5)
<b>Total: Categories A-F</b>	\$ 57,683,540	\$ 52,290	\$ 475,118	\$ 246,041	\$ 225,377	\$ 315,795	\$ 298,097	\$ 236,962	\$ 851,514	\$ 904,026	\$ 167,364	\$ 37,546	\$ 1,522	\$ 82,731	\$ 90,000
<b>General and Administrative Costs</b>	>>>>>>>>	\$ 7,710	\$ 70,051	\$ 36,276	\$ 33,230	\$ 46,561	\$ 43,951	\$ 34,938	\$ 125,547	\$ 133,290	\$ 24,676	\$ 5,536	\$ 224	\$ -	\$ 13,270

BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION CONTINUED	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	Lower Cape May Regional HS SBYSP	Cape May Co Technical HS SBYSP	Shore Family Success Center	COVID ARP-Home Visiting	HV Legislative Add-ON (NFP)	HV Legislative Add-ON (PAT)	HV Legislative Add-ON (HFA)	0	0	0	0	OTHER SERVICES	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
<b>Total: Categories A-F</b>	\$ 371,236	\$ 378,314	\$ 239,047	\$ 73,387	\$ 76,772	\$ 59,784	\$ 81,554	\$ -	\$ -	\$ -	\$ -	\$ 44,969,825	\$ 138,221	\$ 7,311,017
<b>General and Administrative Costs</b>	\$ 54,735	\$ 55,779	\$ 35,245	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,569,619	\$ 20,379	\$ (7,311,017)





STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 1-COST ALLOCATION DATA  
PAGE 22 OF 41

Agency: Agenda, Inc.  
Contract#: 22HWDP Mod #1

ALLOCATION BASE	16 Lower Cape May Regional HS SBYSP	17 Cape May Co Technical HS SBYSP	18 Shore Family Success Center	19 COVID ARP-Home Visiting	20 HV Legislative Add- ON (NFP)	21 HV Legislative Add- ON (PAT)	22 HV Legislative Add- ON (HFA)	23 0	24 0	25 0	26 0	27 OTHER SERVICES	28 UNALLOWABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
Utilities, Insurance, Repairs & Maintenance Square Footage - 364 S Broadway Pennsville	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ -	0%	0%
Mortgage Interest, Utilities, Insurance, Repairs & Maintenance Square Footage - Glassboro Office (High Street)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ 2,839	0%	0%
Office Supplies, Equipment Rental, IT Consultant, Cyber Liability & Volunteer Insurance Full-time Equivalent Employees	\$ 4	\$ 4	\$ 3									\$ 563	\$ 1	\$ 50
	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	82%	0%	7%
Electronic Health Records Direct Full-time Equivalent Employees	\$ 3	\$ 4	\$ 3									\$ 513		\$ -
	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	88%	0%	0%
Utilities, Insurance, Repairs & Maintenance Square Footage - Rio Grande	0%	0%	\$ 1,689									\$ 211		\$ 1,900
	0%	0%	44%	0%	0%	0%	0%	0%	0%	0%	0%	6%	0%	50%
Utilities, Insurance, Repairs & Maintenance Square Footage - 1129 Route 9 South	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ 6,701		\$ 8,367
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	43%	0%	53%
Utilities, Insurance, Repairs & Maintenance Square Footage - Ellis Street	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ 228		\$ 262
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	0%	8%
Rent, Utilities, Insurance, Repairs & Maintenance Square Footage - EHT Office	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$ 3,624		
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	83%	0%	0%
Utilities, Insurance, Repairs & Maintenance Square Footage - Annex	0%	0%	\$ 19									\$ 5,610		\$ 1,443
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	77%	0%	20%

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 2-REVENUE  
PAGE 23 OF 41

THIS SCHEDULE  
Agency: **Acenda, Inc.**  
Contract#: **22HWDP Mod #1**

PURPOSE  
BUDGET PREPARATION  
MODIFICATION BUDGET  
EXPENDITURE REPORT  
PERIOD COVERED 7/1/2021 - 6/30/2022

DESCRIPTION	1 TOTAL	2 Cental Intake	3 Family Success Center - Oceanside 1 & 2	4 Family Success Center - Winslow	5 Family Success Center - Glassboro	6 Family Success Center - Ocean	7 Family Success Center - Pennsville	8 Family Success Center - Riverview	9 Healthy Families	10 Nurse-Family Partnership	11 Parents as Teachers	12 County Council for Young Children	13 ECCS Impact Grant	14 NFP Legislative Grant	15 Central Intake (PDG B-5)
Leveraged In-Kind Donations	\$ 40,300		\$ 12,150	\$ 4,275	\$ 7,375	\$ 3,625	\$ 5,375	\$ 4,000							
Agency cost share due to G&A cap of 10%	\$ 58,236											\$ 1,786			\$ 3,270
Unrestricted Agency Funds	\$ 52,080,078		\$ 33,019	\$ 38,042	\$ 11,232	\$ 34,731	\$ 36,673	\$ 27,900		\$ 103,022	\$ 13,540	\$ 3,796	\$ 80		
25% Match - Public Donor Match	\$ 184,340														
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<b>Total K. Revenue</b>	<b>\$ 52,362,954</b>	\$ -	\$ 45,169	\$ 42,317	\$ 18,607	\$ 38,356	\$ 42,048	\$ 31,900	\$ -	\$ 103,022	\$ 13,540	\$ 5,582	\$ 80	\$ -	\$ 3,270

Supporting documentation is required to substantiate the allocations.



