NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider **Robins' Nest, Inc.**
Division **DFCP**
Contract **17HWDP**
Dates **1/1/2017** to **12/31/2017**

Contract Characteristics

Reporting Requirements
- ☐ None
- ☐ Monthly
- ☑ Quarterly
- ☐ Other

Advance Payments
- ☐ None
- ☑ Monthly

Type of Contract
- ☑ Cost Related
- ☐ Non-Cost Related

Reimbursement Type
- ☐ Periodic Reported Expenditures
- ☑ Installments
- ☐ Provisional
- ☐ Fixed Rate

Account and CFDA Information	Amt
1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-024 (Non-CFDA Acct)	$1,884,000.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)	$1,330,318.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$20,000.00
1630-071 (84.412 RACE TO THE TOP – EARLY LEARNING CHALLENGE)	$75,000.00
Grand Total	**$4,794,014.00**

Authorized Provider Signature _____

Date _____

Contract Supervisor Signature Danielle Danby

Date 2/13/17

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Robins' Nest, Inc.**
Division **DFCP**
Contract **17HWDP**
Dates **1/1/2017** to **12/31/2017**

Original Contract Ceiling
$4,794,014.00

Contract Modifications	
Mod 1	$0.00
Mod 2	$0.00
Mod 3	$0.00
Mod 4	$0.00
Mod 5	$0.00
Mod 6	$0.00
Mod 7	$0.00
Mod 8	$0.00
	$0.00

Total Contract Ceiling
$4,794,014.00

Total Match Amount
$0.00

Amended Contract Ceiling *
$4,794,014.00

Payments by Month *	
2017 January	$454,502.00
2017 February	$394,502.00
2017 March	$394,502.00
2017 April	$394,502.00
2017 May	$394,502.00
2017 June	$394,502.00
2017 July	$394,502.00
2017 August	$394,502.00
2017 September	$394,502.00
2017 October	$394,502.00
2017 November	$394,502.00
2017 December	$394,492.00
Grand Total	$4,794,014.00

Payments by State Fiscal Year *	
2017 1610-062	$148,260.00
2017 1630-010	$287,148.00
2017 1630-044	$665,160.00
2017 1630-024	$962,002.00
2017 1630-040	$164,538.00
2017 1630-071	$37,500.00
2017 1630-065	$20,000.00
2017 1630-039	$142,404.00
2018 1610-062	$148,257.00
2018 1630-010	$287,146.00
2018 1630-044	$665,158.00
2018 1630-024	$921,998.00
2018 1630-040	$164,542.00
2018 1630-071	$37,500.00
2018 1630-039	$142,401.00
Grand Total	$4,794,014.00

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

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

Provider Name: Robins' Nest, Inc.
Component Name: Nurse Family Partnership
Contract Administrator: Magdalena Myles

Division	DFCP	Contract No	17HWDP	Contract Start	1/1/2017	Contract End	12/31/2017

Block 1 — Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-010 (Non-CFDA Acct)

Early Childhood Services

	Month	YY	Amount
	1	2017	$47,858.00
Enter	2	2017	$47,858.00
Mod #	3	2017	$47,858.00
1 thru 8	4	2017	$47,858.00
above.	5	2017	$47,858.00
If new or	6	2017	$47,858.00
renewal	7	2017	$47,858.00
leave blank	8	2017	$47,858.00
Match Required?	9	2017	$47,858.00
	10	2017	$47,858.00
☑ No	11	2017	$47,858.00
☐ Yes	12	2017	$47,856.00
0.0%		Total	$574,294.00

Block 2 — Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2017	$20,000.00
Enter	2	2017	$20,000.00
Mod #	3	2017	$20,000.00
1 thru 8	4	2017	$20,000.00
above.	5	2017	$20,000.00
If new or	6	2017	$20,000.00
renewal	7	2017	$20,000.00
leave blank	8	2017	$20,000.00
Match Required?	9	2017	$20,000.00
	10	2017	$20,000.00
☑ No	11	2017	$20,000.00
☐ Yes	12	2017	$20,000.00
0.0%		Total	$240,000.00

