

Agency: Robins' Nest Inc  
Address: 42 S Delisea Drive  
Glassboro, NJ 08028  
Phone: 856-381-6589  
Chief Executive Officer: Anthony DiFazio, Psy. D.  
Prepared By: Jeremy P. Wampler, CPA

Agency Federal Id#: 23-7001477  
 Charities Registration #: 1887-00859  
☐ 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

Date: 12/6/2017

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

[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  
Division

Fiscal Officer

Agency Authorized Signatory

Agency: Robins' Nest Inc  
Address: 42 S Delissa Drive  
Glassboro, NJ 08028  
Phone: 856-681-9589  
Chief Executive Officer: Anthony DiFazio, Psy. D.  
Prepared By: Jeremy P. Wampler, CPA

Agency Federal ID#: 23-7001477  
 Charities Registration #: 1881-00959  
☒ Non-Profit Agency ☐ For-Profit Agency  
 Agency Fiscal Year End: December  
 Schedules Completed: 1 2 3 4  
☐ Cash Basis ☒ Accrual Basis  
 Budget Period: 1/1/18-12/31

Date: 12/6/2017

1/1/18-12/31/18

| 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 # |
|----------------------------------------------------------------------|------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|------------------------|-------------------------|------------------------------------------------|
| DFOF                                                                 | 18HWDG     | #3-Family Success Center - Oceanside  | \$ 500,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #4-Family Success Center-Winslow      | \$ 240,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #5-Family Success Center - Glassboro  | \$ 240,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #6-Family Success Center - Ocean      | \$ 324,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #7-Family Success Center - Pennsville | \$ 300,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #8-Family Success Center - Salem      | \$ 240,000                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #9-Healthy Families                   | \$ 910,402                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #10-Nurse-Family Partnership          | \$ 574,284                                                                                                                                                                                | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 881-8689              |
| DFOF                                                                 | 18HWDG     | #12-ECCS Impact Grant                 | \$ 11,667                                                                                                                                                                                 | CORE            | Cost Related  | Scheduled Installments | Madeleine Myles         | Kathy Wingate, CFO (656) 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.                    |                 |               |                        |                         |                                                |
| Contract # _____<br>Effective Dates _____ to _____<br>Division _____ |            |                                       |                                                                                                                                                                                           |                 |               |                        |                         |                                                |
|                                                                      |            |                                       | 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. |                 |               |                        |                         |                                                |
|                                                                      |            |                                       | Agency Authorized Signatory                                                                                                                                                               |                 |               |                        |                         |                                                |
|                                                                      |            |                                       | Fiscal Officer                                                                                                                                                                            |                 |               |                        |                         |                                                |

Agency: Robins' Nest fac  
Contract#: 18HWDP

## PURPOSE

☒ BUDGET PREPARATION ☐ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT ☐ OTHER

PERIOD COVERED 01/01/2018-12/31/2X

[illegible]



## 4 OF 33

Contract#: 18HWDP

PERIOD COVERED 01/01/2018-12/31/2018

| A. BUDGET CATEGORY: PERSONNEL |                                                      |               |             |            |           |            |            |            |            |          |           |           |           |           |           |          |           |           |           |
|-------------------------------|------------------------------------------------------|---------------|-------------|------------|-----------|------------|------------|------------|------------|----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|
| Position Number               | Position Title/Name of Employee                      | Date Employed | Hours /Week | TOTAL      | 1         | 2          | 3          | 4          | 5          | 6        | 7         | 8         | 9         | 10        | 11        | 12       | 13        | 14        | 15        |
| 1                             | Team Lead/Simon, Jody                                | 11/30/2015    | 40          | \$ 44,568  | \$ 8,914  |            |            |            |            |          |           |           |           |           |           | \$ 3,900 |           | \$ 31,754 |           |
| 2                             | Administrative Assistant/Castro, Merysol             | 5/16/2009     | 40          | \$ 31,424  | \$ 21,997 |            |            |            |            |          |           |           |           |           |           |          |           |           |           |
| 3                             | Intake Coordinator/Slaavery, Stephanie               | 9/12/2016     | 40          | \$ 35,266  | \$ 22,923 |            |            |            |            |          |           |           |           |           |           |          |           | \$ 12,343 |           |
| 4                             | Family Support Worker/Benavidez, Elena               | #####         | 40          | \$ 28,319  |           |            |            |            |            |          |           |           |           |           |           |          |           |           |           |
| 5                             | Program Supervisor/Jones, Kia                        | 10/19/2015    | 40          | \$ 43,389  |           |            | \$ 43,389  |            |            |          |           |           |           |           |           |          |           | \$ 9,427  |           |
| 6                             | Program Supervisor/Reamer, Christina                 | 9/4/2012      | 40          | \$ 50,916  |           |            | \$ 50,916  |            |            |          |           |           |           |           |           |          |           | \$ 28,319 |           |
| 7                             | Family Partner/Couch, Tammy                          | 10/19/2015    | 40          | \$ 33,345  |           |            | \$ 33,345  |            |            |          |           |           |           |           |           |          |           |           |           |
| 8                             | Family Partner/Figueroa, Brubara                     | 9/18/2017     | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           |           |           |
| 9                             | Vol & Comm Part, Coordinator Part/Martinez, Inesabel | 8/11/2014     | 40          | \$ 36,937  |           |            | \$ 36,937  |            |            |          |           |           |           |           |           |          |           |           |           |
| 10                            | Vol & Comm Part, Coordinator Part/Herring, Ashia     | 5/22/2017     | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           | \$ 7,874  |           |
| 11                            | Program Director/Burke, Carl                         | 1/10/2011     | 40          | \$ 57,068  |           |            | \$ 9,844   | \$ 7,885   | \$ 7,874   | \$ 7,874 | \$ 7,874  |           |           |           |           |          |           | \$ 7,873  |           |
| 12                            | Family Partner/Soria, Lisette                        | 7/29/2013     | 40          | \$ 42,564  |           |            | \$ 42,564  |            |            |          |           |           |           |           |           |          |           |           |           |
| 13                            | Vol & Comm Part, Coordinator Part/Todd, Felina       | 9/11/2017     | 40          | \$ 35,266  |           |            | \$ 35,266  |            |            |          |           |           |           |           |           |          |           |           |           |
| 14                            | Program Supervisor/Hoffman, Gina                     | 6/13/2018     | 40          | \$ 32,740  |           |            | \$ 32,740  |            |            |          |           |           |           |           |           |          |           |           |           |
| 15                            | Family Partner/Frasca, Alyssa                        | 6/22/2015     | 40          | \$ 42,564  |           |            | \$ 42,564  |            |            |          |           |           |           |           |           |          |           |           |           |
| 16                            | Vol & Comm Part Coordinator Part/Simmons Jewell, Jon | 7/8/2017      | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           |           |           |
| 17                            | Program Supervisor/Pattar, Kimberly                  | 1/3/2017      | 40          | \$ 46,865  |           |            | \$ 46,865  |            |            |          |           |           |           |           |           |          |           |           |           |
| 18                            | Family Partner/ Isaacs, Justin                       | 10/22/2017    | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           |           |           |
| 19                            | Family Partner/ Lopez, Alexis                        | 7/17/2017     | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           |           |           |
| 20                            | Vol & Comm Part, Coordinator Part/Ella, Tera         | 5/22/2017     | 40          | \$ 32,134  |           |            | \$ 32,134  |            |            |          |           |           |           |           |           |          |           |           |           |
| 21                            | Program Supervisor/Taylor, Stephanie                 | 10/3/2016     | 40          | \$ 42,564  |           |            | \$ 42,564  |            |            |          |           |           |           |           |           |          |           |           |           |
| 22                            | Family Partner/Fachin, Lauren                        |               | 40          | \$ 30,108  |           |            | \$ 30,108  |            |            |          |           |           |           |           |           |          |           |           |           |
| SUBTOTAL (Line 1)             |                                                      |               |             | \$ 858,881 | \$ 53,834 | \$ 239,705 | \$ 116,455 | \$ 144,708 | \$ 151,141 | \$ 7,874 | \$ 37,740 | \$ 42,564 | \$ 30,108 | \$ 32,134 | \$ 32,134 | \$ 3,900 | \$ 31,754 | \$ 12,343 | \$ 54,670 |