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 2-REVENUE  
PAGE 24 OF 41

THIS SCHEDULE  
Agency: **Acenda, Inc.**  
Contract#: **22HWDP Mod #1**

DESCRIPTION	16 Lower Cape May Regional HS SBYSP	17 Cape May Co Technical HS SBYSP	18 Shore Family Success Center	19 COVID ARP-Home Visiting	20 HV Legislative Add- ON (NFP)	21 HV Legislative Add- ON (PAT)	22 HV Legislative Add- ON (HFA)	23 0	24 0	25 0	26 0	27 OTHER SERVICES	28 UNALLOWABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
Leveraged In-Kind Donations			\$ 3,500											
Agency cost share due to G&A cap of 10%	\$ 24,441	\$ 28,739												
Unrestricted Agency Funds	\$ 20,332	\$ 28,875	\$ 30,792									\$ 51,539,444	\$ 158,600	
25% Match - Public Donor Match	\$ 78,257	\$ 106,083												
<b>Total K. Revenue</b>	<b>\$ 123,030</b>	<b>\$ 163,697</b>	<b>\$ 34,292</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 51,539,444</b>	<b>\$ 158,600</b>	<b>\$ -</b>

Supporting documentation is requ

Agency: Acenda, Inc.  
 Contract#: 22HWDP Mod #1  
 THIS SCHEDULE IS NOT

**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**ANNEX B**  
**SCHEDULE 3-APPLICABLE CREDITS**  
**PAGE 25 OF 29**

PURPOSE  
 BUDGET PREPARATION  
 MODIFICATION BUDGET  
 EXPENDITURE REPORT  
 PERIOD COVERED

7/1/2021 - 6/30/2022

#	DESCRIPTION OF CREDIT/INCOME	AMOUNT	TREATMENT (EXPENSE ITEM OR CATEGORY OFFSET)	EXPLANATORY NOTES
1				
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Alamy, Inc.  
 Contract#: 22HWDP Mod #1

STATE OF NEW JERSEY  
 DEPARTMENT OF CHILDREN AND FAMILIES  
 ANNEX B  
 SCHEDULE 5 - DEPRECIATION/USE ALLOWANCE  
 PAGE 27 OF 29

PURPOSE  
 BUDGET PREPARATION  
 MODIFICATION BUDGET  
 EXPENDITURE REPORT

PERIOD COVERED 7/1/2021 - 6/30/2022

A	B	C	D	E	F	G	H	I	J	K
DEPRECIABLE CAPITAL ASSET ITEMS	ACQUISITION COST	EXCLUSIONS	ADJUSTED COST BASIS (COL B MINUS COL C)	ACCUM. DEPREC. REPORTED ON FINANCIAL STATEMENTS	NET BOOK VALUE (COL D MINUS COL E)	ANNUAL DEPREC. REPORTED ON FINANCIAL STATEMENTS	ANNUAL USE ALLOWANCE	INTEREST EXPENSE	ANNUAL DEPREC. & INTEREST EXPENSE (COL G + I)	ALLOWABLE DEPREC. / USE ALLOWANCE
Office Building - [REDACTED]	\$ 771,258		\$ 771,258	\$ 312,098	\$ 459,160	\$ 39,849	fscg		\$ 39,849	\$ 13,991
Office Building - [REDACTED]	\$ 412,243		\$ 412,243	\$ 53,198	\$ 359,045	\$ 11,156	nfp,hf		\$ 11,156	\$ 4,943
Leasehold Improvement - EHT Office	\$ 9,541		\$ 9,541	\$ 4,930	\$ 4,611	\$ 954	nfp		\$ 954	\$ 156
Leasehold Improvement - FSC Pennsville	\$ 18,937		\$ 18,937	\$ 16,213	\$ 2,724	\$ 3,787			\$ 3,787	\$ 3,378
Vehicles - NFP	\$ 101,507	\$ 10,503	\$ 91,004	\$ 65,053	\$ 25,951	\$ 12,044			\$ 12,044	\$ 8,750
Office - [REDACTED]	\$ 502,491	\$ 143,164	\$ 359,327	\$ 244,501	\$ 114,826	\$ 18,192	fsc		\$ 18,192	\$ 290
Office Building - [REDACTED]	\$ 441,538		\$ 441,538	\$ 169,256	\$ 272,282	\$ 14,718			\$ 14,718	\$ 6,574
Office Building - [REDACTED]	\$ 1,571,685		\$ 1,571,685	\$ 960,447	\$ 611,238	\$ 78,584	nfp		\$ 78,584	\$ 3,010
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## Notice of Standard Contract Requirements, Processes, and Policies

### I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and email this executed document to: [OfficeOf.ContractAdministration@DCF.NJ.Gov](mailto:OfficeOf.ContractAdministration@DCF.NJ.Gov)

### II. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>;
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>;
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations;
- D. the requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27;
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works; and
- F. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
  - 1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
  - 2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
  - 3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.