Block 3 — Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2017	$40,000.00
Enter	2	2017	$40,000.00
Mod #	3	2017	$40,000.00
1 thru 8	4	2017	$40,000.00
above.	5	2017	$40,000.00
If new or	6	2017	$40,000.00
renewal	7	2017	$40,000.00
leave blank	8	2017	$40,000.00
Match Required?	9	2017	$40,000.00
	10	2017	$40,000.00
☑ No	11	2017	$40,000.00
☐ Yes	12	2017	$40,000.00
0.0%		Total	$480,000.00

Blocks 4–9 (each identical) — Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$1,294,294.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$1,294,294.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA # 93.870, BFY 17 & 18, $240,000
CFDA # 93.870, BFY 17 & 18, $480,000

New Jersey Department of Children and Families

Component
2

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Glassboro Family Success Center

Contract Administrator Magdalena Myles

Division	DFCP	Contract No	17HWDP	Contract Start	1/1/2017	Contract End	12/31/2017

Funding block 1

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$20,000.00
Enter	2	2017	$20,000.00
Mod #	3	2017	$20,000.00
1 thru 8	4	2017	$20,000.00
above.	5	2017	$20,000.00
If new or	6	2017	$20,000.00
renewal	7	2017	$20,000.00
leave	8	2017	$20,000.00
blank	9	2017	$20,000.00
Match Required?	10	2017	$20,000.00
☑ No	11	2017	$20,000.00
☐ Yes	12	2017	$20,000.00
0.0%		Total	$240,000.00

Funding block 2

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Funding block 3

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Funding block 4

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Funding block 5

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Funding block 6

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Funding block 7

Type of Fundin: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Funding block 8

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Funding block 9

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

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

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

Component

3

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Provider Name: Robins' Nest, Inc.
Component Name: Winslow Family Success Center
Contract Administrator: Magdalena Myles

Division: DFCP
Contract No: 17HWDP
Contract Start: 1/1/2017
Contract End: 12/31/2017

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$20,000.00
Enter	2	2017	$20,000.00
Mod #	3	2017	$20,000.00
1 thru 8	4	2017	$20,000.00
above.	5	2017	$20,000.00
If new or	6	2017	$20,000.00
renewal	7	2017	$20,000.00
leave	8	2017	$20,000.00
blank	9	2017	$20,000.00
Match Required?	10	2017	$20,000.00
☑ No	11	2017	$20,000.00
☐ Yes	12	2017	$20,000.00
0.0%	Total		$240,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

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

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

New Jersey Department of Children and Families

Component

4

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Riverview Family Success Center

Contract Administrator Magdalena Myles

Division DFCP **Contract No** 17HWDP **Contract Start** 1/1/2017 **Contract End** 12/31/2017

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$20,000.00
Enter	2	2017	$20,000.00
Mod #	3	2017	$20,000.00
1 thru 8	4	2017	$20,000.00
above.	5	2017	$20,000.00
If new or	6	2017	$20,000.00
renewal	7	2017	$20,000.00
leave	8	2017	$20,000.00
blank	9	2017	$20,000.00
Match Required?	10	2017	$20,000.00
☑ No	11	2017	$20,000.00
☐ Yes	12	2017	$20,000.00
0.0%		Total	$240,000.00

Type of Fundin: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
☐ No			
☐ Yes			
0.0%		Total	$0.00

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

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

5

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Healthy Families / TIP

Contract Administrator Magdalena Myles

Division DFCP | Contract No 17HWDP | Contract Start 1/1/2017 | Contract End 12/31/2017

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank	1	2017	$11,110.00
	2	2017	$11,110.00
	3	2017	$11,110.00
	4	2017	$11,110.00
	5	2017	$11,110.00
	6	2017	$11,110.00
	7	2017	$11,110.00
	8	2017	$11,110.00
Match Required? ☑ No ☐ Yes	9	2017	$11,110.00
	10	2017	$11,110.00
	11	2017	$11,110.00
	12	2017	$11,108.00
0.0%		Total	$133,318.00

