

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT INFORMATION FORM  
PAGE 1 OF 33

Agency: Robins' Nest Inc  
Address: 42 S Delsea Drive

Glassboro, NJ 08028  
Phone: 856-881-8669

Chief Executive Officer: Anthony DiFabio, Psy. D.

Prepared By: Jeremy P. Wampler, CPA

Date: 9/27/2016

Agency Federal ID#: 23-7001477  
Charities Registration #: 1081-00959

☒ Non-Profit Agency ☐ For-Profit Agency ☐ Public Agency

Agency Fiscal Year End: December  
Schedules Completed: 1 2 3 4 5 0

☐ Cash Basis ☒ Accrual Basis

Budget Period: 1/1/10-12/31/16

| 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                 | 16HWDP Mod#2 | #2 - Nurse-Family Partnership           | \$ 1,294,294         | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #3 - Family Success Center-Camden       | \$ 240,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #4 - Family Success Center - Gloucester | \$ 240,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #5 - Family Success Center - Salem      | \$ 240,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #6 - Healthy Families                   | \$ 1,043,720         | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #7 - Parents as Teachers                | \$ 357,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #8 - County Council for Young Children  | \$ 75,000            | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #9 - Central Intake                     | \$ 120,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #10-Family Success Center - Atlantic    | \$ 600,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #14-Early Childhood Funds               | \$ 8,800             | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #15 - Family Success Center - Ocean     | \$ 150,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
| DFCP                 | 16HWDP Mod#2 | #16 - Family Success Center - Salem     | \$ 150,000           | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689              |
|                      |              |                                         |                      |                 |               |                        |                         |                                                |
|                      |              |                                         |                      |                 |               |                        |                         |                                                |
|                      |              |                                         |                      |                 |               |                        |                         |                                                |
|                      |              |                                         |                      |                 |               |                        |                         |                                                |

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 INFORMATION FORM  
PAGE 1 OF 33

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Charities Registration #: 1881-00959  
☒ 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: 1/1/16-12/31/16

| Contracting Division                                           | Contract #   | Column # and Program Name                                                                                                                                              | Reimbursable Ceiling | Type of Service | Contract Type | Payment Method                                                                                                                                                                           | Division Contact Person | Provider Agency<br>Contact Person and Telephone # |
|----------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------|
| DFCP                                                           | 16HWDP Mod#2 | #2 - Nurse-Family Partnership                                                                                                                                          | \$ 1,294,294         | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #3 - Family Success Center-Camden                                                                                                                                      | \$ 240,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #4 - Family Success Center - Gloucester                                                                                                                                | \$ 240,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #5 - Family Success Center - Salem                                                                                                                                     | \$ 240,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #6 - Healthy Families                                                                                                                                                  | \$ 1,043,720         | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #7 - Parents as Teachers                                                                                                                                               | \$ 357,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #8 - County Council for Young Children                                                                                                                                 | \$ 75,000            | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #9 - Central Intake                                                                                                                                                    | \$ 120,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #10-Family Success Center - Atlantic                                                                                                                                   | \$ 500,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #14-Early Childhood Funds                                                                                                                                              | \$ 8,800             | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #15 - Family Success Center - Ocean                                                                                                                                    | \$ 150,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
| DFCP                                                           | 16HWDP Mod#2 | #16 - Family Success Center - Salem                                                                                                                                    | \$ 150,000           | CORE            | Cost Related  | Schdeduled Installments                                                                                                                                                                  | Madeleine Myles         | Kathy Wingate, CFO (856) 881-8689                 |
|                                                                |              |                                                                                                                                                                        |                      |                 |               |                                                                                                                                                                                          |                         |                                                   |
|                                                                |              |                                                                                                                                                                        |                      |                 |               |                                                                                                                                                                                          |                         |                                                   |
|                                                                |              |                                                                                                                                                                        |                      |                 |               |                                                                                                                                                                                          |                         |                                                   |
|                                                                |              |                                                                                                                                                                        |                      |                 |               |                                                                                                                                                                                          |                         |                                                   |
| Division Use Only                                              |              | 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 curent, accurate, and in accordance with the contract budget and the governing principles for determining costs. |                         |                                                   |
| Contract #<br>Effective Dates _____ to _____<br>Division _____ |              |                                                                                                                                                                        |                      |                 |               |                                                                                                                                                                                          |                         |                                                   |
|                                                                |              | Agency Authorized Signatory                                                                                                                                            |                      |                 |               | Fiscal Officer                                                                                                                                                                           |                         |                                                   |