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
5 OF 33

Agency: Robins' Nest Inc  
Contract#: 18HWDP

| BUDGET CATEGORY: PERSONNEL |  |  |  |  |  |  |  |  |  | 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 | 1222 | 1223 | 1224 | 1225 | 1226 | 1227 | 1228 | 1229 | 1230 | 1231 | 1232 | 1233 | 1234 | 1235 | 1236 | 1237 | 1238 | 1239 | 1240 | 1241 | 1242 | 1243 | 1244 | 1245 | 1246 | 1247 | 1248 | 1249 | 1250 | 1251 | 1252 | 1253 | 1254 | 1255 | 1256 | 1257 | 1258 | 1259 | 1260 | 1261 | 1262 | 1263 | 1264 | 1265 | 1266 | 1267 | 1268 | 1269 | 1270 | 1271 | 1272 | 1273 | 1274 | 1275 | 1276 | 1277 | 1278 | 1279 | 1280 | 1281 | 1282 | 1283 | 1284 | 1285 | 1286 | 1287 | 1288 | 1289 | 1290 | 1291 | 1292 | 1293 | 1294 | 1295 | 1296 | 1297 | 1298 | 1299 | 1300 | 1301 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | 1323 | 1324 | 1325 | 1326 | 1327 | 1328 | 1329 | 1330 | 1331 | 1332 | 1333 | 1334 | 1335 | 1336 | 1337 | 1338 | 1339 | 1340 | 1341 | 1342 | 1343 | 1344 | 1345 | 1346 | 1347 | 1348 | 1349 | 1350 | 1351 | 1352 | 1353 | 1354 | 1355 | 1356 | 1357 | 1358 | 1359 | 1360 | 1361 | 1362 | 1363 | 1364 | 1365 | 1366 | 1367 | 1368 | 1369 | 1370 | 1371 | 1372 | 1373 | 1374 | 1375 | 1376 | 1377 | 1378 | 1379 | 1380 | 1381 | 1382 | 1383 | 1384 | 1385 | 1386 | 1387 | 1388 | 1389 | 1390 | 1391 | 1392 | 1393 | 1394 | 1395 | 1396 | 1397 | 1398 | 1399 | 1400 | 1401 | 1402 | 1403 | 1404 | 1405 | 1406 | 1407 | 1408 | 1409 | 1410 | 1411 | 1412 | 1413 | 1414 | 1415 | 1416 | 1417 | 1418 | 1419 | 1420 | 1421 | 1422 | 1423 | 1424 | 1425 | 1426 | 1427 | 1428 | 1429 | 1430 | 1431 | 1432 | 1433 | 1434 | 1435 | 1436 | 1437 | 1438 | 1439 | 1440 | 1441 | 1442 | 1443 | 1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 147 |
|----------------------------|--|--|--|--|--|--|--|--|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----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|----------------------------|--|--|--|--|--|--|--|--|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----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STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
PERSONNEL  
6 OF 33

