

Agency: Robins' Nest Inc
Address: 42 S Delsea Drive
Glasboro, NJ 08028
Phone: 656-831-5689
Chief Executive Officer: Anthony DiFabbio, Psy D
Prepared By: Jeremy P. Wampler, CPA

Agency Federal ID#: 23-7001477
 Charles Registration #: 1881-00959
 For-Profit Agency ☐ Non-Profit Agency ☒ Public Agency ☐

Agency Fiscal Year End: December
 Schedules Completed: 1 2 3 4 5 6
☐ Cash Basis ☒ Accrual Basis

Budget Period: 1/1/18-12/31/16

Date: 11/15/2016

Prepared By: Jeremy P. Wampler, CPA

[illegible]

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

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

Fiscal Officer

Agency Authorized Signatory

Agency: Robins' Nest Inc
Address: 42 S Delsea Drive
Glassboro, NJ 08028
Phone: 856-681-5689
Chief Executive Officer: Anthony Difalco, Psy. D.
Prepared By: Jeremy P. Wampler, CPA

Date: 11/15/2016

[illegible]

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.

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.

Division Use Only

Contract # _____ Effective Dates _____ to _____
Division _____

Agency Authorized Signatory

Fiscal Officer

Agency: Robins' Nest Inc
Contract#: 16HWD? Mod #3

[illegible]

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

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3

PURPOSE	
BUDGET PREPARATION	
MODIFICATION BUDGET	
EXPENDITURE REPORT	
REVENUE REPORT	

[illegible]

Agency: Robling West Inc
Contract#: 18HWOP Mod #3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524
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[illegible]