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

PERIOD COVERED 1/1/16-12/31/16[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE SUMMARY  
PAGE 3 OF 33

Agency: Roblins' Nest Inc  
Contract#: 16HWDP Mod #2

[illegible]

PURPOSE  
☐ BUDGET PREPARATION  
☐ MODIFICATION BUDGET  
☒ EXPENDITURE REPORT  
 PERIOD COVERED 12/18-12/31/18

|                  |    |           |    |         |    |         |    |         |    |        |    |   |    |   |    |       |    |   |    |        |    |        |    |   |    |   |    |   |    |       |    |       |
|------------------|----|-----------|----|---------|----|---------|----|---------|----|--------|----|---|----|---|----|-------|----|---|----|--------|----|--------|----|---|----|---|----|---|----|-------|----|-------|
| SUBTOTAL (pg. 1) | \$ | 1,197,469 | \$ | 840,515 | \$ | 113,072 | \$ | 520,391 | \$ | 58,833 | \$ | - | \$ | - | \$ | 8,659 | \$ | - | \$ | 14,764 | \$ | 30,819 | \$ | - | \$ | - | \$ | - | \$ | 7,142 | \$ | 7,142 |
|------------------|----|-----------|----|---------|----|---------|----|---------|----|--------|----|---|----|---|----|-------|----|---|----|--------|----|--------|----|---|----|---|----|---|----|-------|----|-------|

Agency: Robin's Nest Inc  
Contract#: 15HWDP Mod 02

[illegible]



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STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
8 OF 33

| A. BUDGET EXPENSES: PERSONNEL   |  |  |  | B.              |               | C.           |       | D.                      |                              | E.                               |                             | F.               |                     | G.                                   |                 | H.                             |                | I.                 |                                | J.                    |                             | K.                               |                                  | L.                               |                                  | M.                               |                                  | N.                               |                                  | O.                               |                                  | P.                               |                                  | Q.                               |                                  | R.                               |                                  | S.                               |                                  | T.                               |                                  | U.                               |                                  | V.                               |                                  | W.                               |                                  | X.                               |                                  | Y.                               |                                  | Z.                               |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |         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| Position Title/Name of Employee |  |  |  | Position Number | Date Employed | Hours Worked | TOTAL | Human Family Partner/FP | Family Success Center-Camden | Family Success Center-Gloucester | Family Success Center-Kelso | Healthy Families | Parents as Teachers | Courtly Counselor for Young Children | Court Mediators | Family Success Center-Atlantic | Other Services | Unsubsidized Costs | General & Administrative Costs | Early Childhood Funds | Family Success Center-Ocean | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success 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Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success Center-Parvett/Bk | Family Success |

