

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

P1.10
ATTCH A

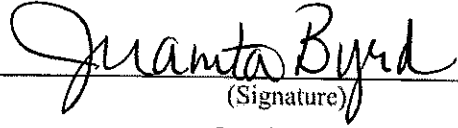
Provider Agency Name Robins' Nest, Inc. Modification # 3
Fiscal-Year-End December 31 Contract Term 1/1/17 thru 12/31/17
Contract # 17HWDP Cognizant Contract: Yes ☒ No ☐
Division(s) affected by the Modification Division of Family and Community Partnerships
• Date of most recently approved Contract Modification 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)

BY: 
(Signature)
Juanita Byrd
(type name)

Title Executive Director

Title Business Manager / SBO

Provider Robins' Nest, Inc.

Departmental DCF

Agency: _____

Component: _____

Date: 1/3/2018

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.