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

P1.10
ATTCH A

Provider Agency Name Robins' Nest, Inc. Modification # 2
Fiscal-Year-End December 31 Contract Term 1/1/16 thru 12/31/16
Contract # 16HWDP Cognizant Contract: Yes ☐ No ☒
Division(s) affected by the Modification **Division of Family and Community Partnerships**
• Date of most recently approved Contract Modification **April 6, 2016**
• Requested effective date for this Contract Modification **July 1, 2016**
Check applicable area(s) to be modified:

1. ☒ Changes to the Reimbursable Ceiling: from $**4,118,814** to $ **$4,418,814**.
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: _____ (Signature)
Anthony DiFabio, Psy. D (type name)
Title **President & CEO**
Provider Agency: **Robins' Nest Inc.**
Date: 9/28/16

BY: _____ (Signature)
Juanita Byrd (type name)
Title **Business Manager / SBO**
Departmental Component: **DCF**
Date: 10/14/16

DATE EFFECTIVE **July 1, 2016**
(To be completed by the Department)

CONTRACT MODIFICATION P1.10 ATTACHMENT A

Agency Name:	**Robins' Nest, Inc.**
Contract Number:	**16HWDP**
Program Name:	**Ocean County Family Success Center – SEC** **Salem County Family Success Center - SEC**
Funding Amount:	**$150,000 prorated for 6 months for this contract per FSC** **$300,000 ongoing annualized starting with 17HWDP per FSC**
Effective Date:	**July 1, 2016**
APU:	**1630-024**

Reason for Modification:

This contract modification is to add two Family Success Centers (one in southern Ocean County and one in Salem County) to the current contract. This will create two new components. There is no match required. As per RFP, the agency is allowed to use up to 5% for start-up costs. The initial contract is prorated for 6 months at $150,000 per FSC (funding period July 1, 2016 – December 31, 2016). The ongoing annualized rate will be $300,000 per FSC.

This modification will change the reimbursable ceiling from $4,118,814 to $4,418,814.