4. Ensuring the content of every contractor's web site protects the confidentiality of, and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

### **III. Organizations awarded contracts are advised:**

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.
- C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- E. Contractors shall maintain a financial management system consistent with all of the requirements of Section 3.12 of the SLD of the IPA.
- F. As defined in N.J.S.A. 52:32-33, contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320 b-8 to serve in this State.
- G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>

- H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- I. Contractors and employees of the contractor who provide direct services will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. Instruction on the fingerprinting process and background checks will be provided. Community Agency Head and Employee Certification, Permission for Background Check and Release of Information, is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. It is signed by respective employees in front of a witness and is not to be included in the application. Only the Community Agency Head's signed form must be submitted with the application.
- J. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: [https://www.nj.gov/dcf/policy\\_manuals/CON-I-A-8-8.03\\_issuance.shtml](https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml)
- K. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- L. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.
- M. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- N. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the

format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

**IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:**

- A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.
- B. If services are paid with Medicaid funds, contractors must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds-7.31.2020.pdf>
- D. If services are provided by programs licensed, contracted or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:
  - 1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.K.S.A 30:6D-73 et seq (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system); and
  - 2. Danielle's Law:  
<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/dd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the

- CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize “Youth Link”, the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.
- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.
- G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021,c.1 (C30:1-1.2b) requires the contractor to:
1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF’s issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor’s employees after the contract is renewed or entered into, but



within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and

2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients as per Section 4 of P.L., c.1 (c.30:1-1.2b) until the 366<sup>th</sup> day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall take action, including financial penalties or cancellation or non-renewal of the contract.

**By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.**

Signature



Date: 10/5/2021

Printed Name:



Title: President & CEO

## RIDER FOR PURCHASES FUNDED, IN WHOLE OR IN PART, BY FEDERAL FUNDS

The provisions set forth in this Rider apply to all purchases funded, in whole or in part, by Federal funds as required by 2 CFR 200.317.

### I. PROCUREMENT OF RECOVERED MATERIALS

To the extent that the scope of work or specifications in the contract requires the contractor to provide any of the following items, this Section 7.1 of the Standard Terms and Conditions modifies the terms of the scope of work or specification.

Pursuant to 2 CFR 200.322, the contractor must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, 42 U.S.C. § 6962. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$ 10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$ 10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

- A. Designated items are those set forth in 40 CFR 247 subpart B, as may be amended from time to time, including:
1. Paper and paper products listed in 40 C.F.R. 247.10;
  2. Certain vehicular products as listed in 40 CFR 247.11;
  3. Certain construction products listed in 40 C.F.R. 247.12;
  4. Certain transportation products listed in 40 C.F.R. 247.13;
  5. Certain park and recreation products, 40 C.F.R. 247.14;
  6. Certain landscaping products listed in 40 C.F.R. 247.15;
  7. Certain non-paper office products listed in 40 C.F.R. 247.16; and
  8. Other miscellaneous products listed in 40 C.F.R. 247.17.
- B. As defined in 40 CFR 247.3, "recovered material" means:
1. waste materials and byproducts which have been recovered or diverted from solid waste, but such term does not include those materials and byproducts generated from, and commonly reused within, an original manufacturing process; and
  2. for purposes of purchasing paper and paper products, means waste material and byproducts that have been recovered or diverted from solid waste, but such term does not include those materials and byproducts generated from, and commonly reused within, an original manufacturing process. In the case of paper and paper products, the term recovered materials includes:
    - a. Postconsumer materials such as -
      - i. Paper, paperboard, and fibrous wastes from retail stores, office buildings, homes, and so forth, after they have passed through their end-usage as a consumer item, including: used corrugated boxes; old newspapers; old magazines; mixed waste paper; tabulating cards; and used cordage; and
      - ii. All paper, paperboard, and fibrous wastes that enter and are collected from municipal solid waste, and
    - b. Manufacturing, forest residues, and other wastes such as -
      - i. Dry paper and paperboard waste generated after completion of the papermaking process (that is, those manufacturing operations up to and including the cutting and trimming of the paper machine reel in smaller rolls of rough sheets) including: envelope cuttings, bindery trimmings, and other paper and paperboard waste, resulting from printing, cutting, forming, and other converting operations; bag, box, and carton manufacturing wastes; and butt rolls, mill wrappers, and rejected unused stock; and
      - ii. Finished paper and paperboard from obsolete inventories of paper and paperboard manufacturers, merchants, wholesalers, dealers, printers, converters, or others;
      - iii. Fibrous byproducts of harvesting, manufacturing, extractive, or wood-cutting processes, flax, straw, linters, bagasse, slash, and other forest residues;
      - iv. Wastes generated by the conversion of goods made from fibrous material (that is, waste rope from cordage manufacture, textile mill waste, and cuttings); and
      - v. Fibers recovered from waste water which otherwise would enter the waste stream.

- C. For contracts in an amount greater than \$ 100,000, at the beginning of each contract year, contractor shall provide the State estimates of the total percentage of recovered material utilized in the performance of its contract for each of the categories listed in subsection (A). For all contracts subject to this Section 7.1 of the Standard Terms and Conditions, at the conclusion of each contract year, contractor shall certify to the State the minimum recovered material content actually utilized in the prior contract year.