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

4	Project Location	Personnel	Rate	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	12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Basic employee information		Performance and Compensation										Financial and Administrative Data									
Position	Employee ID	Date	Hours	TOTAL	Performance Rating	Performance Comments	Health Status	Performance Rating	Performance Comments	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs	Costs			
1. Position Title: Name of Employee	2. Employee ID	3. Date	4. Hours	5. TOTAL	6. Performance Rating	7. Performance Comments	8. Health Status	9. Performance Rating	10. Performance Comments	11. Costs	12. Costs	13. Costs	14. Costs	15. Costs	16. Costs	17. Costs	18. Costs	19. Costs			
20. Position Title: Name of Employee	21. Employee ID	22. Date	23. Hours	24. TOTAL	25. Performance Rating	26. Performance Comments	27. Health Status	28. Performance Rating	29. Performance Comments	30. Costs	31. Costs	32. Costs	33. Costs	34. Costs	35. Costs	36. Costs	37. Costs	38. Costs			
39. Position Title: Name of Employee	40. Employee ID	41. Date	42. Hours	43. TOTAL	44. Performance Rating	45. Performance Comments	46. Health Status	47. Performance Rating	48. Performance Comments	49. Costs	50. Costs	51. Costs	52. Costs	53. Costs	54. Costs	55. Costs	56. Costs	57. Costs			
58. Position Title: Name of Employee	59. Employee ID	60. Date	61. Hours	62. TOTAL	63. Performance Rating	64. Performance Comments	65. Health Status	66. Performance Rating	67. Performance Comments	68. Costs	69. Costs	70. Costs	71. Costs	72. Costs	73. Costs	74. Costs	75. Costs	76. Costs			
77. Position Title: Name of Employee	78. Employee ID	79. Date	80. Hours	81. TOTAL	82. Performance Rating	83. Performance Comments	84. Health Status	85. Performance Rating	86. Performance Comments	87. Costs	88. Costs	89. Costs	90. Costs	91. Costs	92. Costs	93. Costs	94. Costs	95. Costs			
96. Position Title: Name of Employee	97. Employee ID	98. Date	99. Hours	100. TOTAL	101. Performance Rating	102. Performance Comments	103. Health Status	104. Performance Rating	105. Performance Comments	106. Costs	107. Costs	108. Costs	109. Costs	110. Costs	111. Costs	112. Costs	113. Costs	114. Costs			
115. Position Title: Name of Employee	116. Employee ID	117. Date	118. Hours	119. TOTAL	120. Performance Rating	121. Performance Comments	122. Health Status	123. Performance Rating	124. Performance Comments	125. Costs	126. Costs	127. Costs	128. Costs	129. Costs	130. Costs	131. Costs	132. Costs	133. Costs			
134. Position Title: Name of Employee	135. Employee ID	136. Date	137. Hours	138. TOTAL	139. Performance Rating	140. Performance Comments	141. Health Status	142. Performance Rating	143. Performance Comments	144. Costs	145. Costs	146. Costs	147. Costs	148. Costs	149. Costs	150. Costs	151. Costs	152. Costs			
153. Position Title: Name of Employee	154. Employee ID	155. Date	156. Hours	157. TOTAL	158. Performance Rating	159. Performance Comments	160. Health Status	161. Performance Rating	162. Performance Comments	163. Costs	164. Costs	165. Costs	166. Costs	167. Costs	168. Costs	169. Costs	170. Costs	171. Costs			
172. Position Title: Name of Employee	173. Employee ID	174. Date	175. Hours	176. TOTAL	177. Performance Rating	178. Performance Comments	179. Health Status	180. Performance Rating	181. Performance Comments	182. Costs	183. Costs	184. Costs	185. Costs	186. Costs	187. Costs	188. Costs	189. Costs	190. Costs			
191. Position Title: Name of Employee	192. Employee ID	193. Date	194. Hours	195. TOTAL	196. Performance Rating	197. Performance Comments	198. Health Status	199. Performance Rating	200. Performance Comments	201. Costs	202. Costs	203. Costs	204. Costs	205. Costs	206. Costs	207. Costs	208. Costs	209. Costs			
210. Position Title: Name of Employee	211. Employee ID	212. Date	213. Hours	214. TOTAL	215. Performance Rating	216. Performance Comments	217. Health Status	218. Performance Rating	219. Performance Comments	220. Costs	221. Costs	222. Costs	223. Costs	224. Costs	225. Costs	226. Costs	227. Costs	228. Costs			
229. Position Title: Name of Employee	230. Employee ID	231. Date	232. Hours	233. TOTAL	234. Performance Rating	235. Performance Comments	236. Health Status	237. Performance Rating	238. Performance Comments	239. Costs	240. Costs	241. Costs	242. Costs	243. Costs	244. Costs	245. Costs	246. Costs	247. Costs			
248. Position Title: Name of Employee	249. Employee ID	250. Date	251. Hours	252. TOTAL	253. Performance Rating	254. Performance Comments	255. Health Status	256. Performance Rating	257. Performance Comments	258. Costs	259. Costs	260. Costs	261. Costs	262. Costs	263. Costs	264. Costs	265. Costs	266. Costs			
267. Position Title: Name of Employee	268. Employee ID	269. Date	270. Hours	271. TOTAL	272. Performance Rating	273. Performance Comments	274. Health Status	275. Performance Rating	276. Performance Comments	277. Costs	278. Costs	279. Costs	280. Costs	281. Costs	282. Costs	283. Costs	284. Costs	285. Costs			
286. Position Title: Name of Employee	287. Employee ID	288. Date	289. Hours	290. TOTAL	291. Performance Rating	292. Performance Comments	293. Health Status	294. Performance Rating	295. Performance Comments	296. Costs	297. Costs	298. Costs	299. Costs	300. Costs	301. Costs	302. Costs	303. Costs	304. Costs			
305. Position Title: Name of Employee	306. Employee ID	307. Date	308. Hours	309. TOTAL	310. Performance Rating	311. Performance Comments	312. Health Status	313. Performance Rating	314. Performance Comments	315. Costs	316. Costs	317. Costs	318. Costs	319. Costs	320. Costs	321. Costs	322. Costs	323. Costs			
324. Position Title: Name of Employee	325. Employee ID	326. Date	327. Hours	328. TOTAL	329. Performance Rating	330. Performance Comments	331. Health Status	332. Performance Rating	333. Performance Comments	334											

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STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
ANNEX B: CONTRACT EXPENSE DETAIL
PERSONNEL
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	12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STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
ANNEX B: CONTRACT EXPENSE DETAIL
A. PERSONNEL (FRINGE)
PAGE 12 OF 33

