NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Robins' Nest, Inc.
Division DFCP
Contract 19HWDP
Dates 1/1/2019 to 12/31/2019

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 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-024 (Non-CFDA Acct)	$1,844,000.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)	$1,330,318.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$11,667.00
1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)	$113,565.00
Grand Total	**$4,784,246.00**

Authorized Provider Signature [signature]

Date 1/18/2019

Contract Supervisor Signature Danielle R Dansby

Date 3/6/2019

SEC version 11/13/18

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider **Robins' Nest, Inc.**
Division **DFCP**
Contract **19HWDP**
Dates **1/1/2019** to **12/31/2019**

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 (93.556 PROMOTE SAFE & STABLE FAMILIES)	$296,517.00
1630-010 (Non-CFDA Acct)	$574,294.00
1630-024 (Non-CFDA Acct)	$1,844,000.00
1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$284,805.00
1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)	$329,080.00
1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)	$1,330,318.00
1630-065 (93.110 EARLY CHLDHD COMMUNITY BASED INTEGRATED SRVC SYSTEM)	$11,667.00
1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)	$113,565.00
Grand Total	**$4,784,246.00**

Authorized Provider Signature _____

Date _____

Contract Supervisor Signature _____

Date _____

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider Robins' Nest, Inc.
Division DFCP
Contract 19HWDP
Dates 1/1/2019 to 12/31/2019

Original Contract Ceiling
$4,784,246.00

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

Total Contract Ceiling
$4,784,246.00

Total Match Amount
$0.00

Amended Contract Ceiling *
$4,784,246.00

Payments by Month *	
2019 January	$402,536.00
2019 February	$402,536.00
2019 March	$402,536.00
2019 April	$402,536.00
2019 May	$402,536.00
2019 June	$402,535.00
2019 July	$402,535.00
2019 August	$400,869.00
2019 September	$400,881.00
2019 October	$388,252.00
2019 November	$388,252.00
2019 December	$388,242.00
Grand Total	$4,784,246.00

Payments by State Fiscal Year *	
2019 1610-062	$148,260.00
2019 1630-010	$287,148.00
2019 1630-044	$665,160.00
2019 1630-080	$75,702.00
2019 1630-024	$922,002.00
2019 1630-039	$142,404.00
2019 1630-040	$164,538.00
2019 1630-065	$10,001.00
2020 1610-062	$148,257.00
2020 1630-010	$287,146.00
2020 1630-044	$665,158.00
2020 1630-080	$37,863.00
2020 1630-024	$921,998.00
2020 1630-039	$142,401.00
2020 1630-040	$164,542.00
2020 1630-065	$1,666.00
Grand Total	$4,784,246.00

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

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

1

Schedule of Estimated Claims

Third Party Contracts

SEC version 11/13/18

Provider Name Robins' Nest, Inc.

Component Name Nurse Family Partnership

Contract Administrator Madeleine Myles

Division	Contract No	Contract Start	Contract End
DFCP	19HWDP	1/1/2019	12/31/2019

Type of Funding: **Annualized**

1630-010 (Non-CFDA Acct)

Early Childhood Services

	Month	YY	Amount
	1	2019	$47,858.00
Enter	2	2019	$47,858.00
Mod #	3	2019	$47,858.00
1 thru 8	4	2019	$47,858.00
above.	5	2019	$47,858.00
If new or	6	2019	$47,858.00
renewal	7	2019	$47,858.00
leave blank	8	2019	$47,858.00
Match Required?	9	2019	$47,858.00
	10	2019	$47,858.00
No	11	2019	$47,858.00
	12	2019	$47,856.00
0.0%		Total	$574,294.00

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

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2019	$20,000.00
Enter	2	2019	$20,000.00
Mod #	3	2019	$20,000.00
1 thru 8	4	2019	$20,000.00
above.	5	2019	$20,000.00
If new or	6	2019	$20,000.00
renewal	7	2019	$20,000.00
leave blank	8	2019	$20,000.00
Match Required?	9	2019	$20,000.00
	10	2019	$20,000.00
No	11	2019	$20,000.00
	12	2019	$20,000.00
0.0%		Total	$240,000.00

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

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2019	$40,000.00
Enter	2	2019	$40,000.00
Mod #	3	2019	$40,000.00
1 thru 8	4	2019	$40,000.00
above.	5	2019	$40,000.00
If new or	6	2019	$40,000.00
renewal	7	2019	$40,000.00
leave blank	8	2019	$40,000.00
Match Required?	9	2019	$40,000.00
	10	2019	$40,000.00
No	11	2019	$40,000.00
	12	2019	$40,000.00
0.0%		Total	$480,000.00

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

1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)