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

Kids Needs

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank	1	2017	$23,734.00
	2	2017	$23,734.00
	3	2017	$23,734.00
	4	2017	$23,734.00
	5	2017	$23,734.00
	6	2017	$23,734.00
	7	2017	$23,734.00
	8	2017	$23,734.00
Match Required? ☑ No ☐ Yes	9	2017	$23,734.00
	10	2017	$23,734.00
	11	2017	$23,734.00
	12	2017	$23,731.00
0.0%		Total	$284,805.00

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)

TITLE IV-B FPSS

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank	1	2017	$24,710.00
	2	2017	$24,710.00
	3	2017	$24,710.00
	4	2017	$24,710.00
	5	2017	$24,710.00
	6	2017	$24,710.00
	7	2017	$24,710.00
	8	2017	$24,710.00
Match Required? ☑ No ☐ Yes	9	2017	$24,710.00
	10	2017	$24,710.00
	11	2017	$24,710.00
	12	2017	$24,707.00
0.0%		Total	$296,517.00

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

TANF

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank	1	2017	$27,423.00
	2	2017	$27,423.00
	3	2017	$27,423.00
	4	2017	$27,423.00
	5	2017	$27,423.00
	6	2017	$27,423.00
	7	2017	$27,423.00
	8	2017	$27,423.00
Match Required? ☑ No ☐ Yes	9	2017	$27,423.00
	10	2017	$27,423.00
	11	2017	$27,423.00
	12	2017	$27,427.00
0.0%		Total	$329,080.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$1,043,720.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$1,043,720.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA # 93.870, BFY 17 & 18, $133,318
CFDA # 93.558, BFY 17 & 18, $284,805
CFDA # 93.556, BFY 17 & 18, $296,517
CFDA # 93.558, BFY 17 & 18, $329,080

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component: 6

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name: Robins' Nest, Inc.
Component Name: Parents as Teachers
Contract Administrator: Magdalena Myles

Division: DFCP | Contract No: 17HWDP | Contract Start: 1/1/2017 | Contract End: 12/31/2017

Funding Block 1

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank	1	2017	$29,750.00
	2	2017	$29,750.00
	3	2017	$29,750.00
	4	2017	$29,750.00
	5	2017	$29,750.00
	6	2017	$29,750.00
	7	2017	$29,750.00
	8	2017	$29,750.00
Match Required?	9	2017	$29,750.00
☑ No	10	2017	$29,750.00
☐ Yes	11	2017	$29,750.00
	12	2017	$29,750.00
0.0%		Total	$357,000.00

Funding Block 2

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 3

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 4

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 5

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 6

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 7

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 8

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Funding Block 9

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Month | YY | Amount — Enter Mod # 1 thru 8 above. If new or renewal leave blank. Match Required? ☐ No ☐ Yes — 0.0% — Total $0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$357,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$357,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:
CFDA # 93.870, BFY 17 & 18, $357,000

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

9

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name County Councils for Young Children

Contract Administrator Magdalena Myles

Division	DFCP	**Contract No**	17HWDP	**Contract Start**	1/1/2017	**Contract End**	12/31/2017

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-071 (84.412 RACE TO THE TOP – EARLY LEARNING CHALLENGE)

Race to the Top

	Month	YY	Amount
	1	2017	$6,250.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank	2	2017	$6,250.00
	3	2017	$6,250.00
	4	2017	$6,250.00
	5	2017	$6,250.00
	6	2017	$6,250.00
	7	2017	$6,250.00
	8	2017	$6,250.00
Match Required? ☑ No ☐ Yes	9	2017	$6,250.00
	10	2017	$6,250.00
	11	2017	$6,250.00
	12	2017	$6,250.00
0.0%	Total		$75,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$75,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$75,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA # 84.412, BFY 17 & 18, $75,000

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

10

Schedule of Estimated Claims

Third Party Contracts

SEC version 8/22/2016

Provider Name Robins' Nest, Inc.

Component Name Central Intake

Contract Administrator Magdalena Myles

Division	DFCP	**Contract No**	17HWDP	**Contract Start**	1/1/2017	**Contract End**	12/31/2017

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2017	$10,000.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank	2	2017	$10,000.00
	3	2017	$10,000.00
	4	2017	$10,000.00
	5	2017	$10,000.00
	6	2017	$10,000.00
	7	2017	$10,000.00
	8	2017	$10,000.00
Match Required?	9	2017	$10,000.00
	10	2017	$10,000.00
☑ No	11	2017	$10,000.00
☐ Yes	12	2017	$10,000.00
0.0%		Total	$120,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$120,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$120,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA # 93.870, BFY 17 & 18, $120,000

New Jersey Department of Children and Families

Component
12

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

Provider Name: Robins' Nest, Inc.