### II. EQUAL EMPLOYMENT OPPORTUNITY

Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4) The contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said

rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

- (8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

### **III. DAVIS-BACON ACT, 40 U.S.C. 3141-3148, AS AMENDED**

When required by Federal program legislation, all prime construction contracts in excess of \$ 2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the

Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

### **IV. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT, 40 U.S.C. 3701-3708**

Where applicable, all contracts awarded by the non-Federal entity in excess of \$ 100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

### **V. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT**

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

### **VI. CLEAN AIR ACT, 42 U.S.C. 7401-7671q, AND THE FEDERAL WATER POLLUTION CONTROL ACT, 33 U.S.C. 1251-1387, AS AMENDED**

Contracts and subgrants of amounts in excess of \$ 150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

### **VII. DEBARMENT AND SUSPENSION (EXECUTIVE ORDERS 12549 AND 12689)**

A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

### **VIII. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. 1352**

Contractors that apply or bid for an award exceeding \$ 100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

Attachment 2 Notice of Executive Order 166 Requirement for Posting of Winning Proposal  
and Contract Documents

Principal State departments, agencies and independent State authorities must include the following notice in any solicitation:

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller (“OSC”) is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website).

The contract resulting from this [RFP/RFQ] is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, including the [RFP/RFQ], the winning bidder’s proposal and other related contract documents for the above contract on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder’s/Proposer’s failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder’s/proposer’s assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.









**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**STANDARD LANGUAGE DOCUMENT**  
**FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

This CONTRACT is effective as of the date recorded on the signature page between the Department and the Provider Agency identified on the signature page.

WHEREAS the New Jersey Department of Children and Families (the "Department") has been duly designated under the authority of N.J.S.A. 30:1A-1, 30:1-11, 30:1-12, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the Departmental Component to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this Contract; and

WHEREAS the Department desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE, the Department and the Provider Agency agree as follows:

**I. DEFINITIONS**

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Additional Named Insured means an endorsement to an insurance policy extending the coverage to the State of New Jersey against loss in accordance with the terms of the policy. Naming the State as an additional named insured permits the Department to pay the premium should the named insured fail to do so.

Contract means one of the Department's social service or training Contracts with a Provider Agency. Terms and conditions of the Contract are included in the Standard Language Document, in DCF-SAGE, appendices, attachments and Contract Modifications (including any approved assignments and subcontracts) and supporting documents. The Contract constitutes the entire binding agreement between the Department and the Provider Agency.

Days means calendar days.

DCF-SAGE means the contract management database containing programmatic and financial information included as terms and conditions of the Contract.

Department means the New Jersey Department of Children and Families. It means, where appropriate from the context, the Division, Commission, Bureau, Office, Unit or other designated component of the Department of Children and Families responsible for the administration of particular Contract programs.



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DEPARTMENT OF CHILDREN AND FAMILIES**

Departmental Component means the Office of Contract Administration (OCA) as the unit within the Department responsible for the negotiation, administrative review, approval, and monitoring of certain social services and training Contracts or Agreements.

Expiration means the cessation of the Contract because its term has ended.

Notice means an official written communication between the Department and the Provider Agency. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in DCF-SAGE or to such other persons as either party may designate in writing.

The Notice shall also be sent by regular mail and shall be presumed to have been received by the addressee five days after being sent to the last address known by the Department.

Provider Agency (also Provider) means all for-profit and non-profit private and public entities that have either a Cost Reimbursement or fee for service Contract with the Department, regardless of whether the Department is the State Cognizant Department.

Termination means an official cessation of this Contract, prior to the expiration of its term that results from action taken by the Department or the Provider Agency in accordance with provisions contained in this Contract.

**II. BASIC OBLIGATIONS OF THE DEPARTMENT**

Section 2.01 Payment. As established in the DCF-SAGE, payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the Department in accordance with the time frames specified in DCF-SAGE. Total payments shall not exceed the maximum Contract amount, if any, specified in DCF-SAGE. All payments authorized by the Department under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.13 Audit or on the basis of any Department monitoring or evaluation of the Contract.

Section 2.02 Referenced Materials. Upon written request of the Provider Agency, the Department shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.

**III. BASIC OBLIGATIONS OF THE PROVIDER AGENCY**

Section 3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this Contract.

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Section 3.02 Reporting. The Provider Agency shall submit to the Department programmatic and financial reports on forms provided by the Department and within the stated time parameters. The reporting frequency and due date(s) are specified and sample forms to be used are included in DCF-SAGE, or otherwise made available by the Departmental Component.