| A  | BUREAU CATEGORY PERSONNEL | Position Title Name of Employee                  | Position Number | Date Employed | Hours /Week | 1          | 2             | 3                              | 4                            | 5                              | 6                           | 7                                  | 8                                 | 9                | 10                       | 11                  | 12                | 13   | 14       | 15   |
|----|---------------------------|--------------------------------------------------|-----------------|---------------|-------------|------------|---------------|--------------------------------|------------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------------------|------------------|--------------------------|---------------------|-------------------|------|----------|------|
|    |                           |                                                  |                 |               |             | TOTAL      | Center Inmate | Family Success Center-Oceanide | Family Success Center-Window | Family Success Center-Glaxboro | Family Success Center-Ocean | Family Success Center - Pennington | Family Success Center - Riverview | Healthy Families | Nurse-Family Partnership | Parents as Teachers | ECES Impact Grant |      |          |      |
| 24 |                           | Vol & Comm Preshep Coord/Fam Pro/DelBusto, Marge | 23              | 1/9/17        | 40          | \$ 32,134  |               |                                |                              |                                |                             | \$ 32,134                          | \$ 32,134                         |                  |                          |                     |                   |      |          |      |
| 25 |                           | Vol & Comm Preshep Coord/Fam Pro/Reid, Aida      | 24              | 1/9/17        | 40          | \$ 32,134  |               |                                |                              |                                |                             | \$ 32,134                          | \$ 42,564                         |                  |                          |                     |                   |      |          |      |
| 26 |                           | Program Supervisor/Konopka, Michelle             | 25              | 10/9/2015     | 40          | \$ 42,564  |               |                                |                              |                                |                             |                                    | \$ 42,564                         |                  |                          |                     |                   |      |          |      |
| 27 |                           | Family Partner/Lee, Lisa                         | 26              | 8/22/17       | 40          | \$ 32,134  |               |                                |                              |                                |                             |                                    | \$ 32,134                         |                  |                          |                     |                   |      |          |      |
| 28 |                           | Family Partner/McCormick, Tana                   | 27              | 12/8/2014     | 40          | \$ 33,659  |               |                                |                              |                                |                             |                                    | \$ 33,659                         |                  |                          |                     |                   |      |          |      |
| 29 |                           | Program Supervisor/Foote, Shaw                   | 28              | 9/6/2008      | 40          | \$ 42,606  |               |                                |                              |                                |                             |                                    | \$ 42,606                         |                  |                          |                     |                   |      |          |      |
| 30 |                           | Program Director/Johnson, Michelle               | 29              | 12/5/2005     | 40          | \$ 49,475  | \$ 1,638      |                                |                              |                                |                             |                                    |                                   |                  |                          |                     |                   |      |          |      |
| 31 |                           | Program Supervisor/Lukaszewicz, Rubi             | 30              | 3/24/2003     | 40          | \$ 51,855  |               |                                |                              |                                |                             |                                    |                                   | \$ 42,606        |                          | \$ 2,474            | \$ 1,082          |      | \$ 4,112 |      |
| 32 |                           | Family Support Worker/Tapia Pilepp, Irma         | 31              | 9/23/2010     | 40          | \$ 34,209  |               |                                |                              |                                |                             |                                    |                                   | \$ 34,209        |                          |                     |                   |      |          |      |
| 33 |                           | Family Support Worker/Tapia Pilepp, Kara         | 32              | 8/10/2009     | 40          | \$ 35,076  |               |                                |                              |                                |                             |                                    |                                   | \$ 35,076        |                          |                     |                   |      |          |      |
| 34 |                           | Family Support Worker/Aguilar, Fabiola           | 33              | 3/14/2011     | 40          | \$ 34,126  |               |                                |                              |                                |                             |                                    |                                   | \$ 34,126        |                          |                     |                   |      |          |      |
| 35 |                           | Family Support Worker/Drennon, Ann               | 34              | 10/13/2008    | 40          | \$ 31,777  |               |                                |                              |                                |                             |                                    |                                   | \$ 31,777        |                          |                     |                   |      |          |      |
| 36 |                           | Family Support Worker/Harris, Tiffany            | 35              | 4/8/2013      | 40          | \$ 30,440  |               |                                |                              |                                |                             |                                    |                                   | \$ 30,440        |                          |                     |                   |      |          |      |
| 37 |                           | Family Support Worker/Hernandez, Marilea         | 36              | 10/18/2010    | 40          | \$ 34,909  |               |                                |                              |                                |                             |                                    |                                   | \$ 34,909        |                          |                     |                   |      |          |      |
| 38 |                           | Family Support Worker/Jordan, Shayna             | 37              | 7/25/2016     | 40          | \$ 28,689  |               |                                |                              |                                |                             |                                    |                                   | \$ 28,689        |                          |                     |                   |      |          |      |
| 39 |                           | Family Support Worker/Mercopolis, Susan          | 38              | 12/7/2009     | 40          | \$ 30,931  |               |                                |                              |                                |                             |                                    |                                   | \$ 30,931        |                          |                     |                   |      |          |      |
| 40 |                           | Family Support Worker/Morris, Ebony              | 39              | 12/7/2015     | 40          | \$ 29,973  |               |                                |                              |                                |                             |                                    |                                   | \$ 29,973        |                          |                     |                   |      |          |      |
| 41 |                           | Family Support Worker/Penson, Shakira            | 40              | 7/29/2013     | 40          | \$ 28,657  |               |                                |                              |                                |                             |                                    |                                   | \$ 28,657        |                          |                     |                   |      |          |      |
| 42 |                           | Family Support Worker/Vacant                     | 41              |               | 40          | \$ 28,318  |               |                                |                              |                                |                             |                                    |                                   | \$ 28,318        |                          |                     |                   |      |          |      |
| 43 |                           | Program Director/Williams, Tiffni                | 42              | 9/24/2009     | 40          | \$ 76,671  |               |                                |                              |                                |                             |                                    |                                   | \$ 76,671        |                          |                     |                   |      |          |      |
| 44 |                           | Program Supervisor/Vacant                        | 43              |               | 40          | \$ 63,998  |               |                                |                              |                                |                             |                                    |                                   | \$ 63,998        |                          |                     |                   |      |          |      |
| 45 |                           | Nurse Home Visitor/Anderson, Dana                | 44              | 4/25/2016     | 40          | \$ 62,316  |               |                                |                              |                                |                             |                                    |                                   | \$ 62,316        |                          |                     |                   |      |          |      |
| 46 |                           | Nurse Home Visitor/Crane, Janette                | 45              | 10/14/2013    | 40          | \$ 63,465  |               |                                |                              |                                |                             |                                    |                                   | \$ 63,465        |                          |                     |                   |      |          |      |
| 47 |                           | Nurse Home Visitor/Genovesi, Tanha               | 46              | 2/22/2010     | 40          | \$ 65,865  |               |                                |                              |                                |                             |                                    |                                   | \$ 65,865        |                          |                     |                   |      |          |      |
|    |                           | SUBTOTAL (pg. 2)                                 |                 |               |             | \$ 997,003 | \$ 1,638      | \$ -                           | \$ -                         | \$ -                           | \$ -                        | \$ 65,793                          | \$ 106,832                        | \$ 482,765       | \$ 332,337               | \$ 2,474            | \$ 1,082          | \$ - | \$ 4,112 | \$ - |