STATE OF NEW JERSEY  
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ANNEX B: CONTRACT EXPENSE DETAIL  
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STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
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| 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 Enclosed | Hours Worked | TOTAL         | Nurse-Family Partnership | Family Success Center-Carroll | Family Success Center-Gloucester | Family Success Center-Salem | Healthy Families | Parents as Teachers | County Council on Young Children | Central Parks | Family Success Center-Atlantic | Other Services | Unallowable Costs | General & Administrative Costs | Early Childhood Funds | Family Success Center-Ocean | Family Success Center-Perth-Amboy |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 75                                   | Bookkeeper/Vision, Stacy                             | 75 | 10/5/2015 | 40 | \$              |               |              | 31,018        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 31,018                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 76                                   | Human Resource Assistant/Kacowich, Jennifer          | 76 | 3/16/2015 | 40 | \$              |               |              | 33,517        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 33,517                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 77                                   | Facility Management Assistant/Martin, Linda          | 77 | 5/4/2005  | 40 | \$              |               |              | 32,972        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 32,972                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 78                                   | Facilities Manager/Vacant                            | 78 | 7/6/2015  | 40 | \$              |               |              | 46,332        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 46,332                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 79                                   | Office Manager/Brosas, Theresa                       | 79 | 6/21/1991 | 40 | \$              |               |              | 40,850        |                          |                               |                                  |                             |                  |                     | *                                |               |                                |                |                   | \$                             | 40,850                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 80                                   | Administrative Coordinator/Corbett, Mildred          | 80 | 7/31/2009 | 40 | \$              |               |              | 33,535        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 33,535                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 81                                   | Receptionist/Giles, Brenda                           | 81 | 1/19/2011 | 40 | \$              |               |              | 27,349        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 27,349                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 82                                   | Administrator Dev./Marketing/Mullis, Donna           | 82 | 10/3/1977 | 40 | \$              |               |              | 50,618        |                          |                               |                                  |                             |                  |                     |                                  |               |                                | \$             | 25,309            | \$                             | 25,309                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 83                                   | Compliance Coordinator/Vacant                        | 83 |           | 40 | \$              |               |              | 61,186        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 61,186                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 84                                   | Administrative Assistant/Vacant                      | 84 |           | 40 | \$              |               |              | 30,587        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 30,587                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 85                                   | Data Analyst/Vacant                                  | 85 |           | 40 | \$              |               |              | 61,186        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 61,186                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 86                                   | Human Resource Assistant/Vacant                      | 86 |           | 25 | \$              |               |              | 15,910        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 15,910                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 87                                   | Maintenance Worker/Vacant                            | 87 |           | 40 | \$              |               |              | 31,817        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 31,817                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 88                                   | Privacy Specialist/Vacant                            | 88 |           | 40 | \$              |               |              | 40,790        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 40,790                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 89                                   | Volunteer Coordinator/Vacant                         | 89 |           | 9  | \$              |               |              | 7,058         |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 7,058                 |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 90                                   | Grant Writer/Vacant                                  | 90 |           | 40 | \$              |               |              | 34,680        |                          |                               |                                  |                             |                  |                     |                                  |               |                                | \$             | 17,340            | \$                             | 17,340                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 91                                   | Budget Analyst/Conly, Kella                          | 91 | 6/9/16    | 40 | \$              |               |              | 31,362        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   | \$                             | 31,362                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 92                                   | Program Supervisor/Vacant                            | 92 |           | 40 | \$              |               |              | 16,114        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                | \$                    | 16,114                      |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 93                                   | Family Partner Bilingual/Vacant                      | 93 |           | 40 | \$              |               |              | 14,618        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                | \$                    | 14,618                      |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 94                                   | Family Partner/Vacant                                | 94 |           | 40 | \$              |               |              | 11,790        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                | \$                    | 11,790                      |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 95                                   | Volunteer & Community Partnership Coordinator/Vacant | 95 |           | 40 | \$              |               |              | 11,790        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                | \$                    | 11,790                      |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 96                                   | Program Supervisor/Vacant                            | 96 |           | 40 | \$              |               |              | 16,114        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                |                       | \$                          | 16,114                            |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 97                                   | Family Partner Bilingual/Vacant                      | 97 |           | 40 | \$              |               |              | 14,618        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                |                       | \$                          | 14,618                            |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 98                                   | Family Partner/Vacant                                | 98 |           | 40 | \$              |               |              | 11,790        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                |                       | \$                          | 11,790                            |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 99                                   | Volunteer & Community Partnership Coordinator/Vacant | 99 |           | 40 | \$              |               |              | 11,790        |                          |                               |                                  |                             |                  |                     |                                  |               |                                |                |                   |                                |                       | \$                          | 11,790                            |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| 100                                  | Other Employees                                      |    |           |    | \$              |               |              | 6,063,773     |                          |                               |                                  |                             |                  |                     |                                  |               |                                | \$             | 7,087,201         | \$                             | 78,572                |                             |                                   |        |    |           |    |           |    |         |    |           |    |    |    |        |    |        |
| SUBTOTAL (pg. 4)                     |                                                      |    |           |    |                 |               |              | \$ 8,789,160  | \$                       | \$                            | \$                               | \$                          | \$               | \$                  | \$                               | \$            | \$                             | \$             | \$ 7,847,261      | \$                             | 119,221               | \$                          | 570,118                           | \$     | \$ | \$ 86,210 | \$ | 56,316    |    |         |    |           |    |    |    |        |    |        |
| BUDGET CATEGORY A: EMPLOYEE SUBTOTAL |                                                      |    |           |    |                 |               |              | \$ 12,390,288 | \$                       | 811,279                       | \$                               | 149,783                     | \$               | 124,112             | \$                               | 119,724       | \$                             | 811,644        | \$                | 222,838                        | \$                    | 44,877                      | \$                                | 71,836 | \$ | 237,243   | \$ | 8,222,191 | \$ | 206,845 | \$ | 1,255,592 | \$ | \$ | \$ | 84,293 | \$ | 84,293 |