MIEC-Competitive

	Month	YY	Amount
	1	2019	$2,703.00
Enter	2	2019	$2,703.00
Mod #	3	2019	$2,703.00
1 thru 8	4	2019	$2,703.00
above.	5	2019	$2,703.00
If new or	6	2019	$2,703.00
renewal	7	2019	$2,703.00
leave blank	8	2019	$2,703.00
Match Required?	9	2019	$2,706.00
	10	2019	
No	11	2019	
	12	2019	
0.0%		Total	$24,330.00

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

1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)

MIEC-Competitive

	Month	YY	Amount
	1	2019	$2,318.00
Enter	2	2019	$2,318.00
Mod #	3	2019	$2,318.00
1 thru 8	4	2019	$2,318.00
above.	5	2019	$2,318.00
If new or	6	2019	$2,318.00
renewal	7	2019	$2,318.00
leave blank	8	2019	$2,318.00
Match Required?	9	2019	$2,321.00
	10	2019	
No	11	2019	
	12	2019	
0.0%		Total	$20,865.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$1,339,489.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$1,339,489.00

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

NOTES:

CFDA # 93.870, BFY 19 & 20, $240,000
CFDA # 93.870, BFY 19 & 20, $480,000
CFDA # 93.870, BFY 19, $24,330
CFDA # 93.870, BFY 19, $20,865

New Jersey Department of Children and Families

Component

2

Schedule of Estimated Claims
Third Party Contracts

SEC version 11/13/18

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

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

Type of Funding: Annualized
1630-024 (Non-CFDA Acct)
Family Support PCP

	Month	YY	Amount
	1	2019	$20,000.00
Enter	2	2019	$20,000.00
Mod #	3	2019	$20,000.00
1 thru 8	4	2019	$20,000.00
above.	5	2019	$20,000.00
If new or	6	2019	$20,000.00
renewal leave	7	2019	$20,000.00
blank	8	2019	$20,000.00
Match Required?	9	2019	$20,000.00
	10	2019	$20,000.00
No	11	2019	$20,000.00
	12	2019	$20,000.00
0.0%	Total		$240,000.00

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding: (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

3

Schedule of Estimated Claims
Third Party Contracts

SEC version 11/13/18

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

Division	DFCP	**Contract No**	19HWDP	**Contract Start**	1/1/2019	**Contract End**	12/31/2019

Type of Funding **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2019	$20,000.00
Enter	2	2019	$20,000.00
Mod #	3	2019	$20,000.00
1 thru 8	4	2019	$20,000.00
above.	5	2019	$20,000.00
If new or	6	2019	$20,000.00
renewal	7	2019	$20,000.00
leave	8	2019	$20,000.00
blank	9	2019	$20,000.00
Match Required?	10	2019	$20,000.00
No	11	2019	$20,000.00
	12	2019	$20,000.00
0.0%		Total	$240,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

4

Schedule of Estimated Claims

Third Party Contracts

SEC version 11/13/18

Provider Name Robins' Nest, Inc.

Component Name Riverview Family Success Center

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	19HWDP	**Contract Start**	1/1/2019	**Contract End**	12/31/2019

Type of Funding	**Annualized**		
	1630-024 (Non-CFDA Acct)		
	Family Support PCP		
	Month	YY	Amount
	1	2019	$20,000.00
Enter	2	2019	$20,000.00
Mod #	3	2019	$20,000.00
1 thru 8	4	2019	$20,000.00
above.	5	2019	$20,000.00
If new or	6	2019	$20,000.00
renewal	7	2019	$20,000.00
leave	8	2019	$20,000.00
blank	9	2019	$20,000.00
Match Required?	10	2019	$20,000.00
No	11	2019	$20,000.00
	12	2019	$20,000.00
0.0%		Total	$240,000.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(enter			
Yes/No)			
0.0%		Total	$0.00

Type of Funding	**(enter Type of Funding here from drop-down)**		
	(enter Account with CFDA from drop-down)		
	(enter Funding Source from drop-down)		
	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

5

Schedule of Estimated Claims
Third Party Contracts

SEC version 11/13/18

Provider Name Robins' Nest, Inc.

Component Name Healthy Families/TIP

Contract Administrator Madeleine Myles

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

Type of Funding: 1-Time Funding

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2019	$11,110.00
Enter	2	2019	$11,110.00
Mod #	3	2019	$11,110.00
1 thru 8	4	2019	$11,110.00
above.	5	2019	$11,110.00
If new or renewal	6	2019	$11,110.00
leave	7	2019	$11,110.00
blank	8	2019	$11,110.00
Match Required?	9	2019	$11,110.00
	10	2019	$11,110.00
No	11	2019	$11,110.00
	12	2019	$11,108.00
0.0%		Total	$133,318.00