[illegible]

| A  |  | B  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| B  |  | C  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C  |  | D  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D  |  | E  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E  |  | F  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F  |  | G  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G  |  | H  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H  |  | I  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I  |  | J  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J  |  | K  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| K  |  | L  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L  |  | M  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  |  | N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N  |  | O  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O  |  | P  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P  |  | Q  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Q  |  | R  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R  |  | S  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S  |  | T  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| T  |  | U  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| U  |  | V  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| V  |  | W  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W  |  | X  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |  | Y  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y  |  | Z  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Z  |  | AA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AA |  | AB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AB |  | AC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AC |  | AD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AD |  | AE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AE |  | AF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AF |  | AG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AG |  | AH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AH |  | AI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AI |  | AJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AJ |  | AK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AK |  | AL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AL |  | AM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AM |  | AN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AN |  | AO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AO |  | AP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP |  | AQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AQ |  | AR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AR |  | AS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AS |  | AT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT |  | AU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AU |  | AV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AV |  | AW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AW |  | AX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AX |  | AY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AY |  | AZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AZ |  | BA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BA |  | BB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BB |  | BC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BC |  | BD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BD |  | BE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BE |  | BF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BF |  | BG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BG |  | BH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BH |  | BI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BI |  | BJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BJ |  | BK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BK |  | BL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BL |  | BM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BM |  | BN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BN |  | BO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BO |  | BP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BP |  | BQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BQ |  | BR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BR |  | BS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BS |  | BT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BT |  | BU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BU |  | BV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BV |  | BW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BW |  | BX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BX |  | BY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BY |  | BZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BZ |  | CA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CA |  | CB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CB |  | CC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CC |  | CD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CD |  | CE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CE |  | CF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CF |  | CG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CG |  | CH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CH |  | CI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CI |  | CJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CJ |  | CK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CK |  | CL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CL |  | CM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CM |  | CN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CN |  | CO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CO |  | CP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CP |  | CQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CQ |  | CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR |  | CS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CS |  | CT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT |  | CU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CU |  | CV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CV |  | CW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CW |  | CX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CX |  | CY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CY |  | CZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CZ |  | DA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DA |  | DB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DB |  | DC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DC |  | DD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DD |  | DE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DE |  | DF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DF |  | DG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DG |  | DH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DH |  | DI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DI |  | DJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DJ |  | DK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DK |  | DL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DL |  | DM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DM |  | DN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DN |  | DO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO |  | DP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DP |  | DQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DQ |  | DR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DR |  | DS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DS |  | DT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DT |  | DU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DU |  | DV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DV |  | DW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DW |  | DX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DX |  | DY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DY |  | DZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DZ |  | EA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EA |  | EB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EB |  | EC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EC |  | ED |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ED |  | EE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EE |  | EF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EF |  | EG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EG |  | EH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EH |  | EI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EI |  | EJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EJ |  | EK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EK |  | EL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EL |  | EM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EM |  | EN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EN |  | EO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EO |  | EP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EP |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| A  |  | B  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| B  |  | C  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C  |  | D  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D  |  | E  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E  |  | F  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F  |  | G  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G  |  | H  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H  |  | I  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I  |  | J  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J  |  | K  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| K  |  | L  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L  |  | M  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  |  | N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N  |  | O  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O  |  | P  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P  |  | Q  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Q  |  | R  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R  |  | S  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S  |  | T  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| T  |  | U  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| U  |  | V  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| V  |  | W  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W  |  | X  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |  | Y  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y  |  | Z  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Z  |  | AA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AA |  | AB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AB |  | AC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AC |  | AD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AD |  | AE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AE |  | AF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AF |  | AG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AG |  | AH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AH |  | AI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AI |  | AJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AJ |  | AK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AK |  | AL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AL |  | AM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AM |  | AN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AN |  | AO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AO |  | AP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP |  | AQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AQ |  | AR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AR |  | AS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AS |  | AT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT |  | AU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AU |  | AV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AV |  | AW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AW |  | AX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AX |  | AY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AY |  | AZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AZ |  | BA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BA |  | BB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BB |  | BC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BC |  | BD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BD |  | BE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BE |  | BF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BF |  | BG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BG |  | BH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BH |  | BI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BI |  | BJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BJ |  | BK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BK |  | BL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BL |  | BM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BM |  | BN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BN |  | BO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BO |  | BP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BP |  | BQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BQ |  | BR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BR |  | BS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BS |  | BT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BT |  | BU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BU |  | BV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BV |  | BW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BW |  | BX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BX |  | BY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BY |  | BZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BZ |  | CA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CA |  | CB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CB |  | CC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CC |  | CD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CD |  | CE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CE |  | CF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CF |  | CG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CG |  | CH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CH |  | CI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CI |  | CJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CJ |  | CK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CK |  | CL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CL |  | CM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CM |  | CN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CN |  | CO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CO |  | CP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CP |  | CQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CQ |  | CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR |  | CS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CS |  | CT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CT |  | CU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CU |  | CV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CV |  | CW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CW |  | CX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CX |  | CY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CY |  | CZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CZ |  | DA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DA |  | DB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DB |  | DC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DC |  | DD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DD |  | DE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DE |  | DF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DF |  | DG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DG |  | DH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DH |  | DI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DI |  | DJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DJ |  | DK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DK |  | DL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DL |  | DM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DM |  | DN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DN |  | DO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO |  | DP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DP |  | DQ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DQ |  | DR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DR |  | DS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DS |  | DT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DT |  | DU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DU |  | DV |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DV |  | DW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DW |  | DX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DX |  | DY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DY |  | DZ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DZ |  | EA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EA |  | EB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EB |  | EC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EC |  | ED |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ED |  | EE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EE |  | EF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EF |  | EG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EG |  | EH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EH |  | EI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EI |  | EJ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EJ |  | EK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EK |  | EL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EL |  | EM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EM |  | EN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EN |  | EO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EO |  | EP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EP |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Keywords:**