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STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
ANNEX B: CONTRACT EXPENSE DETAIL  
A. PERSONNEL (FRINGE)  
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Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
PERIOD COVERED 1/1/16-12/31/16

| BUDGET CATEGORY- A. PERSONNEL--<br>FRINGE |                                                        | 1             | 2                           | 3                               | 4                                   | 5                              | 6                | 7                      | 8                                    | 9              | 10                                | 11             | 12                | 13                                   | 14                       | 15                               |
|-------------------------------------------|--------------------------------------------------------|---------------|-----------------------------|---------------------------------|-------------------------------------|--------------------------------|------------------|------------------------|--------------------------------------|----------------|-----------------------------------|----------------|-------------------|--------------------------------------|--------------------------|----------------------------------|
| LINE ITEM                                 | BASIS FOR ALLOCATION                                   | TOTAL         | Nurse-Family<br>Partnership | Family Success<br>Center-Camden | Family Success<br>Center-Gloucester | Family Success<br>Center-Salem | Healthy Families | Parents as<br>Teachers | County Council for<br>Young Children | Central Intake | Family Success<br>Center-Atlantic | Other Services | Unallowable Costs | General &<br>Administrative<br>Costs | Early Childhood<br>Funds | Family Success<br>Center - Ocean |
| Social Security/Medicare Tax              | 7.65% of taxable salaries                              | \$ 944,072    | \$ 66,219                   | \$ 8,935                        | \$ 8,352                            | \$ 9,159                       | \$ 46,894        | \$ 16,989              | \$ 2,803                             | \$ 5,448       | \$ 18,095                         | \$ 644,051     | \$ 14,726         | \$ 90,271                            |                          | \$ 6,065                         |
| NJ Disability Tax                         | 0.75% of taxable salaries                              | \$ 68,980     | \$ 3,534                    | \$ 748                          | \$ 748                              | \$ 748                         | \$ 4,194         | \$ 1,505               | \$ 284                               | \$ 439         | \$ 1,512                          | \$ 48,343      | \$ 627            | \$ 6,386                             |                          | \$ 517                           |
| Unemployment Tax                          | 1.2% of gross salaries                                 | \$ 152,036    | \$ 10,394                   | \$ 1,401                        | \$ 1,478                            | \$ 1,437                       | \$ 7,363         | \$ 2,671               | \$ 545                               | \$ 861         | \$ 2,847                          | \$ 103,068     | \$ 2,482          | \$ 15,507                            |                          | \$ 991                           |
| Health Insurance                          | Direct cost of<br>Employee/Child coverage              | \$ 1,480,956  | \$ 95,700                   | \$ 17,469                       | \$ 17,917                           | \$ 10,842                      | \$ 108,943       | \$ 34,966              | \$ 4,421                             | \$ 11,995      | \$ 37,573                         | \$ 906,774     | \$ 24,837         | \$ 177,829                           |                          | \$ 17,969                        |
| Dental Insurance                          | Direct cost of<br>Employee/Child coverage              | \$ 36,993     | \$ 2,846                    | \$ 367                          | \$ 266                              | \$ 366                         | \$ 2,718         | \$ 781                 | \$ 62                                | \$ 173         | \$ 905                            | \$ 22,067      | \$ 856            | \$ 4,990                             |                          | \$ 338                           |
| Life Insurance                            | Direct cost of Employee<br>coverage                    | \$ 12,410     | \$ 1,092                    | \$ 126                          | \$ 126                              | \$ 126                         | \$ 668           | \$ 277                 | \$ 58                                | \$ 91          | \$ 119                            | \$ 8,254       | \$ 110            | \$ 1,235                             |                          | \$ 105                           |
| Long-term Disability Insurance            | Direct cost of Employee<br>coverage                    | \$ 17,657     | \$ 1,553                    | \$ 180                          | \$ 180                              | \$ 180                         | \$ 951           | \$ 394                 | \$ 82                                | \$ 129         | \$ 170                            | \$ 11,746      | \$ 156            | \$ 1,757                             |                          | \$ 147                           |
| 401(k) Match                              | 75% of the employee<br>deduction up to 3% of<br>salary | \$ 315,703    | \$ 21,588                   | \$ 1,897                        | \$ 2,448                            | \$ 2,932                       | \$ 14,655        | \$ 5,230               | \$ 1,019                             | \$ 1,984       | \$ 5,812                          | \$ 200,955     | \$ 6,021          | \$ 46,880                            |                          | \$ 2,141                         |
| Workers' Comp. Insurance                  | Direct cost of Employee<br>coverage                    | \$ 197,794    | \$ 13,439                   | \$ 1,834                        | \$ 1,933                            | \$ 1,880                       | \$ 9,559         | \$ 3,434               | \$ 713                               | \$ 1,122       | \$ 3,725                          | \$ 133,971     | \$ 3,248          | \$ 20,288                            |                          | \$ 1,324                         |
| Professional Liability Insurance          | Direct cost of Employee<br>coverage                    | \$ 36,417     | \$ 2,899                    | \$ 417                          | \$ 417                              | \$ 417                         | \$ 2,072         | \$ 722                 | \$ 153                               |                | \$ 833                            | \$ 27,893      |                   |                                      |                          | \$ 297                           |
| Temporary Services                        | Direct cost of temporary<br>employee coverage          | \$ 23,829     |                             |                                 |                                     |                                |                  |                        |                                      |                |                                   | \$ 23,829      |                   |                                      |                          |                                  |
| FRINGE SUBTOTAL                           |                                                        | \$ 3,286,847  | \$ 219,264                  | \$ 33,374                       | \$ 33,865                           | \$ 28,087                      | \$ 198,017       | \$ 66,969              | \$ 10,140                            | \$ 22,242      | \$ 71,591                         | \$ 2,130,951   | \$ 53,063         | \$ 364,143                           | \$ -                     | \$ 29,894                        |
| BUDGET CATEGORY A. PERSONNEL TOTAL        |                                                        | \$ 15,677,235 | \$ 1,080,643                | \$ 150,167                      | \$ 157,977                          | \$ 147,813                     | \$ 809,061       | \$ 289,597             | \$ 55,017                            | \$ 93,718      | \$ 308,834                        | \$ 10,463,052  | \$ 259,924        | \$ 1,687,725                         | \$ -                     | \$ 94,177                        |