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3

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

BUDGET CATEGORY A. PERSONNEL-- PERSON	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
LINE ITEM	TOTAL	Nurse-Family Partnership	Family Success Center-Camden	Family Success Center-Duquoin	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	Family Success Center - Pennington
Social Security/Medicare Tax	\$ 926,971	\$ 56,219	\$ 7,590	\$ 8,392	\$ 7,130	\$ 43,394	\$ 18,889	\$ 2,803	\$ 5,448	\$ 18,095	\$ 659,305	\$ 14,728	\$ 83,770		\$ 5,085	\$ 8,085
NU Disability Tax	\$ 75,202	\$ 3,534	\$ 748	\$ 748	\$ 748	\$ 4,194	\$ 1,955	\$ 284	\$ 439	\$ 1,512	\$ 54,965	\$ 627	\$ 5,366		\$ 517	\$ 365
Unemployment Tax	\$ 154,830	\$ 10,394	\$ 1,401	\$ 1,478	\$ 1,437	\$ 7,383	\$ 2,872	\$ 545	\$ 861	\$ 2,847	\$ 105,861	\$ 2,482	\$ 15,507		\$ 991	\$ 991
Health Insurance	\$ 1,641,112	\$ 110,155	\$ 12,740	\$ 23,877	\$ 24,445	\$ 118,543	\$ 43,372	\$ 7,921	\$ 11,595	\$ 37,573	\$ 1,038,609	\$ 24,837	\$ 161,844		\$ 17,969	\$ 9,232
Dental Insurance	\$ 37,170	\$ 2,848	\$ 366	\$ 316	\$ 360	\$ 2,718	\$ 781	\$ 82	\$ 173	\$ 905	\$ 22,186	\$ 656	\$ 4,989		\$ 338	\$ 258
Life Insurance	\$ 12,863	\$ 1,092	\$ 126	\$ 126	\$ 126	\$ 869	\$ 277	\$ 58	\$ 91	\$ 119	\$ 8,728	\$ 110	\$ 1,235		\$ 105	\$ 23
Long-term Disability Insurance	\$ 18,537	\$ 1,553	\$ 179	\$ 179	\$ 179	\$ 951	\$ 394	\$ 82	\$ 128	\$ 170	\$ 12,829	\$ 159	\$ 1,757		\$ 147	\$ 32
401(k) Match	\$ 304,106	\$ 19,586	\$ 2,123	\$ 2,539	\$ 2,751	\$ 13,528	\$ 4,372	\$ 1,019	\$ 1,984	\$ 5,012	\$ 195,715	\$ 9,021	\$ 43,789		\$ 2,141	\$ 2,141
Workers' Comp. Insurance	\$ 203,408	\$ 12,946	\$ 1,809	\$ 1,939	\$ 1,956	\$ 8,489	\$ 3,434	\$ 713	\$ 1,122	\$ 3,725	\$ 141,716	\$ 3,348	\$ 20,288		\$ 1,324	\$ 1,324
Professional Liability Insurance	\$ 39,720	\$ 3,390	\$ 417	\$ 489	\$ 418	\$ 2,072	\$ 723	\$ 153	\$ 893	\$ 893	\$ 30,631				\$ 297	\$ 297
Temporary Services	\$ 54,967										\$ 40,967		\$ 14,000			
FRINGE SUBTOTAL	\$ 3,468,906	\$ 221,719	\$ 27,289	\$ 40,031	\$ 39,194	\$ 199,689	\$ 75,119	\$ 13,640	\$ 22,442	\$ 71,591	\$ 2,361,921	\$ 53,663	\$ 352,556		\$ 28,894	\$ 20,758
BUDGET CATEGORY A. PERSONNEL TOTAL	\$ 15,673,638	\$ 1,009,231	\$ 138,695	\$ 157,182	\$ 144,278	\$ 783,412	\$ 271,446	\$ 67,187	\$ 92,897	\$ 298,148	\$ 10,739,251	\$ 224,593	\$ 1,571,196		\$ 92,518	\$ 83,336

PERIOD COVERED 1/1/16-12/31/15

BUDGET CATEGORY & CONSULTANTS AND PROFESSIONAL FEES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
LINE ITEM	TOTAL	Nurse-Family Partnership	Family Success Center-Children	Family Success Center-Adolescent	Family Success Center-Adult	Healthy Families	Parents as Teachers	Church Council for Young Children	Central Inmate	Family Success Center-Adults	Other Services	Unallowable Costs	Overhead & Administrative Costs	Early Childhood Fund	Family Success Center-Orphan	Family Success Center-Perinatal
Audit/air return fees	\$ 52,785	\$ 457	\$ 152	\$ 152	\$ 152	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 17,375		\$ 32,212			
Bonifita Rosen/Professional Fee	\$ 18,605	\$ 978	\$ 213	\$ 213	\$ 213	\$ 1,151	\$ 418	\$ 78	\$ 125	\$ 422	\$ 13,064	\$ 171	\$ 1,195		\$ 193	\$ 193
Other Consultants/Subcontracted Services	\$ 296,693	\$ 37,339	\$ 1,579	\$ 1,579	\$ 1,579	\$ 9,212	\$ 3,043	\$ 967	\$ 322	\$ 3,113	\$ 199,278	\$ 4,940	\$ 73,019		\$ 613	\$ 593
Leveraged Professional Services	\$ 37,502		\$ 8,334	\$ 8,334	\$ 8,334					\$ 12,500						
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BUDGET CATEGORY B, TOTAL	\$ 415,585	\$ 38,772	\$ 10,276	\$ 10,276	\$ 10,276	\$ 10,620	\$ 3,916	\$ 1,172	\$ 504	\$ 18,629	\$ 189,714	\$ 5,111	\$ 105,038		\$ 766	\$ 714