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
A. PERSONNEL (FRINGE)  
PAGE 12 OF 33

Agency: Robins' Nest Inc  
Contract#: 18HWD

PURPOSE  
☒ BUDGET PREPARATION  
☐ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
PERIOD COVERED 01/01/2018-12/31/

| BUDGET CATEGORY A. PERSONNEL-<br>FRINGE | 1             | 2              | 3                                        | 4                                 | 5                              | 6                              | 7                                   | 8                                   | 9                | 10                          | 11                     | 12                | 13 | 14             | 15 |
|-----------------------------------------|---------------|----------------|------------------------------------------|-----------------------------------|--------------------------------|--------------------------------|-------------------------------------|-------------------------------------|------------------|-----------------------------|------------------------|-------------------|----|----------------|----|
| LINE ITEM                               | TOTAL         | Central Intake | Family Success<br>Center-Charlottesville | Family Success<br>Center-Hillside | Family Success<br>Center-Idaho | Family Success<br>Center-Ocean | Family Success<br>Center-Penn Hills | Family Success<br>Center-River View | Healthy Families | Nurse-Family<br>Partnership | Parents as<br>Teachers | EOCS Impact Grant | 0  | Other Services | 0  |
| Social Security/Medicare Tax            | \$ 1,220,355  | \$ 4,991       | \$ 19,417                                | \$ 9,699                          | \$ 9,412                       | \$ 12,275                      | \$ 11,908                           | \$ 9,411                            | \$ 44,094        | \$ 61,986                   | \$ 14,646              | \$ 492            |    | \$ 893,687     |    |
| NJ Disability Tax                       | \$ 90,309     | \$ 456         | \$ 1,595                                 | \$ 824                            | \$ 801                         | \$ 1,053                       | \$ 1,043                            | \$ 801                              | \$ 3,910         | \$ 3,443                    | \$ 1,306               | \$ 86             |    | \$ 88,108      |    |
| Unemployment Tax                        | \$ 122,386    | \$ 489         | \$ 1,904                                 | \$ 951                            | \$ 923                         | \$ 1,203                       | \$ 1,167                            | \$ 923                              | \$ 4,323         | \$ 6,077                    | \$ 1,436               | \$ 83             |    | \$ 89,007      |    |
| Health Insurance                        | \$ 2,601,368  | \$ 17,245      | \$ 33,445                                | \$ 24,370                         | \$ 10,267                      | \$ 42,435                      | \$ 38,451                           | \$ 31,627                           | \$ 147,510       | \$ 85,704                   | \$ 48,171              | \$ 1,154          |    | \$ 1,827,464   |    |
| Dental Insurance                        | \$ 50,591     | \$ 128         | \$ 482                                   | \$ 356                            | \$ 181                         | \$ 658                         | \$ 1,064                            | \$ 259                              | \$ 2,555         | \$ 1,778                    | \$ 610                 | \$ 45             |    | \$ 35,129      |    |
| Life Insurance                          | \$ 19,218     | \$ 75          | \$ 328                                   | \$ 164                            | \$ 159                         | \$ 207                         | \$ 201                              | \$ 159                              | \$ 738           | \$ 1,041                    | \$ 242                 | \$ 11             |    | \$ 13,543      |    |
| Long-term Disability Insurance          | \$ 27,347     | \$ 106         | \$ 466                                   | \$ 233                            | \$ 226                         | \$ 295                         | \$ 286                              | \$ 226                              | \$ 1,051         | \$ 1,481                    | \$ 345                 | \$ 16             |    | \$ 19,272      |    |
| 401(k) Match                            | \$ 417,053    | \$ 1,646       | \$ 5,253                                 | \$ 3,753                          | \$ 3,156                       | \$ 3,687                       | \$ 3,579                            | \$ 2,676                            | \$ 13,703        | \$ 22,351                   | \$ 4,563               | \$ 121            |    | \$ 272,746     |    |
| Workers' Comp. Insurance                | \$ 223,263    | \$ 815         | \$ 3,173                                 | \$ 1,585                          | \$ 1,538                       | \$ 2,006                       | \$ 1,946                            | \$ 1,538                            | \$ 7,156         | \$ 10,011                   | \$ 2,344               | \$ 81             |    | \$ 161,095     |    |
| Professional Liability Insurance        | \$ 49,000     | \$ 124         | \$ 881                                   | \$ 437                            | \$ 423                         | \$ 550                         | \$ 541                              | \$ 423                              | \$ 1,975         | \$ 2,747                    | \$ 672                 | \$ 31             |    | \$ 40,048      |    |
| Temporary Services                      | \$ 34,191     | \$ -           | \$ -                                     | \$ -                              | \$ -                           | \$ -                           | \$ -                                | \$ -                                | \$ -             | \$ -                        | \$ -                   | \$ -              |    | \$ 34,191      |    |
| FRINGE SUBTOTAL                         | \$ 4,855,081  | \$ 25,074      | \$ 66,974                                | \$ 42,872                         | \$ 27,068                      | \$ 84,377                      | \$ 60,186                           | \$ 48,043                           | \$ 227,015       | \$ 199,519                  | \$ 74,335              | \$ 2,100          |    | \$ 3,464,291   |    |
| BUDGET CATEGORY A. PERSONNEL TOTAL      | \$ 21,142,201 | \$ 91,313      | \$ 320,792                               | \$ 169,651                        | \$ 150,098                     | \$ 224,835                     | \$ 215,842                          | \$ 171,085                          | \$ 801,235       | \$ 1,004,111                | \$ 265,781             | \$ 8,078          |    | \$ 15,304,782  |    |