Type of Funding: Annualized

1630-039 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

Kids Needs

	Month	YY	Amount
	1	2019	$23,734.00
Enter	2	2019	$23,734.00
Mod #	3	2019	$23,734.00
1 thru 8	4	2019	$23,734.00
above.	5	2019	$23,734.00
If new or renewal	6	2019	$23,734.00
leave	7	2019	$23,734.00
blank	8	2019	$23,734.00
Match Required?	9	2019	$23,734.00
	10	2019	$23,734.00
No	11	2019	$23,734.00
	12	2019	$23,731.00
0.0%		Total	$284,805.00

Type of Funding: Annualized

1610-062 (93.556 PROMOTE SAFE & STABLE FAMILIES)

TITLE IV-B FPSS

	Month	YY	Amount
	1	2019	$24,710.00
Enter	2	2019	$24,710.00
Mod #	3	2019	$24,710.00
1 thru 8	4	2019	$24,710.00
above.	5	2019	$24,710.00
If new or renewal	6	2019	$24,710.00
leave	7	2019	$24,710.00
blank	8	2019	$24,710.00
Match Required?	9	2019	$24,710.00
	10	2019	$24,710.00
No	11	2019	$24,710.00
	12	2019	$24,707.00
0.0%		Total	$296,517.00

Type of Funding: Annualized

1630-040 (93.558 TEMP ASSIST FOR NEEDY FAMILIES)

TANF

	Month	YY	Amount
	1	2019	$27,423.00
Enter	2	2019	$27,423.00
Mod #	3	2019	$27,423.00
1 thru 8	4	2019	$27,423.00
above.	5	2019	$27,423.00
If new or renewal	6	2019	$27,423.00
leave	7	2019	$27,423.00
blank	8	2019	$27,423.00
Match Required?	9	2019	$27,423.00
	10	2019	$27,423.00
No	11	2019	$27,423.00
	12	2019	$27,427.00
0.0%		Total	$329,080.00

Type of Funding: 1-Time Funding

1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)

MIEC-Competitive

	Month	YY	Amount
	1	2019	$5,278.00
Enter	2	2019	$5,278.00
Mod #	3	2019	$5,278.00
1 thru 8	4	2019	$5,278.00
above.	5	2019	$5,278.00
If new or renewal	6	2019	$5,278.00
leave	7	2019	$5,278.00
blank	8	2019	$5,278.00
Match Required?	9	2019	$5,281.00
	10	2019	
No	11	2019	
	12	2019	
0.0%		Total	$47,505.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$1,091,225.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$1,091,225.00

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

NOTES:

CFDA # 93.870, BFY 19 & 20, $133,318
CFDA # 93.558, BFY 19 & 20, $284,805
CFDA # 93.556, BFY 19 & 20, $296,517
CFDA # 93.558, BFY 19 & 20, $329,080
CFDA # 93.870, BFY 19, $47,505

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

12

Schedule of Estimated Claims

Third Party Contracts

SEC version 11/13/18

Provider Name Robins' Nest, Inc.

Component Name Oceanside Family Success Center 1 & 2

Contract Administrator Madeleine Myles

Division	DFCP	**Contract No**	19HWDP	**Contract Start**	1/1/2019	**Contract End**	12/31/2019

Type of Funding: **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2019	$41,667.00
Enter	2	2019	$41,667.00
Mod #	3	2019	$41,667.00
1 thru 8	4	2019	$41,667.00
above.	5	2019	$41,667.00
If new or	6	2019	$41,667.00
renewal	7	2019	$41,667.00
leave	8	2019	$41,667.00
blank	9	2019	$41,667.00
Match Required?	10	2019	$41,667.00
No	11	2019	$41,667.00
	12	2019	$41,663.00
0.0%		Total	$500,000.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **14**

Schedule of Estimated Claims
Third Party Contracts

SEC version 11/13/18

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

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

Type of Funding **Annualized**
1630-024 (Non-CFDA Acct)
Family Support PCP

	Month	YY	Amount
	1	2019	$27,000.00
Enter	2	2019	$27,000.00
Mod #	3	2019	$27,000.00
1 thru 8	4	2019	$27,000.00
above.	5	2019	$27,000.00
If new or	6	2019	$27,000.00
renewal	7	2019	$27,000.00
leave	8	2019	$27,000.00
blank	9	2019	$27,000.00
Match Required?	10	2019	$27,000.00
No	11	2019	$27,000.00
	12	2019	$27,000.00
0.0%		Total	$324,000.00

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding **(enter Type of Funding here from drop-down)**
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **15**

SEC version 11/13/18

Schedule of Estimated Claims
Third Party Contracts

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

Division	DFCP	**Contract No**	19HWDP	**Contract Start**	1/1/2019	**Contract End**	12/31/2019

Type of Funding: **Annualized**

1630-024 (Non-CFDA Acct)

