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

P1.10
ATTCH A

Provider Agency Name Robins' Nest, Inc. Modification # 3
Fiscal-Year-End December 31 Contract Term 1/1/17 thru 12/31/17
Contract # 17HWDP Cognizant Contract: Yes ☒ No ☐
Division(s) affected by the Modification **Division of Family and Community Partnerships**
• Date of most recently approved Contract Modification **August 1, 2017**
• Requested effective date for this Contract Modification **November 30, 2017**
Check applicable area(s) to be modified:

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

Please attach an explanation

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

BY: _____ (Signature)
Anthony DiFabio, Psy. D (type name)
Title **Executive Director**
Provider Agency: **Robins' Nest, Inc.**
Date: 1/3/2018

BY: _____ (Signature)
Juanita Byrd (type name)
Title **Business Manager / SBO**
Departmental Component: **DCF**
Date: 01/31/18

DATE EFFECTIVE **November 30, 2017**
(To be completed by the Department)

CONTRACT MODIFICATION P1.10 ATTACHMENT A

Agency Name:	**Robins' Nest, Inc.**
Contract Number:	**17HWDP**
Program Name:	**Central Intake** **Family Success Centers** **Healthy Families/TIP** **Nurse Family Partnership** **Parents as Teachers** **ECCS Impact Grant**
Funding Amount:	**NA**
Effective Date:	**November 30, 2017**
APU:	**NA**

Reason for Modification:

Modification for change exceeding the Flexible Limits.