NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider **Acenda, Inc.**
Division **DFCP**
Contract **22HWDP**
Dates **7/1/2021** **to** **6/30/2022**

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 TITLE IV -	$296,517.00
1620-062 NURSE FP -ST AID GRTS	$82,731.00
1630-010 EARLY CHILDHOOD SEVICES - GIA	$574,294.00
1630-013 SCHOOL B -ST AID GRTS	$362,124.00
1630-024 FAMILY SUPPORT SERVICES	$1,884,000.00
1630-032 COMMBASE -	$200,000.00
1630-033 SBYS	$211,213.00
1630-039 TANF EARLY START KIDS NEEDS	$67,950.00
1630-040 TANF INITIATIVE FOR PARENTS	$85,520.00
1630-044 MATERNAL INFANT & EARLY CHILD	$665,159.00
1630-065 COMM BASED INTEGRATED SERV SYS	$1,666.00
1630-086 PRESCHOOL DEVELOPMENT GRANT	$137,500.00
Grand Total	**$4,568,674.00**

Authorized Provider Signature [signature]

Date 8/12/2021

Contract Supervisor Signature Danielle L. Dansby

Date 9/15/2021

SEC - ver 10/07/20

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Acenda, Inc.**
Division **DFCP**
Contract **22HWDP**
Dates **7/1/2021** **to** **6/30/2022**

Original Contract Ceiling
$4,568,674.00

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
Mod 9	$0.00
Mod 10	$0.00
	$0.00

Total Contract Ceiling
$4,568,674.00

Total Match Amount
$143,334.25

Amended Contract Ceiling *
$4,568,674.00

Payments by Month *		
2021	July	$492,629.00
2021	August	$490,963.00
2021	September	$490,965.00
2021	October	$432,970.00
2021	November	$432,970.00
2021	December	$432,979.00
2022	January	$299,195.00
2022	February	$299,195.00
2022	March	$299,203.00
2022	April	$299,195.00
2022	May	$299,195.00
2022	June	$299,215.00
Grand Total		**$4,568,674.00**

Payments by State Fiscal Year *		
2022	1610-062	$296,517.00
2022	1630-010	$574,294.00
2022	1630-044	$665,159.00
2022	1630-024	$1,884,000.00
2022	1630-039	$67,950.00
2022	1630-040	$85,520.00
2022	1630-065	$1,666.00
2022	1630-086	$137,500.00
2022	1630-013	$362,124.00
2022	1630-033	$211,213.00
2022	1630-032	$200,000.00
2022	1620-062	$82,731.00
Grand Total		**$4,568,674.00**

* 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 - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Nurse Family Partnership
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **Annualized**

1630-010 EARLY CHILDHOOD SEVICES - GIA

	Month	YY	Amount
	July	21	$47,858.00
Enter	August	21	$47,858.00
Mod #	September	21	$47,858.00
1 thru 10	October	21	$47,858.00
above.	November	21	$47,858.00
If new or	December	21	$47,858.00
renewal	January	22	$47,858.00
leave blank	February	22	$47,858.00
Match	March	22	$47,858.00
Required?	April	22	$47,858.00
No	May	22	$47,858.00
	June	22	$47,856.00
0.0%		**Total**	**$574,294.00**

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

	Month	YY	Amount
	July	21	$20,000.00
Enter	August	21	$20,000.00
Mod #	September	21	$20,000.00
1 thru 10	October	21	$20,000.00
above.	November	21	$20,000.00
If new or	December	21	$20,000.00
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$120,000.00**

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

	Month	YY	Amount
	July	21	$40,000.00
Enter	August	21	$40,000.00
Mod #	September	21	$40,000.00
1 thru 10	October	21	$40,000.00
above.	November	21	$40,000.00
If new or	December	21	$40,000.00
renewal			
leave blank			
Match			
Required?			
No			
0.0%		**Total**	**$240,000.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$934,294.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$934,294.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes one-time MIECHV Formula funding in the amounts of $120,000 and $240,000 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, $120,000 & $240,000.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

2

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name Glassboro Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	$20,000.00
Enter	August	21	$20,000.00
Mod #	September	21	$20,000.00
1 thru 10	October	21	$20,000.00
above.	November	21	$20,000.00
If new or	December	21	$20,000.00
renewal	January	22	$20,000.00
leave	February	22	$20,000.00
blank	March	22	$20,000.00
Match Required?	April	22	$20,000.00
No	May	22	$20,000.00
	June	22	$20,000.00
0.0%		**Total**	**$240,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

