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 **23HWDP**
Dates **7/1/2022** **to** **6/30/2023**

Contract Characteristics

Reporting Requirements

- [ ] None
- [ ] Monthly
- [x] Quarterly
- [ ] Other

Advance Payments

- [ ] None
- [x] Monthly

Type of Contract

- [x] Cost Related
- [ ] Non-Cost Related

Reimbursement Type

- [ ] Periodic Reported Expenditures
- [x] Installments
- [ ] Provisional
- [ ] Fixed Rate

Account and CFDA Information	Amt
1610-062 TITLE IV -	$296,517.00
1630-010 EARLY CHILDHOOD SEVICES - GIA	$574,294.00
1630-024 FAMILY SUPPORT SERVICES	$1,884,000.00
1630-032 COMMBASE -	$200,000.00
1630-039 TANF EARLY START KIDS NEEDS	$67,950.00
1630-040 TANF INITIATIVE FOR PARENTS	$85,520.00
1630-086 PRESCHOOL DEVELOPMENT GRANT	$137,500.00
1630-098 COVID ARP Home Visiting (93.870)	$73,387.00
Grand Total	**$3,319,168.00**

Authorized Provider Signature

Date 8/3/2022

Contract Supervisor Signature Danielle L. Dansby

Date 9/23/2022

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 **23HWDP**
Dates **7/1/2022** **to** **6/30/2023**

Original Contract Ceiling
$3,319,168.00

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
$3,319,168.00

Total Match Amount
$0.00

Amended Contract Ceiling *
$3,319,168.00

Payments by Month *		
2022	July	$393,693.00
2022	August	$320,306.00
2022	September	$320,308.00
2022	October	$269,150.00
2022	November	$269,150.00
2022	December	$269,154.00
2023	January	$246,234.00
2023	February	$246,234.00
2023	March	$246,242.00
2023	April	$246,234.00
2023	May	$246,234.00
2023	June	$246,229.00
Grand Total		**$3,319,168.00**

Payments by State Fiscal Year *		
2023	1610-062	$296,517.00
2023	1630-010	$574,294.00
2023	1630-024	$1,884,000.00
2023	1630-039	$67,950.00
2023	1630-040	$85,520.00
2023	1630-086	$137,500.00
2023	1630-032	$200,000.00
2023	1630-098	$73,387.00
Grand Total		**$3,319,168.00**

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

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Nurse Family Partnership

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **Annualized**

1630-010 EARLY CHILDHOOD SEVICES - GIA

	Month	YY	Amount
	July	22	$47,858.00
Enter Mod #	August	22	$47,858.00
1 thru 10	September	22	$47,858.00
above.	October	22	$47,858.00
If new or	November	22	$47,858.00
renewal	December	22	$47,858.00
leave	January	23	$47,858.00
blank	February	23	$47,858.00
Match	March	23	$47,858.00
Required?	April	23	$47,858.00
No	May	23	$47,858.00
	June	23	$47,856.00
0.0%		**Total**	**$574,294.00**

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	$574,294.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$574,294.00

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:

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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	22	$20,000.00
Enter	August	22	$20,000.00
Mod #	September	22	$20,000.00
1 thru 10	October	22	$20,000.00
above.	November	22	$20,000.00
If new or	December	22	$20,000.00
renewal	January	23	$20,000.00
leave blank	February	23	$20,000.00
Match	March	23	$20,000.00
Required?	April	23	$20,000.00
No	May	23	$20,000.00
	June	23	$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**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Winslow Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$20,000.00
Enter	August	22	$20,000.00
Mod #	September	22	$20,000.00
1 thru 10	October	22	$20,000.00
above.	November	22	$20,000.00
If new or	December	22	$20,000.00
renewal	January	23	$20,000.00
leave blank	February	23	$20,000.00
Match	March	23	$20,000.00
Required?	April	23	$20,000.00
No	May	23	$20,000.00
	June	23	$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

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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding	**Annualized**		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	July	22	$20,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	22	$20,000.00
	September	22	$20,000.00
	October	22	$20,000.00
	November	22	$20,000.00
	December	22	$20,000.00
	January	23	$20,000.00
	February	23	$20,000.00
Match Required? No	March	23	$20,000.00
	April	23	$20,000.00
	May	23	$20,000.00
	June	23	$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 **5**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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

Division	Contract No	Contract Start	Contract End
DFCP	23HWDP	7/1/2022	6/30/2023

Type of Funding	1-Time Funding		
1630-039 TANF EARLY START KIDS NEEDS			
	Month	YY	Amount
	July	22	$22,650.00
Enter	August	22	$22,650.00
Mod #	September	22	$22,650.00
1 thru 10			
above.			
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	22	$24,710.00
Enter	August	22	$24,710.00
Mod #	September	22	$24,710.00
1 thru 10	October	22	$24,710.00
above.	November	22	$24,710.00
If new or	December	22	$24,710.00
renewal	January	23	$24,710.00
leave	February	23	$24,710.00
blank	March	23	$24,710.00
Match Required?	April	23	$24,710.00
No	May	23	$24,710.00
	June	23	$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	22	$28,506.00
Enter	August	22	$28,506.00
Mod #	September	22	$28,508.00
1 thru 10			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
No			
0.0%		**Total**	**$85,520.00**

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	$449,987.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$449,987.00

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 22 & 23, $296,517.
Renewal includes one-time APU 1630-039 TANF funding in the amount of $67,950 effective 7/1/22 to 9/30/22. CFDA #93.558, BFY 22, $67,950. And one-time APU 1630-040 TANF funding in the amount of $85,520 effective 7/1/22 to 9/30/22. CFDA #93.558, BFY 22, $85,520.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

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SEC - ver 10/07/20

Schedule of Estimated Claims

Third Party Contracts

Provider Name Acenda, Inc.