Section 3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract to comply with all applicable federal, State and local laws, rules and regulations (collectively, "laws"), including but not limited to the following:

- a. State and local laws relating to licensure; federal and State laws relating to safeguarding of client information;
- b. The federal Civil Rights Act of 1964 (as amended);
- c. P.L. 1975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts;
- d. The New Jersey Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.)
- e. The federal Equal Employment Opportunity Act;
- f. Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder;
- g. The Americans With Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; and
- h. Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b)

Failure to comply with the laws, rules and regulations referenced above shall be grounds for Termination of this Contract for cause.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 Business Associate Agreements and State Confidentiality Statutes. DCF is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. Before a Provider

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DEPARTMENT OF CHILDREN AND FAMILIES**

Agency obtains or is permitted to access, to create, maintain or store Protected Health Information (PHI) as part of its responsibility under this Contract, the Provider Agency shall first execute a Department of Children and Families Business Associate Agreement (BAA). A Provider Agency, whose work under this Contract does not involve PHI is not required to execute a BAA. DCF shall have the sole discretion to determine when a Provider Agency's work will involve PHI. Protected Health Insurance shall have the same meaning as in 45 CFR 160.103.

Provider Agencies that enter any subcontract where the work for the subcontract involves an individual's PHI shall require its subcontractor to execute a BAA that meets all the requirements of HIPAA, including those in 45 CFR 164.504(e). A standard form of BAA is available for a Provider Agency's use from the Department. If the BAA is breached by the Provider Agency, or its subcontractor, the Provider Agency shall notify the Department within 24 hours of the breach. The Department may, in its sole discretion and at any time, request a BAA compliance audit or investigation of the Provider Agency or its subcontractor with which the Provider Agency has entered into a BAA. The Provider Agency shall cooperate with all Department requests for a BAA compliance audit and/or investigation and shall require that its subcontractor cooperate with all Departmental requests for BAA compliance audits and investigations.

In addition to the confidentiality requirements of HIPAA, if applicable, a Provider Agency shall maintain the confidentiality of all certificates, applications, records and reports ("Records") that directly or indirectly identify any individual and shall not disclose these Records except where disclosure is consistent with applicable Department statute and regulations and the BAA, if any.

Section 3.05 Business Registration.

**NOTE: This section does not apply to governmental agencies or non-profit organizations.**

The Provider Agency must have a valid Business Registration Certificate (BRC) issued by the Department of Treasury, Division of Revenue prior to the award of a contract in accordance with N.J.S.A. 52:32-44(b). No State Agency may Contract with a Provider Agency if the Provider has not filed for its incorporation papers or filed its annual business registration. Furthermore, no Provider Agency that Contracts with the Department shall enter into any subcontract unless the subcontractor can demonstrate that it is incorporated in the State of New Jersey and its annual business registration is current, and follows the provisions prescribed in this Standard Language Document. Failure to comply with this paragraph or the above-referenced citation will result in cause for the Department to Terminate this Contract.

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Section 3.06 Set-Off for State Tax and Child Support. Pursuant to N.J.S.A. 54:49-19, if the Provider is entitled to payment under the Contract at the same time as it is indebted for any State tax (or is otherwise indebted to the State) or child support, the State Treasurer may set off that payment by the amount of the indebtedness.

Section 3.07 Source Disclosure. N.J.S.A. 52:34-13.2, that codified Public Law 2005, c.92 and Executive Order 129, requires when submitting a Request for Proposals and/or Contract, the Provider Agency shall submit as part of their proposal and/or Contract Certification listing where their contracted services will be performed and if the contracted services, or any portion thereof, will be subcontracted and where any subcontracted services will be performed.

Any changes to the information submitted in the Source Disclosure Certification during the term of the Contract must be immediately reported to the Director of the Division of Purchase and Property and to the Departmental Component within the Department for whom the contracted services are being performed. A Provider that shifts its activities outside the United States and its constituent Commonwealths and territories without prior written affirmation by the Director attesting to the fact that extraordinary circumstances required the shift or that the failure to shift the services would result in the infliction of economic hardships to the State of New Jersey, shall be deemed to be in breach of Contract which would be subject to Termination by the Department.

Section 3.08 Provider Certification and Disclosure of Political Contributions.

**NOTE: Non-profit organizations are exempted from the requirements of Section 3.08.**

N.J.S.A. 19:44A-20.13 to 19:44A-20.25, that codified Public Law 2005, Chapter 51 and Executive Order 134, and Executive Order 117, requires that any for-profit agency that seeks or contracts to provide services in the amount of \$17,500 or more must submit to the Department the Certification and Disclosure of Political Contribution forms. This form includes a certification that the business entity has not, during certain specified time frames, solicited or made any contribution of money, pledge of reportable contributions, including in-kind contributions, to any candidate committee and/or election fund of the Governor or Lieutenant Governor, any legislative leadership committee or any State, county or municipal political party committee. The form also requires disclosure of any of the above-referenced reportable contributions made by the business entity, its principals, officers, partners, directors, spouses, civil union partners and resident children.

If awarded a Contract, the Provider will, on a continuing basis, continue to report any Contribution it makes during the term of the Contract, and any extension(s) thereof. Failure to do so will result in Termination of the Contract and could result in the debarment from public contracting of the Provider for a period of up to five years.