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
ANNEX B: CONTRACT EXPENSE DETAIL  
A. PERSONNEL (FRINGE)  
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Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

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STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
B. CONSULTANTS AND PROFESSIONAL FEES  
PAGE 14 OF 33

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT

PERIOD COVERED 1/1/16-12/31/16

| BUDGET CATEGORY - B. CONSULTANTS AND PROFESSIONAL FEES |                                                   |            |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|--------------------------------------------------------|---------------------------------------------------|------------|-------------------------------|-----------------------------------|---------------------------------------|----------------------------------|-----------------------|--------------------------|----------------------------------------|---------------------|--------------------------------------|----------------------|-------------------------|--------------------------------------|-----------------------------|-------------------------------------|------------------------------------------|
| LINE ITEM                                              | BASIS FOR ALLOCATION                              | 1<br>TOTAL | 2<br>Nurse-Family Partnership | 3<br>Family Success Center-Camden | 4<br>Family Success Center-Gloucester | 5<br>Family Success Center-Salem | 6<br>Healthy Families | 7<br>Parents as Teachers | 8<br>County Council for Young Children | 9<br>Central Intake | 10<br>Family Success Center-Atlantic | 11<br>Other Services | 12<br>Unallowable Costs | 13<br>General & Administrative Costs | 14<br>Early Childhood Funds | 15<br>Family Success Center - Ocean | 16<br>Family Success Center - Pennsville |
| Audit/tax return fees                                  | Allocated across audited programs                 | \$ 52,312  | \$ 457                        | \$ 153                            | \$ 152                                | \$ 152                           | \$ 457                | \$ 457                   | \$ 457                                 | \$ 457              | \$ 457                               | \$ 16,901            |                         | \$ 32,212                            |                             |                                     |                                          |
| Benefits Report/Professional Fees                      | Fees per participant allocated by FTE's           | \$ 19,050  | \$ 976                        | \$ 213                            | \$ 213                                | \$ 212                           | \$ 1,251              | \$ 418                   | \$ 78                                  | \$ 125              | \$ 422                               | \$ 13,135            | \$ 171                  | \$ 1,470                             |                             | \$ 183                              | \$ 183                                   |
| Other Consultants/Subcontracted Services               | IT fees per participant allocated by FTE's        | \$ 291,991 | \$ 36,629                     | \$ 1,576                          | \$ 1,576                              | \$ 1,576                         | \$ 9,112              | \$ 3,041                 | \$ 567                                 | \$ 322              | \$ 3,114                             | \$ 165,723           | \$ 18,440               | \$ 49,169                            |                             | \$ 613                              | \$ 533                                   |
| Leveraged Professional Services                        | In-kind services provided by community supporters | \$ 49,740  |                               | \$ 8,334                          | \$ 8,333                              | \$ 8,333                         |                       |                          |                                        |                     | \$ 12,500                            |                      |                         |                                      |                             | \$ 6,120                            | \$ 6,120                                 |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
|                                                        |                                                   | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |                                          |
| BUDGET CATEGORY B. TOTAL                               |                                                   | \$ 413,093 | \$ 38,062                     | \$ 10,276                         | \$ 10,274                             | \$ 10,273                        | \$ 10,820             | \$ 3,916                 | \$ 1,102                               | \$ 904              | \$ 16,493                            | \$ 195,759           | \$ 18,611               | \$ 82,851                            | \$ -                        | \$ 6,916                            | \$ 6,836                                 |