Agency: Robins' Nest Inc  
Contract#: 18HWDP

| BUDGET CATEGORY-A. PERSONNEL--FRINGE  | 16                                               | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 25   | 26                | 27                             | 28           | 29 |
|---------------------------------------|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------------------|--------------------------------|--------------|----|
| LINE ITEM                             | 0                                                | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | Unallowable Costs | General & Administrative Costs |              |    |
| Social Security/Medicare Tax          | 7.65% of taxable salaries                        |      |      |      |      |      |      |      |      |      | \$ 5,871          | \$ 122,466                     |              |    |
| NJ Disability Tax                     | 0.75% of taxable salaries                        |      |      |      |      |      |      |      |      |      | \$ -              | \$ 261                         | \$ 5,641     |    |
| Unemployment Tax                      | 0.75% of gross salaries                          |      |      |      |      |      |      |      |      |      | \$                | \$ 576                         | \$ 13,324    |    |
| Health Insurance                      | Direct cost of Employee/Child coverage           |      |      |      |      |      |      |      |      |      | \$                | \$ 14,122                      | \$ 275,903   |    |
| Dental Insurance                      | Direct cost of Employee/Child coverage           |      |      |      |      |      |      |      |      |      | \$                | \$ 302                         | \$ 7,064     |    |
| Life Insurance                        | Direct cost of Employee coverage                 |      |      |      |      |      |      |      |      |      | \$                | \$ 99                          | \$ 2,261     |    |
| Long-term Disability Insurance        | Direct cost of Employee coverage                 |      |      |      |      |      |      |      |      |      | \$                | \$ 141                         | \$ 3,203     |    |
| 401(k) Match                          | 75% of the employee deduction up to 3% of salary |      |      |      |      |      |      |      |      |      | \$                | \$ 1,895                       | \$ 77,852    |    |
| Workers' Comp. Insurance              | Direct cost of Employee coverage                 |      |      |      |      |      |      |      |      |      | \$                | \$ 959                         | \$ 29,016    |    |
| Professional Liability Insurance      | Direct cost of Employee coverage                 |      |      |      |      |      |      |      |      |      | \$                | \$                             | \$ 140       |    |
| Temporary Services                    | Direct cost of temporary employee coverage       |      |      |      |      |      |      |      |      |      |                   |                                |              |    |
| FRINGE SUBTOTAL \$                    | \$ -                                             | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ -              | \$ 24,227                      | \$ 537,900   |    |
| BUDGET CATEGORY A. PERSONNEL TOTAL \$ | \$ -                                             | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ -              | \$ 100,576                     | \$ 2,313,644 |    |

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|                                     |                        |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | BUDGET PREPARED        |
| <input type="checkbox"/>            | MODIFICATION REQUESTED |
| <input type="checkbox"/>            | EXPENDITURE REQUESTED  |
|                                     | PERIOD COVERED         |

| BUDGET CATEGORY A - B. CONSULTANTS AND PROFESSIONAL FEES |                                                                                                                                                                            | 1          | 2              | 3                               | 4                             | 5                               | 6                           | 7                                  | 8                                 | 9                | 10                       | 11                  | 12                | 13 | 14         |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|---------------------------------|-------------------------------|---------------------------------|-----------------------------|------------------------------------|-----------------------------------|------------------|--------------------------|---------------------|-------------------|----|------------|
| LINE ITEM                                                | BASIS FOR ALLOCATION                                                                                                                                                       | TOTAL      | Central Intake | Family Success Center-Oceanside | Family Success Center-Windlow | Family Success Center-Glassboro | Family Success Center-Ocean | Family Success Center - Pennsville | Family Success Center - Riverview | Healthy Families | Nurse-Family Partnership | Parents as Teachers | ECCS Impact Grant |    |            |
| Audit/hax return fees                                    | Allocated across outlined programs                                                                                                                                         | \$ 46,753  | \$ 559         | \$ 569                          | \$ 569                        | \$ 569                          | \$ 569                      | \$ 569                             | \$ 569                            | \$ 569           | \$ 569                   | \$ 569              |                   | \$ | 28,313     |
| Benefits Report/Professional Fees                        | Fees per participant allocated by PTE's                                                                                                                                    | \$ 17,284  | \$ 90          | \$ 311                          | \$ 158                        | \$ 158                          | \$ 207                      | \$ 207                             | \$ 158                            | \$ 802           | \$ 637                   | \$ 250              | \$ 13             | \$ | 12,950     |
| Other Consultant/Subcontracted Services                  | (IT fees per participant allocated by PTE's)                                                                                                                               | \$ 312,353 | \$ 750         | \$ 3,696                        | \$ 1,880                      | \$ 1,880                        | \$ 2,475                    | \$ 2,475                           | \$ 1,880                          | \$ 9,508         | \$ 7,176                 | \$ 3,005            | \$ 39             | \$ | 192,837    |
| Leveraged Professional Services                          | In-Kid services provided by community supports<br>NSO Foster Program Support - \$4,100 x 2 = \$8,200 (same #)'s, NSOPG support @ \$200 (one time larger reimbursement fee) | \$ 33,435  | \$             | \$ 13,177                       | \$ 6,268                      | \$ 9,810                        | \$ 1,360                    | \$ 2,410                           | \$ 410                            |                  |                          |                     |                   |    |            |
| NSO Professional Fees                                    |                                                                                                                                                                            | \$ 34,866  |                |                                 |                               |                                 |                             |                                    |                                   | \$ 34,866        |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
|                                                          |                                                                                                                                                                            | \$ -       |                |                                 |                               |                                 |                             |                                    |                                   |                  |                          |                     |                   |    |            |
| BUDGET CATEGORY B- TOTAL                                 |                                                                                                                                                                            | \$ 444,661 | \$ 1,409       | \$ 17,753                       | \$ 8,875                      | \$ 12,417                       | \$ 4,611                    | \$ 5,681                           | \$ 3,017                          | \$ 10,879        | \$ 43,248                | \$ 3,824            | \$ 52             | -  | \$ 234,100 |