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Section 3.09 Contract Certification and Political Contribution Disclosure Form. The Provider Agency is advised of its responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to P.L. 2005, c.271, section 3 if the Provider Agency receives Contracts in excess of \$50,000 from a public entity in a calendar year. It is the Provider Agency's responsibility to determine if filing is necessary. Failure to so file can result in the imposition of financial penalties by ELEC. Additional information about this requirement is available from ELEC at (888) 313-3532 or at [www.elec.state.nj.us/](http://www.elec.state.nj.us/)

Section 3.10 Equal Employment Opportunity. Pursuant to N.J.S.A. 10:5-31 *et seq.*, N.J.A.C. 17:27, during the performance of this Contract, the Provider Agency agrees as follows:

- a. The Provider Agency and any subcontractor(s) will not discriminate against any client, employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.
- b. Except with respect to affectional or sexual orientation and gender identity or expression, the Provider will take affirmative action to ensure that such applicants are recruited and employed by DCF contracted agencies.
- c. The Provider Agency will ensure that equal opportunity is afforded to all employees in recruitment and employment, and that all employees are treated equally during employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity, disability, nationality or sex. Such action shall include, but not be limited to the following:
  - Employment;
  - Upgrading;
  - Demotion, or transfer;
  - Recruitment or recruitment advertising;
  - Layoff or termination;
  - Rates of pay or other forms of compensation; and
  - Selection for training, including apprenticeship.
- d. The Provider Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

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- e. The Provider Agency and subcontractor(s), in all solicitations or advertisements for employees placed by or on behalf of the Provider shall state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.
- f. The Provider Agency and subcontractor(s) will send a notice to each labor union or representative with which it has a collective bargaining agreement, other contract, or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the Provider's commitments under this act and shall post copies of the notices in conspicuous places available to employees and applicants for employment.
- g. The Provider Agency and subcontractor(s) agree to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A.10:5-31 et seq. as amended and supplemented from time to time and the Americans with Disabilities Act.
- h. The Provider Agency or subcontractor agrees to make a good faith attempt to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Division of Contract Compliance & EEO pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.
- i. The Provider Agency or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.
- j. The Provider Agency or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable State and federal law and applicable State and federal court decisions.
- k. The Provider Agency and subcontractor agree to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability,

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nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable federal law and applicable federal court decisions.

1. The Provider Agency and its subcontractors shall furnish such reports or other documents to the Department from time to time in order to carry out the purposes of these regulations, and the Department shall furnish such information to the Department of Treasury, Division of Contract Compliance and EEO, as may be requested by the DCF for conducting a compliance investigation pursuant to Subchapter 10 of N.J.A.C.17:27.

Section 3.10.1 Anti-Discrimination Provisions. Pursuant to N.J.S.A. 10:2-1, during the performance of this Contract, the Provider Agency agrees as follows:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Section 3.11 Department Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the Department including, but not limited to, the policies and procedures contained in the

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Department's Contract Reimbursement Manual (as from time to time amended) and the Department's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to Terminate this Contract.

Section 3.12 Financial Management System. The Provider Agency's financial management system shall provide for the following:

- a. Accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency;
- b. Records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;
- c. Effective internal control structure over all funds, property, and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;
- d. Comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program or other activity administered by the Provider Agency;
- e. Accounting records supported by source documentation;
- f. Procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency; and
- g. Procedures consistent with the provisions of any applicable Departmental policies and procedures for determining the reasonableness, allowability, and allocability of costs under this Contract.

Section 3.13 Audit. The Department requires a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of \$100,000 or greater, to submit an annual organization-wide audit.

Audits shall be conducted in accordance with the Federal Single Audit Act of 1984, generally accepted auditing standards as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants and Government Auditing Standards issued by the Comptroller General of the United States.



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The Department may require, in its sole discretion, a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of less than \$100,000, or that expends within their fiscal year any amount of Federal or State financial assistance or Medicaid payments for providing services to Medicaid eligible individuals from fee for service contracts, to submit one of the following:

- a. An annual program specific audit performed in accordance with the Uniform Guidance Subpart F for each program providing services under a New Jersey contract; or
- b. A copy of an already prepared annual financial statement audit of the organization performed in accordance with Government Auditing Standards (Yellow Book); or
- c. A compilation of certified financial statements that includes an income statement, cash flow statement or balance sheet, prepared in accordance with generally accepted accounting principles and reviewed by a public accountant attesting to their accuracy.

At any time during the Contract term, the Provider Agency's overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and Subcontracts may be subject to audit or review by the Department, by any other appropriate unit or agency of State or Federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination or Expiration. The Provider Agency is subject to audit up to four years after Termination or Expiration of the Contract. If any audit has been started but not completed or resolved before the end of the four-year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

The Provider Agency shall maintain all documentation related to products, transactions or services under this Contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Section 3.14 Federal Davis-Bacon Act and New Jersey Prevailing Wage Act. Any Department Contract containing federal funds in excess of \$2,000 utilized for the construction, alteration, renovation, repair, or modification of public works or public buildings to which the federal government is a party or any Contract for similar work on public works financed with federal funds must comply with the federal Davis-Bacon Act,

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40 U.S.C. section 276a et seq. The Davis-Bacon Act requires that the Provider must pay the prevailing wages to each designated worker class engaged under the Contract at wage rates determined by the U.S. Secretary of Labor.