New Jersey Department of Children and Families

Component

3

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name	Acenda, Inc.
Component Name	Winslow Family Success Center
Contract Administrator	Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	$20,000.00
Enter Mod #	August	21	$20,000.00
1 thru 10	September	21	$20,000.00
above.	October	21	$20,000.00
If new or	November	21	$20,000.00
renewal	December	21	$20,000.00
leave	January	22	$20,000.00
blank	February	22	$20,000.00
Match	March	22	$20,000.00
Required?	April	22	$20,000.00
No	May	22	$20,000.00
	June	22	$20,000.00
0.0%		**Total**	**$240,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

New Jersey Department of Children and Families

Component

4

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Riverview Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	$20,000.00
Enter Mod #	August	21	$20,000.00
1 thru 10	September	21	$20,000.00
above.	October	21	$20,000.00
If new or	November	21	$20,000.00
renewal	December	21	$20,000.00
leave	January	22	$20,000.00
blank	February	22	$20,000.00
Match	March	22	$20,000.00
Required?	April	22	$20,000.00
No	May	22	$20,000.00
	June	22	$20,000.00
0.0%		**Total**	**$240,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Component

5

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

New Jersey Department of Children and Families

Provider Name Acenda, Inc.
Component Name Healthy Families/TIP
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**1-Time Funding**		
1630-039 TANF EARLY START KIDS NEEDS			
	Month	YY	Amount
	July	21	$22,650.00
Enter Mod #	August	21	$22,650.00
1 thru 10 above.	September	21	$22,650.00
If new or			
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$67,950.00**

Type of Funding	**Annualized**		
1610-062 TITLE IV -			
	Month	YY	Amount
	July	21	$24,710.00
Enter Mod #	August	21	$24,710.00
1 thru 10 above.	September	21	$24,710.00
	October	21	$24,710.00
If new or	November	21	$24,710.00
renewal	December	21	$24,710.00
leave	January	22	$24,710.00
blank	February	22	$24,710.00
Match Required?	March	22	$24,710.00
	April	22	$24,710.00
No	May	22	$24,710.00
	June	22	$24,707.00
0.0%		**Total**	**$296,517.00**

Type of Funding	**1-Time Funding**		
1630-040 TANF INITIATIVE FOR PARENTS			
	Month	YY	Amount
	July	21	$28,506.00
Enter Mod #	August	21	$28,506.00
1 thru 10 above.	September	21	$28,508.00
If new or			
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$85,520.00**

Type of Funding	**1-Time Funding**		
1630-044 MATERNAL INFANT & EARLY CHILD			
	Month	YY	Amount
	July	21	$11,109.00
Enter Mod #	August	21	$11,109.00
1 thru 10	September	21	$11,109.00
above.	October	21	$11,109.00
If new or	November	21	$11,109.00
renewal	December	21	$11,114.00
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$66,659.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$516,646.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$516,646.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

CFDA #93.556, BFY 21 & 22, $296,517
Renewal includes one-time MIECHV Formula funding in the amount of $66,659 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, $66,659.
Renewal also includes one-time APU 1630-039 TANF funding in the amount of $67,950 effective 7/1/21 to 9/30/21. Funding must be used by 9/30/21. CFDA #93.558, BFY 21, $67,950. And one-time APU 1630-040 TANF funding in the amount of $85,520 effective 7/1/21 to 9/30/21. Funding must be used by 9/30/21. CFDA #93.558, BFY 21, $85,520.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
12

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Oceanside Family Success Center 1 & 2
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	21	$41,667.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	21	$41,667.00
	September	21	$41,667.00
	October	21	$41,667.00
	November	21	$41,667.00
	December	21	$41,667.00
	January	22	$41,667.00
	February	22	$41,667.00
Match Required?	March	22	$41,667.00
	April	22	$41,667.00
No	May	22	$41,667.00
	June	22	$41,663.00
0.0%		**Total**	**$500,000.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

New Jersey Department of Children and Families

Component

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Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name Ocean County Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	21	$27,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	21	$27,000.00
	September	21	$27,000.00
	October	21	$27,000.00
	November	21	$27,000.00
	December	21	$27,000.00
	January	22	$27,000.00
	February	22	$27,000.00
Match Required?	March	22	$27,000.00
	April	22	$27,000.00
No	May	22	$27,000.00
	June	22	$27,000.00
0.0%		**Total**	**$324,000.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required?			
(enter Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
15

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name Pennsville Family Success Center
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	21	$25,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	21	$25,000.00
	September	21	$25,000.00
	October	21	$25,000.00
	November	21	$25,000.00
	December	21	$25,000.00
	January	22	$25,000.00
	February	22	$25,000.00
Match Required?	March	22	$25,000.00
	April	22	$25,000.00
No	May	22	$25,000.00
	June	22	$25,000.00
0.0%		**Total**	**$300,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**			
Match Required? (enter Yes/No)			
0.0%		**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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