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**Contract#: 18HWDP**

☐ MODIFICATION BUDGET

☐ EXPENDITURE REPORT

PERIOD COVERED 01/01/2018-12/31

| BUDGET CATEGORY - C: MATERIALS AND SUPPLIES |                                                                                 | 1          | 2              | 3                              | 4                            | 5                               | 6                           | 7                               | 8                               | 9                | 10                       | 11                  | 12                | 13 | 14             | 15 |
|---------------------------------------------|---------------------------------------------------------------------------------|------------|----------------|--------------------------------|------------------------------|---------------------------------|-----------------------------|---------------------------------|---------------------------------|------------------|--------------------------|---------------------|-------------------|----|----------------|----|
| LINE ITEM                                   | BASIS FOR ALLOCATION                                                            | TOTAL      | Central Intake | Family Success Center-Oceanide | Family Success Center-Window | Family Success Center-Glassboro | Family Success Center-Ocean | Family Success Center-Pennville | Family Success Center-Riverview | Healthy Families | Nurse-Family Partnership | Parents as Teachers | ECCS Impact Grant | 0  | Other Services | 0  |
| Office Supplies                             | paper, pens, staples,<br>pencils, post-it notes, file<br>folders, binders, etc. | \$ 409,672 | \$ 1,789       | \$ 8,211                       | \$ 3,009                     | \$ 5,657                        | \$ 1,450                    | \$ 5,048                        | \$ 6,295                        | \$ 16,612        | \$ 13,916                | \$ 5,084            |                   |    | \$ 269,327     |    |
| Pricing/Publishing                          | Direct cost for program printing                                                | \$ 33,042  | \$ 1,338       |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    | \$ 6,518       |    |
| Equipment/Copier Rental                     | Copy machines                                                                   | \$ 84,412  | \$ 980         | \$ 5,970                       | \$ 2,631                     | \$ 2,855                        | \$ 2,508                    | \$ 2,101                        | \$ 2,332                        | \$ 2,087         | \$ 2,218                 | \$ 461              |                   |    | \$ 48,354      |    |
| Educational Resources/Supplies              | Toys, craft supplies,<br>resources, workshop materials, etc.                    | \$ 21,960  |                |                                |                              | \$ -                            |                             |                                 |                                 |                  |                          |                     |                   |    | \$ 21,960      |    |
| Recreational Activities Supplies            | Direct cost of supplies for recreational and center activities                  | \$ 54,825  |                | \$ 12,000                      | \$ 5,260                     | \$ 5,175                        | \$ 0,350                    | \$ 6,350                        | \$ 4,750                        |                  |                          |                     |                   |    | \$ 14,500      |    |
| Household Supplies                          | Direct cost for program                                                         | \$ 11,440  |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    | \$ 11,440      |    |
| Food (clients)                              |                                                                                 | \$ 41,306  |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    | \$ 41,306      |    |
| Meeting Supplies                            | Refreshments for ECCS impact meetings                                           | \$ 350     |                |                                |                              |                                 |                             |                                 |                                 |                  |                          | \$ 350              |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
|                                             |                                                                                 | \$ -       |                |                                |                              |                                 |                             |                                 |                                 |                  |                          |                     |                   |    |                |    |
| BUDGET CATEGORY C TOTAL                     |                                                                                 | \$ 567,107 | \$ 4,140       | \$ 28,404                      | \$ 10,000                    | \$ 10,507                       | \$ 11,808                   | \$ 12,400                       | \$ 13,720                       | \$ 16,600        | \$ 16,000                | \$ 5,516            |                   |    | \$ 141,357     |    |

Agency: Robins' Nest Inc  
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PERIOD COVERED 01/01/2018-12/31/20

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

PERIOD COVERED 01/01/2018-12/31/2018

[illegible]

Agency: Robins' Nest Inc  
Contract#: 18HWDP

[illegible]

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Contract#: 18HWDP

**PURPOSE**  
BUDGET PREPARATION  
MODIFICATION BUDGET  
EXPENDITURE REPORT  
PERIOD COVERED 01/01/2010

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STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
ANNEX B: CONTRACT EXPENSE DETAIL  
G. GENERAL AND ADMINISTRATIVE COST ALLOCATION  
PAGE 24 OF 33