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
B. CONSULTANTS AND PROFESSIONAL FEES  
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Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

[illegible]



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
C. MATERIALS AND SUPPLIES  
PAGE 16 OF 33

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

PURPOSE

☐ BUDGET PREPARATION

☒ MODIFICATION BUDGET

☐ EXPENDITURE REPORT

PERIOD COVERED 1/1/16-12/31/16[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIE  
ANNEX B: CONTRACT EXPENSE DETAIL  
C. MATERIALS AND SUPPLIES  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
D. FACILITY COSTS  
PAGE 18 OF 33

**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

|                                     |                     |
|-------------------------------------|---------------------|
|                                     | PURPOSE             |
| <input type="checkbox"/>            | BUDGET PREPARATION  |
| <input checked="" type="checkbox"/> | MODIFICATION BUDGET |
| <input type="checkbox"/>            | EXPENDITURE REPORT  |

PERIOD COVERED 1/1/16-12/31/16

| 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        | Nurse-Family Partnership | Family Success Center-Camden | Family Success Center-Gloucester | Family Success Center-Salem | Healthy Families | Parents as Teachers | County Council for Young Children | Central Intake | Family Success Center-Atlantic | Other Services | Unallowable Costs | General & Administrative Costs | Early Childhood Funds | Family Success Center - Ocean |
| Utilities                         | Cost per square foot of office space used by this program | \$ 208,881   | \$ 2,100                 | \$ 4,593                     | \$ 4,598                         | \$ 10,950                   | \$ 4,200         | \$ 1,487            |                                   | \$ 3,150       | \$ 6,314                       | \$ 120,547     | \$ 2,366          | \$ 43,419                      |                       | \$ 1,789                      |
| Insurance                         | Cost per square foot of office space used by this program | \$ 87,863    | \$ 4,015                 | \$ 1,157                     | \$ 1,212                         | \$ 1,621                    | \$ 3,146         | \$ 1,078            | \$ 193                            | \$ 731         | \$ 2,857                       | \$ 58,515      | \$ 1,131          | \$ 10,297                      |                       | \$ 689                        |
| Maintenance and Repairs           | Cost per square foot of office space used by this program | \$ 267,965   | \$ 947                   | \$ 5,227                     | \$ 6,874                         | \$ 7,842                    | \$ 1,200         | \$ 1,009            |                                   | \$ 900         | \$ 10,674                      | \$ 136,996     | \$ 2,131          | \$ 91,285                      |                       | \$ 1,440                      |
| Rent                              | Cost per square foot of office space used by this program | \$ 343,981   | \$ 2,940                 | \$ 27,000                    |                                  | \$ 23,497                   |                  | \$ 3,269            |                                   |                | \$ 59,252                      | \$ 203,095     |                   |                                |                       | \$ 11,178                     |
| Depreciation                      | Cost per square foot of office space used by this program | \$ 236,086   | \$ 2,220                 |                              | \$ 14,142                        |                             | \$ 4,228         |                     |                                   | \$ 393         |                                | \$ 58,468      |                   | \$ 156,635                     |                       |                               |
| Mortgage Interest                 | Cost per square foot of office space used by this program | \$ 21,176    |                          |                              | \$ 4,005                         |                             |                  |                     |                                   |                |                                | \$ 17,171      |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                   |                                                           | \$ -         |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
| BUDGET CATEGORY D. TOTAL          |                                                           | \$ 1,165,752 | \$ 12,222                | \$ 37,977                    | \$ 30,831                        | \$ 43,910                   | \$ 12,774        | \$ 6,843            | \$ 193                            | \$ 5,174       | \$ 79,097                      | \$ 594,792     | \$ 5,628          | \$ 301,636                     | \$ -                  | \$ 15,099                     |