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Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name ECCS Impact Grant

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **1-Time Funding**

1630-065 COMM BASED INTEGRATED SERV SYS

	Month	YY	Amount
	July	21	$1,666.00
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
No			
0.0%		**Total**	**$1,666.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$1,666.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$1,666.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes $1,666 one-time ECCS funding which must be expended by 7/31/21. CFDA #93.110, BFY 21, $1,666.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
18
Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Parents as Teachers (PAT)
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **1-Time Funding**

1630-044 MATERNAL INFANT & EARLY CHILD

	Month	YY	Amount
	July	21	$29,750.00
Enter	August	21	$29,750.00
Mod #	September	21	$29,750.00
1 thru 10	October	21	$29,750.00
above.	November	21	$29,750.00
If new or	December	21	$29,750.00
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$178,500.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$178,500.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$178,500.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes one-time MIECHV Formula funding in the amount of $178,500 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, $178,500.

Component

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Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

New Jersey Department of Children and Families

Provider Name Acenda, Inc.

Component Name Central Intake

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**1-Time Funding**		
1630-044 MATERNAL INFANT & EARLY CHILD			
	Month	YY	Amount
	July	21	$10,000.00
Enter Mod #	August	21	$10,000.00
1 thru 10	September	21	$10,000.00
above.	October	21	$10,000.00
If new or	November	21	$10,000.00
renewal	December	21	$10,000.00
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$60,000.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$60,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$60,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes one-time MIECHV Formula funding in the amount of $60,000 for funding period 7/1/21-12/31/21. CFDA #93.870, BFY 21 & 22, $60,000.

Component

22

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

New Jersey Department of Children and Families

Provider Name Acenda, Inc.
Component Name County Councils for Young Children
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **1-Time Funding**

1630-086 PRESCHOOL DEVELOPMENT GRANT

	Month	YY	Amount
	July	21	$6,250.00
Enter	August	21	$6,250.00
Mod #	September	21	$6,250.00
1 thru 10	October	21	$6,250.00
above.	November	21	$6,250.00
If new or	December	21	$6,250.00
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$37,500.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$37,500.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$37,500.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes $37,500 one-time funding for CCYC from 7/1/21 to 12/31/21. CFDA #93.434, SFY21, $37,500.

SEC - ver 10/07/20

Component **24**

Schedule of Estimated Claims
Third Party Contracts

New Jersey Department of Children and Families

Provider Name Acenda, Inc.
Component Name Central Intake (PDG B-5)
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **1-Time Funding**

1630-086 PRESCHOOL DEVELOPMENT GRANT

	Month	YY	Amount
	July	21	$16,666.00
Enter	August	21	$16,666.00
Mod #	September	21	$16,666.00
1 thru 10	October	21	$16,666.00
above.	November	21	$16,666.00
If new or	December	21	$16,670.00
renewal			
leave			
blank			
Match			
Required?			
No			
0.0%		**Total**	**$100,000.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$100,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$100,000.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes $100,000 one-time funding for Central Intake (PDG B-5) from 7/1/21-12/31/21. CFDA #93.434, SFY 21, $100,000.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component
26
Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Lower Cape May Regional HS SBYSP
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding	**1-Time Funding**		
1630-013 SCHOOL B -ST AID GRTS			
	Month	YY	Amount
	July	21	$14,654.00
Enter Mod #	August	21	$14,654.00
1 thru 10	September	21	$14,654.00
above.	October	21	$14,654.00
If new or	November	21	$14,654.00
renewal	December	21	$14,654.00
leave	January	22	$14,654.00
blank	February	22	$14,654.00
Match	March	22	$14,654.00
Required?	April	22	$14,654.00
Yes	May	22	$14,654.00
	June	22	$14,665.00
25.0%		**Total**	**$175,859.00**

Type of Funding	**1-Time Funding**		
1630-033 SBYS			
	Month	YY	Amount
	July	21	$12,009.00
Enter Mod #	August	21	$12,009.00
1 thru 10	September	21	$12,010.00
above.	October	21	$10,117.00
If new or	November	21	$10,117.00
renewal	December	21	$10,117.00
leave	January	22	$10,117.00
blank	February	22	$10,117.00
Match	March	22	$10,117.00
Required?	April	22	$10,117.00
Yes	May	22	$10,117.00
	June	22	$10,118.00
25.0%		**Total**	**$127,082.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	**(enter Type of Funding here from drop-down)**		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	25.00%
Component Match Amount	$75,735.25
Original Component Ceiling	$302,941.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$302,941.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:
APU 1630-033, CFDA #93.558, SFY 21 & 22.
APU 1630-013, SFY 22.