Agency: Robins' Nest Inc  
Contract#: 18HWDP

PURPOSE  
☒ BUDGET PREPARATION  
☐ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
PERIOD COVERED: 01/01/2018-12/31/2018

| BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION           | 1             | 2              | 3                               | 4                             | 5                             | 6                           | 7                                   | 8                                 | 9                | 10                       | 11                  | 12                | 13         | 14             | 15   |
|-------------------------------------------------------------------------|---------------|----------------|---------------------------------|-------------------------------|-------------------------------|-----------------------------|-------------------------------------|-----------------------------------|------------------|--------------------------|---------------------|-------------------|------------|----------------|------|
|                                                                         | TOTAL         | Central Intake | Family Success Center-Oceanside | Family Success Center-Winslow | Family Success Center-Clatsop | Family Success Center-Ocean | Family Success Center - Peninsville | Family Success Center - Riverview | Healthy Families | Nurse-Family Partnership | Parents as Teachers | ECSS Impact Grant | 0          | Other Services | 0    |
| Total: Categories A-F                                                   | \$ 26,371,134 | \$ 105,942     | \$ 470,888                      | \$ 238,082                    | \$ 224,429                    | \$ 311,860                  | \$ 287,033                          | \$ 237,391                        | \$ 925,405       | \$ 1,153,003             | \$ 315,176          | \$ 10,300         | \$ -       | \$ 18,785,163  | \$ - |
| General and Administrative Costs                                        | >>>>>>>>      | \$ 14,059      | \$ 60,062                       | \$ 28,850                     | \$ 29,303                     | \$ 38,131                   | \$ 38,370                           | \$ 28,159                         | \$ 122,784       | \$ 152,880               | \$ 41,824           | \$ 1,367          | \$ -       | \$ 2,307,568   | \$ - |
| BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION CONTINUED | 15            | 17             | 18                              | 19                            | 20                            | 21                          | 22                                  | 23                                | 24               | 25                       | 26                  | 27                | 28         | 29             | 30   |
|                                                                         | 0             | 0              | 0                               | 0                             | 0                             | 0                           | 0                                   | 0                                 | 0                | 0                        | 0                   | 0                 | 0          | 0              | 0    |
| Total: Categories A-F                                                   | \$ -          | \$ -           | \$ -                            | \$ -                          | \$ -                          | \$ -                        | \$ -                                | \$ -                              | \$ -             | \$ -                     | \$ -                | \$ -              | \$ 214,434 | \$ 3,092,008   | \$ - |
| General and Administrative Costs                                        | \$ -          | \$ -           | \$ -                            | \$ -                          | \$ -                          | \$ -                        | \$ -                                | \$ -                              | \$ -             | \$ -                     | \$ -                | \$ -              | \$ 28,462  | \$ 13,092,008  | \$ - |

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Contract#: 18HWDp  
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Contract#: 18HWDP

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[illegible]

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

Agency: Robins' Nest Inc  
Contract#: 18HWDP  
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PURPOSE  
☒ BUDGET PREPARATION  
☐ MODIFICATION BUDGET  
☐ EXPENDITURE REPORT  
PERIOD COVERED: 01/01/2018-12/31/2018

| DESCRIPTION                 | 1<br>TOTAL    | 2<br>Central Intake | 3<br>Family Success Center-Oceanside | 4<br>Family Success Center-Winlow | 5<br>Family Success Center-Glassboro | 6<br>Family Success Center-Ocean | 7<br>Family Success Center - Pennsville | 8<br>Family Success Center - Riverview | 9<br>Healthy Families | 10<br>Nurse-Family Partnership | 11<br>Parents as Teachers | 12<br>ECOS Impact Grant | 13<br>0 | 14<br>Other Services | 15<br>0 |
|-----------------------------|---------------|---------------------|--------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|-----------------------------------------|----------------------------------------|-----------------------|--------------------------------|---------------------------|-------------------------|---------|----------------------|---------|
| Leveraged In-Kind Donations | \$ 33,435     |                     | \$ 13,177                            | \$ 6,268                          | \$ 9,810                             | \$ 1,360                         | \$ 2,410                                | \$ 410                                 |                       |                                |                           |                         |         |                      |         |
| Other Revenue               | \$ 22,866,035 | \$ 120,000          |                                      |                                   |                                      |                                  |                                         |                                        | \$ 133,318            | \$ 720,000                     | \$ 357,000                |                         |         | \$ 21,292,831        |         |
| Unrestricted Agency Funds   | \$ 131,301    |                     | \$ 17,773                            | \$ 20,654                         | \$ 3,922                             | \$ 24,651                        | \$ 22,993                               | \$ 25,140                              | \$ 4,469              | \$ 11,689                      |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
|                             | \$ -          |                     |                                      |                                   |                                      |                                  |                                         |                                        |                       |                                |                           |                         |         |                      |         |
| Total K. Revenue            | \$ 23,030,771 | \$ 120,000          | \$ 30,960                            | \$ 26,932                         | \$ 13,732                            | \$ 26,011                        | \$ 25,403                               | \$ 25,550                              | \$ 137,787            | \$ 731,689                     | \$ 357,000                | \$ -                    | \$ -    | \$ 21,292,831        | \$ -    |

Supporting documentation is required to substantiate the allocations.

Agency: Robins' Nest Inc  
Contract#: 18HWDP  
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**Supporting documentation is req:**

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

Agency: Robins' Nest Inc  
Contract#: 18HWDP

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

01/01/2018-12/31/2018

| #  | 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 |                              |        |                                             |                   |

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Contract#: 18HWDP  
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|                                     |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | PURPOSE             |
| <input checked="" type="checkbox"/> | BUDGET PREPARATION  |
| <input type="checkbox"/>            | MODIFICATION BUDGET |
| <input type="checkbox"/>            | EXPENDITURE REPORT  |
|                                     | PERIOD COVERED      |

01/01/2018-12/31/2018

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Agency: Robins' Nest Inc  
Contract#: 18HWDP  
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| PURPOSE                             | BUDGET PREPARATION       | MODIFICATION BUDGET      | EXPENDITURE REPORT       | PERIOD COVERED | 01/01/2010 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |            |

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