Component Name Oceanside Family Success Center 1 & 2

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$41,667.00
Enter	August	22	$41,667.00
Mod # 1 thru 10	September	22	$41,667.00
above.	October	22	$41,667.00
If new or	November	22	$41,667.00
renewal	December	22	$41,667.00
leave	January	23	$41,667.00
blank	February	23	$41,667.00
Match	March	23	$41,667.00
Required?	April	23	$41,667.00
No	May	23	$41,667.00
	June	23	$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:

Component

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SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

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

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$27,000.00
Enter Mod # 1 thru 10 above. **If new or renewal leave blank**	August	22	$27,000.00
	September	22	$27,000.00
	October	22	$27,000.00
	November	22	$27,000.00
	December	22	$27,000.00
	January	23	$27,000.00
	February	23	$27,000.00
Match Required?	March	23	$27,000.00
	April	23	$27,000.00
No	May	23	$27,000.00
	June	23	$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

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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**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$25,000.00
Enter	August	22	$25,000.00
Mod #	September	22	$25,000.00
1 thru 10	October	22	$25,000.00
above.	November	22	$25,000.00
If new or	December	22	$25,000.00
renewal	January	23	$25,000.00
leave blank	February	23	$25,000.00
Match Required?	March	23	$25,000.00
	April	23	$25,000.00
No	May	23	$25,000.00
	June	23	$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 **22**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name County Councils for Young Children

Contract Administrator Madeleine Myles

Division	Contract No	Contract Start	Contract End
DFCP	23HWDP	7/1/2022	6/30/2023

Type of Funding: 1-Time Funding

1630-086 PRESCHOOL DEVELOPMENT GRANT

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
	July	22	$6,250.00
	August	22	$6,250.00
	September	22	$6,250.00
	October	22	$6,250.00
	November	22	$6,250.00
	December	22	$6,250.00
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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)

Enter Mod # 1 thru 10 above. If new or renewal leave blank	Month	YY	Amount
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 7/1/22 to 12/31/22. CFDA #93.434, SFY22, $37,500.

New Jersey Department of Children and Families

Component **24**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.

Component Name Central Intake (PDG B-5)

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding: **1-Time Funding**

1630-086 PRESCHOOL DEVELOPMENT GRANT

	Month	YY	Amount
	July	22	$16,666.00
Enter	August	22	$16,666.00
Mod #	September	22	$16,666.00
1 thru 10	October	22	$16,666.00
above.	November	22	$16,666.00
If new or	December	22	$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 7/1/22-12/31/22. CFDA #93.434, SFY 22, $100,000.

Component

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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	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **Annualized**

1630-032 COMMBASE -

	Month	YY	Amount
	July	22	$16,666.00
Enter	August	22	$16,666.00
Mod #	September	22	$16,666.00
1 thru 10	October	22	$16,666.00
above.	November	22	$16,666.00
If new or	December	22	$16,666.00
renewal	January	23	$16,666.00
leave blank	February	23	$16,666.00
Match	March	23	$16,674.00
Required?	April	23	$16,666.00
No	May	23	$16,666.00
	June	23	$16,666.00
0.0%		**Total**	**$200,000.00**

Type of Funding **Annualized**

1630-024 FAMILY SUPPORT SERVICES

	Month	YY	Amount
	July	22	$3,333.00
Enter	August	22	$3,333.00
Mod #	September	22	$3,333.00
1 thru 10	October	22	$3,333.00
above.	November	22	$3,333.00
If new or	December	22	$3,333.00
renewal	January	23	$3,333.00
leave blank	February	23	$3,333.00
Match	March	23	$3,333.00
Required?	April	23	$3,333.00
No	May	23	$3,333.00
	June	23	$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 22 & 23, $200,000

New Jersey Department of Children and Families

Component **30**

SEC - ver 10/07/20

Schedule of Estimated Claims
Third Party Contracts

Provider Name Acenda, Inc.
Component Name COVID ARP-Home Visiting
Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	23HWDP	**Contract Start**	7/1/2022	**Contract End**	6/30/2023

Type of Funding **1-Time Funding**

1630-098 COVID ARP Home Visiting (93.870)

	Month	YY	Amount
	July	22	$73,387.00
Enter	August	22	
Mod #	September	22	
1 thru 10	October	22	
above.	November	22	
If new or	December	22	
renewal	January	23	
leave blank	February	23	
Match	March	23	
Required?	April	23	
No	May	23	
	June	23	
0.0%		**Total**	**$73,387.00**

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	$73,387.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$73,387.00

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 $73,387 COVID ARP-Home Visiting one-time, lump sum, APU: 1630-098, CFDA #93.870 funding effective 7/1/22-6/30/23. The component ceiling for 23HWDP is $73,387.