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
D. FACILITY COSTS  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
E. SPECIFIC ASSISTANCE  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

**PURPOSE**

☐ BUDGET PREPARATION

☒ MODIFICATION BUDGET

☐ EXPENDITURE REPORT

PERIOD COVERED 1/1/16-12/31/16

| BUDGET CATEGORY E. SPECIFIC ASSISTANCE TO CLIENTS |                                                                            |            |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|---------------------------------------------------|----------------------------------------------------------------------------|------------|-------------------------------|-----------------------------------|---------------------------------------|----------------------------------|-----------------------|--------------------------|----------------------------------------|---------------------|--------------------------------------|----------------------|-------------------------|--------------------------------------|-----------------------------|-------------------------------------|
| LINE ITEM                                         | BASIS FOR ALLOCATION                                                       | 1<br>TOTAL | 2<br>Nurse-Family Partnership | 3<br>Family Success Center-Camden | 4<br>Family Success Center-Gloucester | 5<br>Family Success Center-Salem | 6<br>Healthy Families | 7<br>Parents as Teachers | 8<br>County Council for Young Children | 9<br>Central Intake | 10<br>Family Success Center-Atlantic | 11<br>Other Services | 12<br>Unallowable Costs | 13<br>General & Administrative Costs | 14<br>Early Childhood Funds | 15<br>Family Success Center - Ocean |
| Client Engaging                                   | Items used to engage the client (i.e., journals, etc.)                     | \$ 44,235  | \$ 825                        |                                   |                                       |                                  | \$ 800                | \$ 3,500                 |                                        |                     |                                      | \$ 39,110            |                         |                                      |                             |                                     |
| Wrap-Around Services/Enrichment                   | Purchased services to provide enrichment to client and/or family respite   | \$ 185,835 |                               |                                   |                                       |                                  |                       |                          | \$ 360                                 |                     |                                      | \$ 185,475           |                         |                                      |                             |                                     |
| Other Specific Assistance to Clients              |                                                                            | \$ 405,006 |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      | \$ 405,006           |                         |                                      |                             |                                     |
| Client Incentives                                 | Gift cards used to incentivize participation, enrollment, and/or retention | \$ 8,100   |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      | \$ 8,100                    |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |
|                                                   |                                                                            | \$ -       |                               |                                   |                                       |                                  |                       |                          |                                        |                     |                                      |                      |                         |                                      |                             |                                     |

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIE  
ANNEX B: CONTRACT EXPENSE DETAIL  
E. SPECIFIC ASSISTANCE  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
F. OTHER  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
 PERIOD COVERED 1/1/16-12/31/16

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
F. OTHER  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

[illegible]



**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
G. GENERAL AND ADMINISTRATIVE COST ALLOCATION  
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Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
 PERIOD COVERED 1/1/16-12/31/16

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 1-COST ALLOCATION DATA  
PAGE 25 OF 33

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

☐ THIS SCHEDULE IS NOT APPLICABLE

## PURPOSE

☐ BUDGET PREPARATION☒ MODIFICATION BUDGET☐ EXPENDITURE REPORT

PERIOD COVERED 1/1/16-12/31/16

[illegible]

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 1-COST ALLOCATION DATA  
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**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

☐ THIS SCHEDULE IS NOT APPLICABLE

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 2-REVENUE  
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Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2  
☐ THIS SCHEDULE IS NOT APPLICABLE