Component

27

Schedule of Estimated Claims
Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.
Component Name Cape May Co Technical HS SBYSP
Contract Administrator Madeleine Myles

Division	DFCP	Contract No	22HWDP	Contract Start	7/1/2021	Contract End	6/30/2022

Type of Funding	1-Time Funding		
1630-013 SCHOOL B -ST AID GRTS			
	Month	YY	Amount
	July	21	$15,522.00
Enter Mod #	August	21	$15,522.00
1 thru 10	September	21	$15,522.00
above.	October	21	$15,522.00
If new or	November	21	$15,522.00
renewal	December	21	$15,522.00
leave	January	22	$15,522.00
blank	February	22	$15,522.00
Match	March	22	$15,522.00
Required?	April	22	$15,522.00
Yes	May	22	$15,522.00
	June	22	$15,523.00
25.0%		**Total**	**$186,265.00**

Type of Funding	1-Time Funding		
1630-033 SBYS			
	Month	YY	Amount
	July	21	$10,719.00
Enter Mod #	August	21	$10,719.00
1 thru 10	September	21	$10,719.00
above.	October	21	$5,774.00
If new or	November	21	$5,774.00
renewal	December	21	$5,774.00
leave	January	22	$5,774.00
blank	February	22	$5,774.00
Match	March	22	$5,774.00
Required?	April	22	$5,774.00
Yes	May	22	$5,774.00
	June	22	$5,782.00
25.0%		**Total**	**$84,131.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	25.00%
Component Match Amount	$67,599.00
Original Component Ceiling	$270,396.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$270,396.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

APU 1630-033, CFDA #93.558, SFY 21 & 22.
APU 1630-013, SFY 22.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

28

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name: Acenda, Inc.

Component Name: Shore Family Success Center

Contract Administrator: Madeleine Myles

Division	Contract No	Contract Start	Contract End
DFCP	22HWDP	7/1/2021	6/30/2022

Type of Funding: Annualized

1630-032 COMMBASE -

	Month	YY	Amount
	July	21	$16,666.00
Enter	August	21	$16,666.00
Mod #	September	21	$16,666.00
1 thru 10	October	21	$16,666.00
above.	November	21	$16,666.00
If new or	December	21	$16,666.00
renewal	January	22	$16,666.00
leave blank	February	22	$16,666.00
Match	March	22	$16,674.00
Required?	April	22	$16,666.00
No	May	22	$16,666.00
	June	22	$16,666.00
0.0%		**Total**	**$200,000.00**

Type of Funding: Annualized

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	21	$3,333.00
Enter	August	21	$3,333.00
Mod #	September	21	$3,333.00
1 thru 10	October	21	$3,333.00
above.	November	21	$3,333.00
If new or	December	21	$3,333.00
renewal	January	22	$3,333.00
leave blank	February	22	$3,333.00
Match	March	22	$3,333.00
Required?	April	22	$3,333.00
No	May	22	$3,333.00
	June	22	$3,337.00
0.0%		**Total**	**$40,000.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding: (enter Type of Funding here from drop-down)

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
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 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

CFDA #93.590, BFY 21 & 22, $200,000

New Jersey Department of Children and Families

Component **29**

Schedule of Estimated Claims

Third Party Contracts

SEC - ver 10/07/20

Provider Name Acenda, Inc.

Component Name NFP Legislative Grant

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	22HWDP	**Contract Start**	7/1/2021	**Contract End**	6/30/2022

Type of Funding **1-Time Funding**

1620-062 NURSE FP -ST AID GRTS

	Month	YY	Amount
	July	21	$6,894.00
Enter	August	21	$6,894.00
Mod #	September	21	$6,894.00
1 thru 10	October	21	$6,894.00
above.	November	21	$6,894.00
If new or	December	21	$6,894.00
renewal	January	22	$6,894.00
leave blank	February	22	$6,894.00
Match	March	22	$6,894.00
Required?	April	22	$6,894.00
No	May	22	$6,894.00
	June	22	$6,897.00
0.0%		**Total**	**$82,731.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Type of Funding **(enter Type of Funding here from drop-down)**

(enter Account with APU#/Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 10			
above.			
If new or			
renewal			
leave blank			
Match			
Required?			
(enter			
Yes/No)			
0.0%		**Total**	**$0.00**

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$82,731.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$82,731.00

Mod 1	$0.00	Mod 6	$0.00
Mod 2	$0.00	Mod 7	$0.00
Mod 3	$0.00	Mod 8	$0.00
Mod 4	$0.00	Mod 9	$0.00
Mod 5	$0.00	Mod 10	$0.00

NOTES:

Renewal includes $82,731 one-time funding for NFP Legislative Aid for funding period 7/1/21 - 6/30/22, APU: 1620-062. Funding is pending state budget approval for SFY 22.