Any subsequent Provider Agency, Contract, or subcontract for any public work in excess of \$2,000 State funds of which the Department is a party shall comply with the N.J. Prevailing Wage Act, N.J.S.A. 34:11-56.27. Such Contracts or subcontracts shall contain a provision stating that the prevailing wage rate, as designated by the New Jersey Commissioner of Labor, must be paid to all designated classes of workers employed through said Contracts or subcontracts. The Provider Agency must determine if the New Jersey Prevailing Wage Act applies and follow all directives per N.J.S.A. 34:11-56 et seq.

Section 3.15 Contract Closeout. The Provider Agency shall comply with all requirements of Department Policy: DCF.P7.01 Contract Closeout. This includes the prompt submittal of the final Report of Expenditures and any other financial or programmatic reports required by the Department. All required documentation is due within 120 days of Contract Expiration or Termination.

**IV. TERMINATION**

The Department may Terminate or suspend this Contract in accordance with the sections listed below.

Section 4.01 Termination for Convenience by the Department or Provider Agency. The Department or Provider Agency may Terminate this Contract upon 60 Days written advance Notice to the other party for any reason whatsoever.

The parties expressly recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the Department, the Department reserves the right, upon Notice to the Provider Agency, to reduce or Terminate the Contract.

Section 4.02 Default and Termination for Cause. If the Provider Agency fails to fulfill or comply with any of the terms or conditions of the Contract, in whole or in part, the Department may by Notice place the Provider Agency in default status, and take any action(s) listed in accordance with Department Policy DCF.P9.05, Contract Default. Notice shall follow the procedures established in the policy.

The above notwithstanding, the Department may immediately upon Notice Terminate the Contract prior to its expiration, in whole or in part, whenever it is determined that the Provider Agency has jeopardized the safety and welfare of the Department's clients,

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materially failed to comply with the terms and conditions of the Contract, or whenever the fiscal or programmatic integrity of the Contract has been compromised. The Notice of Termination shall state the reason for the action(s); the Provider Agency's informal review options, time frames, and procedures; the effective date of the Termination; and the fact that a request for a review of the decision for action(s) does not preclude the determined action(s) from being implemented.

Section 4.03 Termination Settlement. When a Contract is terminated under any section of Section IV or policy DCF.P9.05, Contract Default, the Provider Agency shall be prohibited from incurring additional obligations of Contract funds. The Department may allow costs which the Provider Agency could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Provider Agency and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

**V. ADDITIONAL PROVISIONS**

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.).

Section 5.02 Assignment and Subcontracts. This Contract, in whole or in part, may not be assigned by the Provider Agency or assumed by another entity for any reason including but not limited to changes in the corporate status of the Provider Agency, without the prior written consent of the Department. Upon prior written notice of a proposed assignment, the Department may:

- a. Approve the assignment and continue the Contract to term;
- b. Approve the assignment conditioned upon the willingness of the assignee to accept all contractual modifications deemed necessary by the Department; or
- c. Disapprove the assignment and either terminate the Contract or continue the Contract with the original Provider Agency.

The Provider Agency may not subcontract any of the services that it has committed to perform or provide pursuant to this Contract without the prior written approval of the Department. Such consent to subcontract shall not relieve the Provider Agency of its full responsibilities under this Contract. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or of any of its terms, but shall operate only as an approval of the Provider Agency's request for the making of a

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subcontract between the Provider Agency and its chosen subcontractor. The Provider Agency shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this Contract.

Section 5.03 Client Fees. Other than as provided for in DCF-SAGE and/or Departmental Component specific policies, the Provider Agency shall impose no fees or any other types of charges of any kind upon recipients of Contract services.

Section 5.04 Indemnification. The Provider Agency shall assume all risk of and responsibility for, and agrees to indemnify, defend and hold harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs, and expenses in connection therewith on account of the loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from (1) the work, service or materials provided under this Contract; or (2) any failure to perform the Provider's obligations under this Contract or any improper or deficient performance of the Provider's obligations under this Contract. This indemnification obligation is not limited by, but is in addition to, the insurance obligations contained in this Contract.

Furthermore, the provisions of this indemnification clause shall in no way limit the obligations assumed by the Provider under this Contract, nor shall they be construed to relieve the Provider from any liability nor preclude the State of New Jersey, its Agencies, and/or the Department of Children and Families from taking any other actions available to them under any other provisions of this Contract or otherwise in law.

Section 5.05 Insurance. The Provider Agency shall maintain adequate insurance coverage. The State shall be included as an Additional Named Insured on any insurance policy applicable to this Contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the Department may Terminate the Contract for Cause.

Section 5.06 Modifications and Amendments. If both parties to this Contract agree to amend or supplement this Contract, any and all such amendments or supplements shall be in writing and signed by both parties. The amendment or supplement shall incorporate the entire Contract by reference and will not serve to contradict, amend, or supplement the Contract except as specifically expressed in the amendment or supplement.

Section 5.07 Statement of Non-Influence. No person employed by the State of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.08 Exercise of Rights. A failure or a delay on the part of the Department or the Provider Agency in exercising any right, power, or privilege under this Contract shall not

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waive that right, power, or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.09 Recognition of Cultural Sensitivity. The Provider Agency agrees in the performance of this Contract to be sensitive to the needs of the minority populations (as described in section 3.10a of this policy) of the State of New Jersey. This sensitivity includes the employment, if possible, of a culturally diverse staff that can communicate with, and be representative of the entire community it serves.