Component Name: Oceanside Family Success Center 1 & 2

Contract Administrator: Magdalena Myles

Division	DFCP	Contract No	17HWDP	Contract Start	1/1/2017	Contract End	12/31/2017

Block 1

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$41,667.00
Enter	2	2017	$41,667.00
Mod #	3	2017	$41,667.00
1 thru 8	4	2017	$41,667.00
above.	5	2017	$41,667.00
If new or	6	2017	$41,667.00
renewal	7	2017	$41,667.00
leave blank	8	2017	$41,667.00
Match Required?	9	2017	$41,667.00
	10	2017	$41,667.00
☑ No	11	2017	$41,667.00
☐ Yes	12	2017	$41,663.00
0.0%		Total	$500,000.00

Block 2

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Block 3

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Block 4

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Block 5

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Block 6

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Block 7

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Block 8

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Block 9

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

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

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
14

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

Provider Name: Robins' Nest, Inc.
Component Name: Ocean County Family Success Center
Contract Administrator: Magdalena Myles

Division: DFCP | Contract No: 17HWDP | Contract Start: 1/1/2017 | Contract End: 12/31/2017

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$27,000.00
Enter	2	2017	$27,000.00
Mod #	3	2017	$27,000.00
1 thru 8	4	2017	$27,000.00
above.	5	2017	$27,000.00
If new or	6	2017	$27,000.00
renewal	7	2017	$27,000.00
leave	8	2017	$27,000.00
blank	9	2017	$27,000.00
Match Required?	10	2017	$27,000.00
☑ No	11	2017	$27,000.00
☐ Yes	12	2017	$27,000.00
0.0%		Total	$324,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2017	$15,000.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☑ No ☐ Yes			
0.0%		Total	$15,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Fundin: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Fundin: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%		Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$339,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$339,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

15

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name: Robins' Nest, Inc.

Component Name: Salem County Family Success Center

Contract Administrator: Magdalena Myles

Division	DFCP	Contract No	17HWDP	Contract Start	1/1/2017	Contract End	12/31/2017

Type of Funding: ☑ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☑ No ☐ Yes

0.0%

Month	YY	Amount
1	2017	$25,000.00
2	2017	$25,000.00
3	2017	$25,000.00
4	2017	$25,000.00
5	2017	$25,000.00
6	2017	$25,000.00
7	2017	$25,000.00
8	2017	$25,000.00
9	2017	$25,000.00
10	2017	$25,000.00
11	2017	$25,000.00
12	2017	$25,000.00
	Total	$300,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-024 (Non-CFDA Acct)

Family Support PCP

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☑ No ☐ Yes

0.0%

Month	YY	Amount
1	2017	$25,000.00
	Total	$25,000.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

Enter Mod # 1 thru 8 above. If new or renewal leave blank

Match Required? ☐ No ☐ Yes

0.0%

Month	YY	Amount
	Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$325,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$325,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **16**

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.
Component Name ECCS Impact Grant
Contract Administrator Magdalena Myles

Division	Contract No	Contract Start	Contract End
DFCP	17HWDP	1/1/2017	12/31/2017

Block 1

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☑ 1-time Funding

1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)

ECCS (Early Childhood Comp Sys)

	Month	YY	Amount
	1	2017	$20,000.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☑ No ☐ Yes			
0.0%	Total		$20,000.00

Blocks 2–9

Each of the remaining eight blocks reads:

Type of Funding: ☐ Annualized ☐ Prorated ☐ Balance Forward ☐ Final Year ☐ 1-time Funding

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 8 above. If new or renewal leave blank			
Match Required? ☐ No ☐ Yes			
0.0%	Total		$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$20,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$20,000.00

Mod 1	$0.00	Mod 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

CFDA # 93.110, BFY 17, $20,000