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Contract#: 16HWDP Mod #3

☐ BUDGET PREPARATION
☒ MODIFICATION BUDGET
☐ EXPENDITURE REPORT

PERIOD COVERED 1/1/18-12/31/18

BUDGET CATEGORY - C. MATERIALS AND SUPPLIES																
LINE ITEM	BASIS FOR ALLOCATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	TOTAL	Nurses/Family Partnership	Family Success Center-Granton	Family Success Center-Dubuque	Family Success Center-Salem	Healthy Families	Parents as Teachers	County Council for Young Children	Central Instate	Family Success Center-Atlantic	Other Services	Unallowable Costs	General & Administrative Costs	Early Childhood Funds	Family Success Center - Ocean	
Office Supplies		\$ 382,293	\$ 11,253	\$ 5,754	\$ 3,263	\$ 2,924	\$ 12,731	\$ 4,071	\$ 300	\$ 1,436	\$ 8,553	\$ 272,438	\$ 785	\$ 59,807		\$ 600
Printing/Publishing		\$ 45,740			\$ 195					\$ 2,000	\$ 175	\$ 5,897	\$ 13,160	\$ 23,063		\$ 600
Equipment/Copier/Rental		\$ 74,661	\$ 1,448	\$ 2,144	\$ 2,144	\$ 2,144	\$ 1,230	\$ 1,249			\$ 5,221	\$ 48,933	\$ 589	\$ 7,102		\$ 1,250
Educational Resources/Supplies		\$ 24,542									\$ 23,542					\$ 500
Recreational Activities/Supplies		\$ 62,949		\$ 8,550	\$ 6,118	\$ 6,101		\$ 4,400		\$ 13,700	\$ 17,150					\$ 3,250
Household Supplies		\$ 18,280									\$ 18,280					
Food (clients)		\$ 44,242									\$ 44,242					
Center Furniture		\$ 21,845	\$ 389	\$ 389	\$ 369	\$ 389				\$ 738						\$ 10,000
Technology		\$ 8,000														\$ 4,000
Electronics		\$ 2,000														\$ 1,000
Medical Supplies		\$ 125	\$ 125													
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Contract#: 16HW02P Mod #3

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PURPOSE

☐ BUDGET PREPARATION

☒ MODIFICATION BUDGET

☐ EXPENDITURE REPORT

PERIOD COVERED 11/15-12/31/18

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Contract#: 161FWDP Mod #3

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Agency: Robins' Nest Inc

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PERIOD COVERED 1/1/18-12/31/18

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Agency: Robins' Nest Inc
Contract#: 15HWDP Mod #3

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F. OTHER
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PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT

PERIOD COVERED 11/16-12/31/16

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Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3

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Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3
☐ THIS SCHEDULE IS NOT APPLICABLE

PURPOSE	BUDGET PREPARATION	MODIFICATION BUDGET	EXPENDITURE REPORT	PERIOD COVERED	1/1/74
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Agency: Robins' Nest Inc
Contract#: 16HWD Mod #3
☐ THIS SCHEDULE IS NOT APPLICABLE

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 2-REVENUE
PAGE 27 OF 33

Agency: Robins' Nest Inc
Contract#: 16HWP Mod #3
☐ THIS SCHEDULE IS NOT APPLICABLE

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

DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	TOTAL	Nurse Family Partnership	Family Success Center-Clinton	Family Success Center-Gloster	Family Success Center-Salem	Healthy Families	Parents as Teachers	County Council for Young Children	Central Intake	Family Success Center-Villavicencio	Other Services	Unallowable Costs	General & Administrative Costs	Early Childhood Funds	Family Success Center - Ocean
Leveraged In-Kind Donations	\$ 37,500		\$ 8,334	\$ 8,333	\$ 8,333					\$ 12,500					
Unrestricted Agency Funds	\$ 15,670,688				\$ 1,515			\$ 1,489			\$ 15,271,545	\$ 396,139			
Other Revenue	\$ 10,000	\$ 10,000													
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Total K. Revenue	\$ 15,718,188	\$ 10,000	\$ 8,334	\$ 8,333	\$ 9,848			\$ 1,489		\$ 12,500	\$ 15,271,545	\$ 396,139			\$ -

Supporting documentation is required to substantiate the allocations.

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3
☐ THIS SCHEDULE IS NOT APPLICABLE

Supporting documentation is requ

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

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3

☒ 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
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Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3
☒ THIS SCHEDULE IS NOT APPLICABLE

1/1/16-12/31/16

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PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT

BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT[illegible]

Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3
☒ THIS SCHEDULE IS NOT APPLICABLE

PURPOSE	
☐	BUDGET PREPARATION
☒	MODIFICATION BUDGET
☐	EXPENDITURE REPORT
	PERIOD COVERED 1/1/11

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Agency: Robins' Nest Inc
Contract#: 16HWDP Mod #3
☒ THIS SCHEDULE IS NOT APPLICABLE

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