NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Robins' Nest, Inc.
Division DFCP
Contract 18HWDP
Dates 1/1/2018 to 12/31/2018

Contract Characteristics

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

Advance Payments
- ☐ None
- ☑ Monthly

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

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

Account and CFDA Information	Amt
1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-024 (Non-CFDA Acct)	$1,844,000.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$11,667.00
Grand Total	**$3,340,363.00**

Authorized Provider Signature Cathy Sr

Date 12/7/2017

Contract Supervisor Signature Danielle Danby

Date 1/31/2018

SEC version 8/22/2016

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Robins' Nest, Inc.**
Division **DFCP**
Contract **18HWDP**
Dates **1/1/2018** to **12/31/2018**

Original Contract Ceiling
$3,340,363.00

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

Total Contract Ceiling
$3,340,363.00

Total Match Amount
$0.00

Amended Contract Ceiling *
$3,340,363.00

Payments by Month *	
2018 January	$279,059.00
2018 February	$279,059.00
2018 March	$279,059.00
2018 April	$279,059.00
2018 May	$279,059.00
2018 June	$279,058.00
2018 July	$279,058.00
2018 August	$277,392.00
2018 September	$277,392.00
2018 October	$277,392.00
2018 November	$277,392.00
2018 December	$277,384.00
Grand Total	$3,340,363.00

Payments by State Fiscal Year *	
2018 1610-062	$148,260.00
2018 1630-010	$287,148.00
2018 1630-024	$922,002.00
2018 1630-040	$164,538.00
2018 1630-065	$10,001.00
2018 1630-039	$142,404.00
2019 1610-062	$148,257.00
2019 1630-010	$287,146.00
2019 1630-024	$921,998.00
2019 1630-040	$164,542.00
2019 1630-065	$1,666.00
2019 1630-039	$142,401.00
Grand Total	$3,340,363.00

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

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

Provider Name Robins' Nest, Inc.

Component Name Nurse Family Partnership

Contract Administrator Madeleine Myles

Division	DFCP	Contract No	18HWDP	Contract Start	1/1/2018	Contract End	12/31/2018

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

1630-010 (Non-CFDA Acct)

Early Childhood Services

	Month	YY	Amount
	1	2018	$47,858.00
Enter	2	2018	$47,858.00
Mod #	3	2018	$47,858.00
1 thru 8	4	2018	$47,858.00
above.	5	2018	$47,858.00
If new or	6	2018	$47,858.00
renewal	7	2018	$47,858.00
leave blank	8	2018	$47,858.00
Match Required?	9	2018	$47,858.00
	10	2018	$47,858.00
☑ No	11	2018	$47,858.00
☐ Yes	12	2018	$47,856.00
0.0%		Total	$574,294.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$574,294.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$574,294.00

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

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component 2

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Glassboro Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	18HWDP	**Contract Start**	1/1/2018	**Contract End**	12/31/2018

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

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2018	$20,000.00
Enter Mod # 1 thru 8 above. If new or renewal leave blank	2	2018	$20,000.00
	3	2018	$20,000.00
	4	2018	$20,000.00
	5	2018	$20,000.00
	6	2018	$20,000.00
	7	2018	$20,000.00
	8	2018	$20,000.00
Match Required?	9	2018	$20,000.00
	10	2018	$20,000.00
☑ No	11	2018	$20,000.00
☐ Yes	12	2018	$20,000.00
0.0%		Total	$240,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

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

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
3

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

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

Division	DFCP	Contract No	18HWDP	Contract Start	1/1/2018	Contract End	12/31/2018

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

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2018	$20,000.00
Enter	2	2018	$20,000.00
Mod #	3	2018	$20,000.00
1 thru 8	4	2018	$20,000.00
above.	5	2018	$20,000.00
If new or	6	2018	$20,000.00
renewal	7	2018	$20,000.00
leave blank	8	2018	$20,000.00
Match Required?	9	2018	$20,000.00
	10	2018	$20,000.00
☑ No	11	2018	$20,000.00
☐ Yes	12	2018	$20,000.00
0.0%		Total	$240,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

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

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **4**

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Riverview Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	18HWDP	**Contract Start**	1/1/2018	**Contract End**	12/31/2018

Funding Block 1

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

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2018	$20,000.00
Enter	2	2018	$20,000.00
Mod #	3	2018	$20,000.00
1 thru 8	4	2018	$20,000.00
above.	5	2018	$20,000.00
If new or	6	2018	$20,000.00
renewal	7	2018	$20,000.00
leave	8	2018	$20,000.00
blank	9	2018	$20,000.00
Match Required?	10	2018	$20,000.00
☑ No	11	2018	$20,000.00
☐ Yes	12	2018	$20,000.00
0.0%		Total	$240,000.00