The Provider Agency shall make programs linguistically appropriate and culturally relevant to underserved minority groups within the community. Appropriate accommodations for services shall be developed and maintained for those minority individuals who are deprived of reasonable access to those services due to language barriers or ethnic, affectional, and cultural differences. In addition, Provider Agencies shall make certain that all programs and services are reflective of the demographic needs of the community, while providing all minorities (as described in section 3.10a of this policy) the opportunity to experience any and all available social services irrespective of their ethnic, affectional, or cultural heritage.

Section 5.10 Copyrights. The Department of Children and Families reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use any work or materials developed under a Department or federally funded Contract or subcontract. The Department also reserves the sole right to authorize others to reproduce, publish, or otherwise use any work or materials developed under said Contract or subcontract.

Section 5.11 Successor Contracts. If an audit or Contract closeout reveals that the Provider Agency has failed to comply with the terms and/or conditions of this Contract, the Department reserves the right to make all financial and/or programmatic adjustments it deems appropriate to any other Contract entered into between the Department and the Provider Agency.

Section 5.12 Sufficiency of Funds. The Provider Agency recognizes and agrees that both the initial provision of funding and the continuation of such funding under the Contract is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under its Contract with the Provider Agency or to observe and adhere to its performance obligation under the Contract as a result of the failure of the Legislature to appropriate the funds necessary to do so shall not constitute a breach of the Contract by the Department or default thereunder and the Department shall not be held financially liable therefore. In addition, future funding shall not be anticipated from the Department beyond the duration of the Contract with the Provider Agency and in no event shall the Contract be construed as a commitment by the Department to expend funds beyond the Termination date set therein.



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Section 5.13 Collective Bargaining. State and federal law allows employees to organize themselves into a collective bargaining unit.

Funds provided under this Contract shall not be utilized to abridge the rights of employees to organize themselves into a collective bargaining organization or preclude them from negotiating with Provider Agency management. Funds may be utilized for legitimate and reasonable management purposes at the direction of the Provider Agency during the process of collective bargaining organization.

Section 5.14 Independent Employer Status. Employees of Provider Agencies that Contract with the Department of Children and Families are employees of the Provider Agency, not the State.

In accordance with the National Labor Relations Act, 29 U.S.C.A. 152(2) and State law, N.J.S.A. 34:13A-1 et seq., Provider Agencies are independent, private employers with all the rights and obligations of such and are not political subdivisions of the Department of Children and Families. As such, the Provider Agency acknowledges that it is an independent Provider, providing services to the Department of Children and Families, typically through a contract-for-services agreement. As independent contractors, Provider Agencies are responsible for the organization's overall functions that include the overseeing and monitoring of its operations, establishing the salary and benefit levels of its employees, and handling all personnel matters as the employer of its workers. This is also inclusive of any travel allocations the Provider Employee pays to its employees.

The Provider Agency acknowledges its relationship with its employees as that of employer. While the Department has an adjunct role with Provider Agencies through regulatory oversight and ensuring contractual performance, the Provider understands that the Department is not the employer of a Provider Agency's employees.

The Provider Agency further acknowledges that while the Department reimburses Provider Agencies for all allowable costs under the Contract, this funding mechanism does not translate into the Department being responsible for any of the elements of any collective bargaining agreements into which Provider Agencies may enter. Moreover, each Provider Agency understands that it is responsible for funding its own programs and is not limited to the amount of funding provided by the Department, and, in fact, is encouraged to solicit non-State sources of funding, whenever possible.

Section 5.15 Executive Order No. 189. Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a Contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

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In compliance with Paragraph 3 of Executive Order No. 189, no Provider Agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such Provider Agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity, or other thing of value by any State officer or employee or special State officer or employee from any Provider Agency shall be reported in writing forthwith by the Provider Agency to the Attorney General and the Executive Commission on Ethical Standards.

No Provider Agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such Provider Agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No Provider Agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No Provider Agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the Provider Agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with Provider Agencies under the same terms and conditions as are offered or made available to members


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of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**AGREEMENT SIGNATURES AND DATES**

The terms set forth in this Standard Language Document (SLD) supersede any prior SLDs. This SLD governs all executed contracts; and contracts to be entered into by my Organization and DCF on or after the SLD's effective date, which is the below date of the provider organization's signature. DCF determines the effective date of any contract governed by this document, which is the date compensable services may begin, and enters it as the contract start date in DCF-SAGE. Oral evidence tending to contradict, amend or supplement the SLD is inadmissible. The SLD has been read and understood by the persons whose signatures appear below and the parties agree to comply with the SLD's terms and conditions,

BY: 


  
\_\_\_\_\_  
(Type)

TITLE: Business Manager, SBO  
(Type)

DEPARTMENTAL COMPONENT: DCF

DATE: 08/30/2022

BY: 

  
\_\_\_\_\_  
(Type)

TITLE: President & CEO  
(Type)

PROVIDER AGENCY: Acenda, Inc.

DATE: 7/13/2022