Family Support PCP

	Month	YY	Amount
	1	2019	$25,000.00
Enter	2	2019	$25,000.00
Mod #	3	2019	$25,000.00
1 thru 8	4	2019	$25,000.00
above.	5	2019	$25,000.00
If new or	6	2019	$25,000.00
renewal	7	2019	$25,000.00
leave	8	2019	$25,000.00
blank			
Match Required?	9	2019	$25,000.00
	10	2019	$25,000.00
No	11	2019	$25,000.00
	12	2019	$25,000.00
0.0%		**Total**	**$300,000.00**

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

	Month	YY	Amount
Enter			
Mod #			
1 thru 8			
above.			
If new or			
renewal			
leave			
blank			
Match Required?			
(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 5	$0.00
Mod 2	$0.00	Mod 6	$0.00
Mod 3	$0.00	Mod 7	$0.00
Mod 4	$0.00	Mod 8	$0.00

NOTES:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **16**

SEC version 11/13/18

Schedule of Estimated Claims
Third Party Contracts

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

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

Type of Funding 1-Time Funding

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

ECCS (Early Childhood Comp Sys)

	Month	YY	Amount
	1	2019	$1,667.00
Enter	2	2019	$1,667.00
Mod #	3	2019	$1,667.00
1 thru 8	4	2019	$1,667.00
above.	5	2019	$1,667.00
If new or	6	2019	$1,666.00
renewal	7	2019	$1,666.00
leave	8	2019	
blank	9	2019	
Match Required?	10	2019	
No	11	2019	
	12	2019	
0.0%		Total	$11,667.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

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

NOTES:

CFDA # 93.110, BFY 19, $11,667

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component

18

SEC version 11/13/18

Schedule of Estimated Claims
Third Party Contracts

Provider Name: Robins' Nest, Inc.
Component Name: Parents as Teachers
Contract Administrator: Madeleine Myles

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

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

1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)

MIEC-Formula

	Month	YY	Amount
	1	2019	$29,750.00
Enter	2	2019	$29,750.00
Mod #	3	2019	$29,750.00
1 thru 8	4	2019	$29,750.00
above.	5	2019	$29,750.00
If new or	6	2019	$29,750.00
renewal	7	2019	$29,750.00
leave	8	2019	$29,750.00
blank			
Match Required?	9	2019	$29,750.00
	10	2019	$29,750.00
No	11	2019	$29,750.00
	12	2019	$29,750.00
0.0%		Total	$357,000.00

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

1630-080 (93.870 ACA MATERNAL, INFANT, & EARLY CHLDHD HOME VISIT INNOVATION GRANT)

MIEC-Competitive

	Month	YY	Amount
	1	2019	$2,318.00
Enter	2	2019	$2,318.00
Mod #	3	2019	$2,318.00
1 thru 8	4	2019	$2,318.00
above.	5	2019	$2,318.00
If new or	6	2019	$2,318.00
renewal	7	2019	$2,318.00
leave	8	2019	$2,318.00
blank			
Match Required?	9	2019	$2,321.00
	10	2019	
No	11	2019	
	12	2019	
0.0%		Total	$20,865.00

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

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

(enter Account with CFDA from drop-down)

(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$377,865.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$377,865.00

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

NOTES:

CFDA # 93.870, BFY 19 & 20, $357,000

CFDA # 93.870, BFY 19, $20,865

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Component **19**

Schedule of Estimated Claims
Third Party Contracts

SEC version 11/13/18

Provider Name Robins' Nest, Inc.
Component Name Central Intake
Contract Administrator Madeleine Myles

Division	DFCP	Contract No	19HWDP	Contract Start	1/1/2019	Contract End	12/31/2019

Type of Funding 1-Time Funding
1630-044 (93.870 AFFORD CARE ACT - MATERNAL,INFANT & EARLY CHLDHD)
MIEC-Formula

	Month	YY	Amount
	1	2019	$10,000.00
Enter	2	2019	$10,000.00
Mod #	3	2019	$10,000.00
1 thru 8	4	2019	$10,000.00
above.	5	2019	$10,000.00
If new or	6	2019	$10,000.00
renewal	7	2019	$10,000.00
leave	8	2019	$10,000.00
blank	9	2019	$10,000.00
Match Required?	10	2019	$10,000.00
No	11	2019	$10,000.00
	12	2019	$10,000.00
0.0%		Total	$120,000.00

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Type of Funding (enter Type of Funding here from drop-down)
(enter Account with CFDA from drop-down)
(enter Funding Source from drop-down)

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

Component Match Percentage	0.00%
Component Match Amount	$0.00
Original Component Ceiling	$120,000.00
Modifications to Component Ceiling	$0.00
Total Component Ceiling	$120,000.00

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

NOTES:
CFDA # 93.870, BFY 19 & 20, $120,000