Funding Block 2

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 3

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 4

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 5

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 6

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 7

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 8

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Funding Block 9

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

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

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **5**

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Healthy Families / TIP

Contract Administrator Madeleine Myles

Division	Contract No	Contract Start	Contract End
DFCP	18HWDP	1/1/2018	12/31/2018

Box 1

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Box 2

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

1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

Kids Needs

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

Match Required? ☑ No ☐ Yes — 0.0%

Month	YY	Amount
1	2018	$23,734.00
2	2018	$23,734.00
3	2018	$23,734.00
4	2018	$23,734.00
5	2018	$23,734.00
6	2018	$23,734.00
7	2018	$23,734.00
8	2018	$23,734.00
9	2018	$23,734.00
10	2018	$23,734.00
11	2018	$23,734.00
12	2018	$23,731.00
	Total	$284,805.00

Box 3

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

1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)

TITLE IV-B FPSS

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

Match Required? ☑ No ☐ Yes — 0.0%

Month	YY	Amount
1	2018	$24,710.00
2	2018	$24,710.00
3	2018	$24,710.00
4	2018	$24,710.00
5	2018	$24,710.00
6	2018	$24,710.00
7	2018	$24,710.00
8	2018	$24,710.00
9	2018	$24,710.00
10	2018	$24,710.00
11	2018	$24,710.00
12	2018	$24,707.00
	Total	$296,517.00

Box 4

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

1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

TANF

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

Match Required? ☑ No ☐ Yes — 0.0%

Month	YY	Amount
1	2018	$27,423.00
2	2018	$27,423.00
3	2018	$27,423.00
4	2018	$27,423.00
5	2018	$27,423.00
6	2018	$27,423.00
7	2018	$27,423.00
8	2018	$27,423.00
9	2018	$27,423.00
10	2018	$27,423.00
11	2018	$27,423.00
12	2018	$27,427.00
	Total	$329,080.00

Box 5

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Box 6

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Box 7

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Box 8

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Box 9

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$910,402.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$910,402.00

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

NOTES:

CFDA # 93.558, BFY 18 & 19, $284,805
CFDA # 93.556, BFY 18 & 19, $296,517
CFDA # 93.558, BFY 18 & 19, $329,080

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **12**

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

Provider Name Robins' Nest, Inc.

Component Name Oceanside Family Success Center 1 & 2 **Contract Administrator** Madeleine Myles

Division	DFCP	Contract No	18HWDP	Contract Start	1/1/2018	Contract End	12/31/2018

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

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2018	$41,667.00
Enter	2	2018	$41,667.00
Mod #	3	2018	$41,667.00
1 thru 8	4	2018	$41,667.00
above.	5	2018	$41,667.00
If new or	6	2018	$41,667.00
renewal	7	2018	$41,667.00
leave blank	8	2018	$41,667.00
Match Required?	9	2018	$41,667.00
	10	2018	$41,667.00
☑ No	11	2018	$41,667.00
☐ Yes	12	2018	$41,663.00
0.0%		Total	$500,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

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

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **14**

Schedule of Estimated Claims
Third Party Contracts

SEC version 8/22/2016

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

Division	DFCP	Contract No	18HWDP	Contract Start	1/1/2018	Contract End	12/31/2018

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

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2018	$27,000.00
Enter	2	2018	$27,000.00
Mod #	3	2018	$27,000.00
1 thru 8	4	2018	$27,000.00
above.	5	2018	$27,000.00
If new or	6	2018	$27,000.00
renewal	7	2018	$27,000.00
leave blank	8	2018	$27,000.00
Match	9	2018	$27,000.00
Required?	10	2018	$27,000.00
☑ No	11	2018	$27,000.00
☐ Yes	12	2018	$27,000.00
0.0%		Total	$324,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$324,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$324,000.00

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

NOTES:

New Jersey Department of Children and Families

Component 15

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

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

Division	DFCP	Contract No	18HWDP	Contract Start	1/1/2018	Contract End	12/31/2018

Funding Block 1

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

1630-024 (Non-CFDA Acct)

Family Support PCP

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

Match Required? ☑ No ☐ Yes — 0.0%

Month	YY	Amount
1	2018	$25,000.00
2	2018	$25,000.00
3	2018	$25,000.00
4	2018	$25,000.00
5	2018	$25,000.00
6	2018	$25,000.00
7	2018	$25,000.00
8	2018	$25,000.00
9	2018	$25,000.00
10	2018	$25,000.00
11	2018	$25,000.00
12	2018	$25,000.00
	Total	$300,000.00

Funding Blocks 2–9 (each identical, blank)

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Match Required? ☐ No ☐ Yes — 0.0%

Month	YY	Amount
	Total	$0.00

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$300,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$300,000.00

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

NOTES:

New Jersey Department of Children and Families

Component **16**

SEC version 8/22/2016

Schedule of Estimated Claims
Third Party Contracts

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

Division	Contract No	Contract Start	Contract End
DFCP	18HWDP	1/1/2018	12/31/2018

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

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

ECCS (Early Childhood Comp Sys)

	Month	YY	Amount
	1	2018	$1,667.00
Enter	2	2018	$1,667.00
Mod #	3	2018	$1,667.00
1 thru 8	4	2018	$1,667.00
above.	5	2018	$1,667.00
If new or	6	2018	$1,666.00
renewal	7	2018	$1,666.00
leave blank			
Match Required?			
☑ No			
☐ Yes			
0.0%		Total	$11,667.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$11,667.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$11,667.00

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

NOTES:

CFDA # 93.110, BFY 18, $11,667