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
 PERIOD COVERED 1/1/16-12/31/16

| DESCRIPTION                                      | TOTAL         | Nurse-Family Partnership | Family Success Center-Camden | Family Success Center-Gloucester | Family Success Center-Salem | Healthy Families | Parents as Teachers | County Council for Young Children | Central Intake | Family Success Center-Atlantic | Other Services | Unallowable Costs | General & Administrative Costs | Early Childhood Funds | Family Success Center - Ocean |
|--------------------------------------------------|---------------|--------------------------|------------------------------|----------------------------------|-----------------------------|------------------|---------------------|-----------------------------------|----------------|--------------------------------|----------------|-------------------|--------------------------------|-----------------------|-------------------------------|
| Leveraged In-Kind Donations                      | \$ 49,740     |                          | \$ 8,334                     | \$ 8,333                         | \$ 8,333                    |                  |                     |                                   |                | \$ 12,500                      |                |                   |                                |                       | \$ 6,120                      |
| Unrestricted Agency Funds for Unallowable Salary | \$ 22,615     | \$ 7,215                 | \$ 1,331                     | \$ 1,317                         | \$ 1,336                    | \$ 5,633         | \$ 2,001            | \$ 406                            | \$ 644         | \$ 2,732                       |                |                   |                                |                       |                               |
| Other Revenue                                    | \$ 15,143,893 | \$ 10,000                |                              |                                  |                             |                  | \$ 4,130            |                                   |                |                                | \$ 14,711,622  | \$ 418,141        |                                |                       |                               |
| Unrestricted Agency Funds                        | \$ 81,916     | \$ 49,425                |                              |                                  | \$ 2,324                    | \$ 13,413        | \$ 14,309           | \$ 1,332                          | \$ 945         | \$ 168                         |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
|                                                  | \$ -          |                          |                              |                                  |                             |                  |                     |                                   |                |                                |                |                   |                                |                       |                               |
| Total K. Revenue                                 | \$ 15,298,164 | \$ 86,640                | \$ 9,665                     | \$ 9,650                         | \$ 11,993                   | \$ 19,046        | \$ 20,440           | \$ 1,738                          | \$ 1,589       | \$ 15,400                      | \$ 14,711,622  | \$ 418,141        | \$ -                           | \$ -                  | \$ 6,120                      |

**Supporting documentation is required to substantiate the allocations.**

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 2-REVENUE  
PAGE 28 OF 33

**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**

☒ THIS SCHEDULE IS NOT APPLICABLE

[illegible]

**Supporting documentation is required.**

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 3-APPLICABLE CREDITS  
PAGE 29 OF 33

☒ THIS SCHEDULE IS NOT APPLICABLE

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
PERIOD COVERED

1/1/16-12/31/16

| #  | DESCRIPTION OF CREDIT/INCOME | AMOUNT | TREATMENT (EXPENSE ITEM OR CATEGORY OFFSET) | EXPLANATORY NOTES |
|----|------------------------------|--------|---------------------------------------------|-------------------|
| 1  |                              |        |                                             |                   |
| 2  |                              |        |                                             |                   |
| 3  |                              |        |                                             |                   |
| 4  |                              |        |                                             |                   |
| 5  |                              |        |                                             |                   |
| 6  |                              |        |                                             |                   |
| 7  |                              |        |                                             |                   |
| 8  |                              |        |                                             |                   |
| 9  |                              |        |                                             |                   |
| 10 |                              |        |                                             |                   |
| 11 |                              |        |                                             |                   |
| 12 |                              |        |                                             |                   |
| 13 |                              |        |                                             |                   |
| 14 |                              |        |                                             |                   |
| 15 |                              |        |                                             |                   |
| 16 |                              |        |                                             |                   |
| 17 |                              |        |                                             |                   |
| 18 |                              |        |                                             |                   |

**Agency: Robins' Nest Inc**  
**Contract#: 16HWDP Mod #2**  
☒ THIS SCHEDULE IS NOT APPLICABLE

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 4 - RELATED ORGANIZATION  
PAGE 30 OF 33**

PURPOSE

☐ BUDGET PREPARATION

☒ MODIFICATION BUDGET

☐ EXPENDITURE REPORT

PERIOD COVERED

1/1/16-12/31/16

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 5 - DEPRECIATION/USE ALLOWANCE  
PAGE 31 OF 33

**PERIOD COVERED** 1/1/16-12/31/16[illegible]



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 6-COST OF EQUIPMENT  
PAGE 32 OF 33

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2  
☒ THIS SCHEDULE IS NOT APPLICABLE

PURPOSE  
☐ BUDGET PREPARATION  
☒ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
 PERIOD COVERED 1/1/16-12/31/16

[illegible]

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B  
SCHEDULE 6-COST OF EQUIPMENT  
PAGE 33 OF 33

Agency: Robins' Nest Inc  
Contract#: 16HWDP Mod #2  
☒ THIS SCHEDULE IS NOT APPLICABLE

[illegible]